The North American journal of homeopathy

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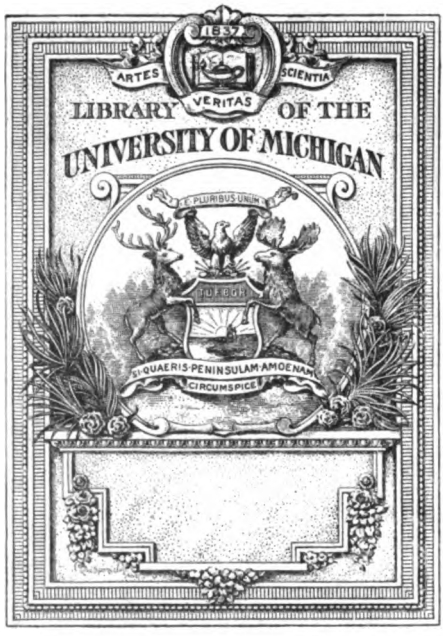

THE

North American Journal

OF

HOMŒOPATHY.

In Certis Unitas.
In Dubiis Libertas.
In Omnibus Caritas.

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ORIGINAL ARTICLES IN MEDICINE.

VERSION OR FORCEPS IN CRANIAL PRESENTATIONS ABOVE THE BRIM.*

By GEO. R. SOUTHWICK, M.D.,

Boston, Mass.

ALL physicians actively engaged in the practice of obstetrics are familiar with those trying, tedious cases in which, though the head may present in a favorable position, *i. e.*, L. O. A. or R. O. A., it refuses to engage in the brim, or having done so becomes arrested in the superior third of the true pelvis. The pulse and temperature of the patient rise above a hundred and gradually increase; the fœtal heart sounds usually grow more rapid and less distinct, rarely the fœtal heart beats slower than the normal; the head neither advances during a pain nor recedes after it; the caput succedaneum is large and increasing, so as to obliterate sutures and fontanelles; the vagina becomes hot and dry; the uterine contractions are short, painful, frequent, ineffectual; the patient moans continually; her mouth is dry and parched; she has sordes on her teeth; her face is somewhat pinched, and her exhausted condition makes it evident there must be no further delay in delivery, or her life will be sacrificed. In another class of cases we need not wait for these symptoms to appear. If we find a relaxed, easily dilated cervix, and the head will not descend in spite of severe pains, it is evident the head is arrested in some manner, and it is worse than useless to wait for formidable symptoms, which will surely appear. It is far better to operate while the patient's strength is good. The mere time a woman is in labor is no indication

*Read by invitation before the Homœopathic Medical Society of the County of New York, November 8th, 1888.

for delivering her; it always depends on the clinical conditions present.

Besides these symptoms which occur in the anterior positions of the occiput, we are also obliged to consider the above operations in dystocia arising from posterior positions of the occiput; presentations of the brow or face; placenta prævia; rarely, accidental hemorrhage; prolapse of the cord; disproportion between the head and the pelvis, or, as Dr. Simpson would say, between the passage and the passenger. This may be a minor degree of contraction of the pelvis; an unusually large head belonging to a very large child, or the bones of the head may be so ossified that it will not mould or the sutures overlap. A small head which is firm and hard will cause much more trouble in parturition than a larger one which is soft and will mould.

It is evident that there is a large class of cases in which we must make a choice between versions and the forceps, and the question arises, are not the latter often used on account of the operator's familiarity with them, when the former operation would be a more scientific procedure?

Version is so commonly accepted as the treatment for placenta prævia, it seems out of place to mention the forceps as a competitor. Nor would it be done had not the forceps been advocated at a recent meeting of the American Institute. It seems the application of the forceps through the placenta, or even at the side of it, would necessarily cause some separation of it from the uterine wall, and be attended by much loss of blood.

When a long loop of cord comes down in advance of the head, version without delay is by far the best treatment. It is a very difficult matter to apply the forceps without including the cord between the head and the blades, in which case the blades are sure to slip and fœtal circulation be arrested for the time being; not to mention the danger to the child and the soft parts of the mother in rapidly dragging the child through the undilated canal.

We have left for our consideration those anomalies of labor arising from arrest of the head above the pelvic brim; by this we mean, before the largest circumference of the head has engaged in the brim. Among these, posterior positions of the occiput and chin merit particular attention on account of the different means devised for rotating the chin or occiput forward, and the serious obstacles encountered if anterior rotation does not take place.

At one time the introduction of the hand to seize and turn the head forward was advocated, but the difficulty attending it and the common injury to the soft parts of the mother have banished the operation from the domain of scientific obstetrics.

Comparatively recently, a professor of obstetrics in one of the most prominent Old School colleges has recommended the application of the forceps reversed—*i. e.*, the pelvic curve of the blades directed posteriorly. Traction in this way promotes flexion of the chin on the sternum, flexes the occipito-mental diameter at a more acute angle with the axis of the pelvis, the short diameters being substituted for the long diameters of the head, and their poles touching the girdle of contact. Rotation of the occiput forward, when it reaches the floor of the pelvis, is not only favored, but almost invariably takes place. The forceps are then removed, and, if necessary, re-applied in the ordinary manner. Should the occiput fail to rotate anteriorly after it has come well down to the floor of the pelvis, an attempt can be made to rotate it with the forceps, but never before it has reached the pelvic floor. Useful as this may be after the head is down in the pelvis, it is a very different matter when the head, in an occipito-posterior position, refuses to engage in the brim. There are the same objections to the use of the forceps as to the hand in rotating the head. The difficulty of diagnosis is a serious objection in some cases, as the head might be rotated in a very different manner than the operator supposed he was doing. Undue rotation of the head on the spinal column, with dislocation of vertebræ or compression of the spinal cord, are among the possibilities, though Tarnier has shown by experiments on the cadavers of new-born infants that the motion of rotation when the head is turned half the circumference is not confined to the atlo-axoid joint, but extends through the cervical and a portion of the dorsal spine. Though much force was used, careful dissections revealed no injury to the spinal membranes or marrow, or further experiments show compression of the canal.

Rotation of the occiput anteriorly was advocated by Scanzoni many years ago, but his method has fallen into disuse.

It is well known that occipito-posterior positions commonly give rise to tedious labors, but many practitioners fail to recognize them, think the pelvis is contracted, tell the patient she must never have another child, and in case she happens to and labor is easy, are astonished and unable to explain it, when the difference in the labors lies in the different positions of the child.

It is a well recognized rule that in case of operative interference, that operation shall be selected which presents the least danger of life to the mother first, and second to the child.

It is also accepted that the favorable course of labor in cranial positions depends largely upon the accommodation of the head to the parturient canal, so that it will pass with the least resistance. This

means that the long diameters of the head must coincide with the long diameters of the pelvis, requiring flexion and extension of the chin on the sternum, as well as rotation on approximately the spinal axis. Anything interfering with this must do so at the expense of the maternal structures or the delicate fœtal head.

It is also an axiom that the propelling force should be applied directly in the axis of the pelvic planes occupied by the presenting part. It follows, as a corollary, that if the extractive force be substituted for the propelling force, it should act in the same axis.

It is a matter of almost every-day experience in cranial presentations, that moulding of the child's head by the equable pressure on the head at the girdle of resistance is a condition necessary for the unaided birth of the child in nearly all cases of difficult labor.

In other words, extraction of the head before it has moulded or adapted itself to the canal must be accompanied by greater traumatism to both mother and child.

These facts lead us to the principle that a method of delivery which interferes with the natural mechanism of labor, the direction of expulsive force or the moulding of the head, increases the danger to both mother and child.

Excepting mutilation of the child, there are but two methods of delivery, the use of forceps or version. From a practical point of view let us examine the merits of these operations by the above principle.

In applying the forceps to the head at or above the brim of the pelvis, it is evident the parturient canal is undilated, and is inevitably subjected to more traumatism than if the canal had been partially enlarged by the passage of the body, as in extraction of the head after version. The same principle holds good of the child. The greater the resistance to be overcome, the greater is the pressure on the child's head in cranial presentations, and the traumatism sustained by the head will be in a certain proportion to that of the mother.

Traumatism is an important factor too often overlooked in obstetrical practice, though almost every practitioner is sometimes astonished to see how women recover after difficult labors. The débris of clots, degenerated fibre, the serous effusion, the changes attending involution, the large sinuses and thick network of lymphatics, all supply the conditions for inflammation, septic or otherwise, on slight provocation.

Among the most common reasons for delayed convalescence in puerperal cases are the lacerations in the cervix or the vagina, which serve to keep up what has been termed irritative fever. When we see

examples of this so often in daily practice and in ordinary cases, what may we expect from more serious injuries?

The application of the forceps to the head above the brim is much more easy, so far as my experience goes, with the patient on her side than on her back, but even then it is a difficult matter on account of the mobility of the head. This is almost invariably seized in an unfortunate manner, with no little danger of slipping of the forceps and injury to the soft parts. The head enters the pelvic brim with its occipito-frontal diameter at or nearly in the transverse diameter of the brim, entering the oblique diameter of the cavity as it descends. Much as the operator may desire to apply the forceps over the parietal bones, he is prevented from doing so with any degree of accuracy, as the anterior parietal bone is commonly tightly wedged against the symphysis pubis, and should he finally succeed after much effort, the pelvic curve of his forceps will not coincide with the curve of the pelvis. As a matter of fact, the head at the brim is usually seized with one blade over the forehead or face, where it is liable to disfigure the child, and the other blade over the occiput. The hold thus obtained, while sometimes sufficient, is insecure, treacherous, and only to be maintained, if at all, by keeping the handles far back during traction.

These same conditions are found in face presentations; only the difficulty of seizing the head with the forceps is much greater than in vertex positions.

It has been demonstrated that the amount of compression of the head by the blades is in proportion to the amount of extractive force, except in forceps having the Elliot screw or its equivalent, and to a less degree when traction is applied in front of the lock. The moulding of the head in ordinary labor shows that shortening one diameter of the head by compression of its poles is accompanied by corresponding lengthening of other diameters; so that, were the operator successful in applying the forceps over the occipito-frontal diameter at or near the transverse of the brim, the necessary extractive force and compression of the occipito-frontal diameter would be accompanied by lengthening of the bi-parietal diameter, occupying the transverse or shortest diameter of the pelvic brim, and wedge the head more tightly against the soft parts than before.

In compression of the head, not only is there a corresponding danger to the infant's life, but also another important point: the head cannot rotate at all or only imperfectly, and the long or occipito-frontal diameter of the head cannot conform to the longest diameters of the pelvis, as in the natural mechanism. The head seized with its

long diameter approaching the transverse of the brim is made to enter and dragged through similar diameters of the cavity and outlet, though these progressively diminish. The result is a corresponding amount of injury to mother and child; this is further increased by the fact that there is little or no moulding of the head at the commencement, nor is there sufficient time given it for that purpose when forceps are applied.

One reason why so much force is necessary in extracting the head at the brim with ordinary forceps, is that much of the force is spent against the pubic symphysis, and not in the direction of the axis of the brim. This is overcome, in a large measure, by the axis traction forceps, which have made it possible to extract many children which could not be delivered by the ordinary forceps. While these forceps have done much to advance the high operation, they have all the disadvantages of the older instrument, excepting the principle of axis traction, not to mention their expense and complicated construction. Should a high forceps operation be considered advisable, an axis traction forceps is decidedly the best instrument.

Sometimes an axis traction forceps is not at hand, nor any of the modifications of it or appliances made for the ordinary forceps. We wish to use the principle of axis traction. Under these circumstances we can pass a loop of tape or candle-wicking through the fenestra of the blades when they are introduced, and apply traction on the tape after the end has been passed through the loop and the latter drawn up in place. While this can be used in the dorsal position, I much prefer to apply the forceps with the patient on her left side. The handles can be carried further back, and I think a better hold is obtained on the head. I have delivered patients in this way when it was impossible to do so in the dorsal position. Furthermore, when the head is delivered over the perineum the latter can be readily observed and better protected from laceration.

Besides the application of the forceps reversed and the axis traction just referred to, attempts have been made in occipito-posterior cases to place the hand as a fulcrum on the upper side of the forceps beyond the lock, and by carrying the handles upward to bring the occiput down. In this manœuvre the forceps are apt to slip from causes similar to carrying the handles forward too soon, when the blades are applied to the occipito-frontal diameter with the head at the brim.

We may justly conclude that in the high forceps operation the instruments are applied with difficulty, disadvantage and serious danger to mother and child; the mechanism of labor is interfered with, the head moulds but little, and with the ordinary instrument traction is

not exerted in the proper direction. Does version offer us a better chance to rescue the child and save the mother?

There is only one method of version likely to be used—*i. e.*, the internal combined podalic. In exceptional cases when the head is movable and the membranes unruptured, the Braxton Hick's method is applicable. Either method can be employed before the cervix is sufficiently dilated to warrant the use of the forceps, and with less danger to the maternal structures. When rupture of the uterus is imminent, very deep anæsthesia and great care is necessary with either forceps or version. I am inclined to believe there is more danger of rupture from version than forceps under such exceptional circumstances.

Version is a simple operation if its principles are understood. Briefly, I am accustomed to place the patient on the side corresponding to the abdomen of the child, so as to take advantage of gravity. Then standing behind her, I introduce the hand nearest the vulva and use the other hand externally. I first endeavor with the internal and external hand to raise the head well away from the upper side of the brim, and hold it there while the external hand presses down the breech so as to act on both extremities of the fœtal ovoid, and then slide the fingers of the internal hand along the body of the child down a limb and seize the first foot I find, aided by the pressure of the external hand. By forcing the breech down in this way the hand does not have to enter the uterus so far as in other methods, excepting Hick's. As soon as the foot is seized, the external hand pushes up the head as the foot is drawn down, the knee soon appears at the vulva, and version is completed. An important point in performing version is to get the presenting part well away from the brim in the first place. Should rotation of the child be difficult or the knee not be brought down to the vulva, Madame Sigismund's method of employing a noose can be used with great advantage.

Though a cranial presentation and normal labor is much safer for the child than a breech presentation, it can hardly be accepted as a standard for comparison in the cases under consideration. In the former, the infant's head is subjected to great violence; after version, it is much less; the canal is nearly dilated, the head enters in a far more favorable position, with the point instead of the base of the wedge down—*i. e.*, base of skull instead of vertex—and the natural mechanism of labor suffers but little disturbance. Manual extraction is generally sufficient, though the forceps are still applicable and mutilation practicable if necessary.

SPASM OF THE AURICULAR MUSCLES.*

By H. D. SCHENCK, M. D.,

Brooklyn, N. Y.

THE auricle or pinna, commonly called the ear, is composed of a thin plate of yellow cartilage covered with skin and connected to the head by ligaments and muscles. The cartilage is in one piece and forms all of the auricle excepting the lobule. It is moulded into various depressions and elevations, each with its name and with its function in modifying certain sounds. Between many of these elevations extend the six intrinsic or true muscles of the pinna, which in man are scarcely discernible, but which in many animals are largely developed and serve important functions.

The extrinsic and larger muscles join the auricle to the head and serve mainly to give the pinna its power of movement. The three muscles found in man are rudimentary and rarely give the pinna any motion. They are capable of cultivation, however, as was shown by Albinus, the anatomist, of the eighteenth century, who could move his auricles so well that he was in the habit of removing his wig in order to demonstrate to his class the power he possessed over his ears. Sir Astley Cooper records a case in the Philosophical Transactions, London, 1800, where the auricles were in constant motion whenever great attention was necessary. In many persons these little muscles may be seen to act involuntarily whenever acute hearing is demanded. Surprise may also cause a movement of the auricles.

Of the three muscles the attollens aurem is the largest. It is a thin, fan-shaped muscle arising from the aponeurosis of the occipito-frontalis, and converges to be inserted by a thin, flattened tendon to the upper part of the cranial surface of the pinna. It is supplied by the occipitalis minor nerve, and its action is to draw the auricle upward and slightly backward. The retrahens aurem consists of two fleshy fasciculi arising from the mastoid portion of the temporal bone by short, aponeurotic fibres, to be inserted into the lower part of the cranial surface of the concha. It draws the auricle backward and is supplied by the auricular branch of the facial nerve. The smallest of the three muscles, the attrahens aurem, moves the auricle forward and slightly upward. It arises from the lateral edge of the occipito-frontalis and is inserted into a projection on the front of the helix. It is supplied by the facial nerve.

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* Read before the Homœopathic Medical Society of the County of Kings, October 9th, 1888.

These apparently insignificant muscles are entirely ignored in special works upon otology beyond the enumeration of their presence and position; but that they may take on annoying pathological states, the following case, which came under my care some time since, shows. In this instance there was a peculiar spasmodic condition of the attollens aurem, retrahens aurem, and of some of the intrinsic muscles, as its history will demonstrate:

A young lady, aged twenty-three, a seamstress in a large factory, whose appearance would indicate the best of health, consulted me early in December, 1887, about her ears. Her family history was good, both parents enjoying good health. There is no nervous trouble of any kind in the family. She had the usual diseases of childhood in mild form and without serious sequelæ. The menses have always been somewhat irregular, but of normal quantity and without much pain. There is a predisposition to catarrh on the slightest exposure, and, with these severe catarrhs, in recent years, there has often been an intermittent roaring, with or without pain, in one or both ears. At intervals she has also attacks of headache, accompanied by nausea and vertigo so severe as to make it impossible for her to raise her head for several hours. These attacks are sudden and frequently come in the early morning without any premonitory signs. They are generally unilateral, but may attack either side. Her mother and maternal grandmother had similar headaches.

Beyond a nervous movement of the left arm when excited, puzzled or startled, which is less than when she was ten or twelve years old, there are no nervous symptoms in the case.

For several weeks prior to December 4th, 1887, she had suffered from a slight roaring and beating, with intermittent aching, in the left ear, which an examination showed to be a subacute catarrh of the middle ear, when suddenly, after one of her severe headaches, the auricles began to move spasmodically. The movement was greater in the left than the right, and was in an upward and backward direction The helix was also folded inward upon the fossa of the antihelix at the beginning of the attack. When the writer first saw her, December 9th, this folding had ceased, but the auricles were moving in a rhythmical way upward and backward In the left, in which the movements were the more marked, there was a perceptible widening of the concha in its antero-posterior diameter. There was no movement of the skin at any point about the ears, nor could any hardening or increased tension be felt in any of the muscles. The occipito-frontalis, which, according to Sexton, aids the attollens and attrahens aurem in moving the auricle and making the membrana tympani tense, was not brought into play, as is usually the case with those who have the power of voluntarily moving the auricles. The movements were not synchronous on the two sides, those on the left being greater and more rapid. The range of movement was over a quarter of an inch in the left and half as much in the right. They moved continuously at the rate of about a

complete oscillation a second for a minute or more, and then there was an intermission nearly as long. While the patient was conscious of these movements, they were entirely beyond her control and painless. The ears were of the hue of the surrounding skin and there was no increase in their temperature.

Ferrum met. relieved the congestion of the middle ear and removed the beating and roaring within a few days. By January 9th, 1888, all these symptoms had disappeared, but the movements of the auricles were as marked as ever. *Agaricus* was then prescribed and in a couple of weeks scarcely any movement was to be observed. Recently I have learned that she has yet slight movements in the left one when she is out of health, excited or embarrassed. The right does not move at all.

The conclusion that this was a case of spasm of the attollens and retrahens aurem and one of the muscles of the antihelix is inevitable: First.—Because these muscles have been shown capable, by cultivation, of developing the power of moving the ears, present, in this case, as many instances on record and personal experience show, although usually undeveloped and deemed simply as significant of man's prior savage condition. Second.—Because no other muscles can alone produce the marked movements described without at the same time moving other portions of the scalp.

The cause of the spasms is unknown, and, whether centric or peripheral, the writer is unprepared to state. That it was the former seems probable, as the cervical, as well as facial, nerve, was involved.

The case is worthy of record: First.—As being a unique condition, no mention being made in aural literature of any pathological state of these muscles, so far as the writer has been able to find, nor have any of the specialists to whom he has related the case met anything similar. Secondly.—As a record of the prompt action of *agaricus* in relieving the condition, although prescribed more because of its relation to general muscular spasm than of any specific action upon the auricular muscles.

IT is astonishing how long a time it sometimes requires for surgeons to adopt rational methods of treatment. For a long time Dr. Lewis A. Sayre, of this city, has advised and practiced immediate restoration of a foot to the normal position after the operation of tenotomy. His exception to the rule is where the operation is performed upon tendons governing the action of joints affected with fibrous anchylosis. In these cases he allows the opening to heal first before the extension is begun. Now the immediate restoration to the normal position is becoming popular, and the journals teem with articles advocating the practice. W.

ROUND ULCER OF THE STOMACH.*

By PROFESSOR GERHARDT,
Berlin.
Translated, With Remarks on Treatment, by S. LILIENTHAL, M.D.,
San Francisco, Cal.

WE hardly, nowadays, speak any more of gastric catarrh or dyspepsia, but we want to know the pathological changes which produce the symptoms of those affections. It is well known that ulcers of the stomach heal rapidly, and one may even lift up pieces of the mucous membrane of the stomach without causing serious troubles. We meet, in the round ulcer, not only a necrotic process by auto-digestion, but especially a chronic ulceration, and it is this tendency to chronic ulceration which essentially distinguishes the round ulcer from simple loss of substance. We must look, therefore, for the factor which gives to this loss of substance its chronicity ; hence, we must examine the chemical composition of the gastric juice. Only in some exceptional cases, as in old callous ulcers, could we find in the structure of the ulcer the cause of chronicity. In most cases errors of diet or modifications in secretion may be blamed for the cause of the round ulcer, nor must we forget the action of some drugs, as antimonium tart. or salicylic acid, or the hyperacidity of the gastric juice itself. The round ulcer is always a grave affection on account of hemorrhage, perforation, or pyloric stenosis. Gerhardt observed hemorrhages in nearly half of his cases, and Lebert missed it only in 22 out of 104 cases. These bleedings do not come only from the blood-vessels of the stomach, but also from those of neighboring organs. Old ulcers at their base become often connected with other organs, most frequently with the pancreas, less often with the left lobe of the liver, and very rarely with the spleen. Catamenial flow may also play the part of substitutive hemorrhage, though rarely.

An important negative symptom is the absence of a palpable tumor, and still in old callous round ulcers we may have the sensation of a flat tumor on external palpation, felt at the left lobe of the liver like a deep-lying tumor. Another sort of tumor may be thought to be felt in certain pyloric affections. Turgens has shown that in many stomachs the muscular fibres of the stomach may become so thickened that this hypertrophy may be diagnosed as a tumor. It is said of many a round ulcer that the pyloric tumor gradually disappeared during treatment. Often we meet such tumors in dilatation

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of the stomach, which sink down, when we find the tumor much easier. A third kind of tumor, though rare, is caused by circumscribed exudations which surround the points of perforation. Such tumors often increase steadily, and are taken for cancer. A fourth tumor may be detected when a neighboring organ projects at the base of the ulcer, and such a tumor has often the appearance of growing if it is disposed to increase its volume (pancreas, liver).

A conscientious examination of the degree of acidity of the gastric juice is therefore of great importance. Gerhardt found seventeen times in twenty-four cases a normal reaction of the hydrochloric acid ; in seven cases reaction was wanting. It is, therefore, quite certain that in some cases of round ulcer the increase of hydrochloric acid in the gastric juice, which is generally considered as a sure sign, may be absent. Its physiological contents vary according to individual conditions and the quality of the food taken ; it varies between 0.05 and 0.40 per cent. The reaction of HCL is generally not found in cancer, but there are exceptions. Twice in sixteen cases did Gerhardt find the reaction preserved in cancer of the stomach.

Round ulcer may persist for twenty-five or thirty years, with intervals during which the patient is often considered cured ; the patient feels well and forgets that six months ago he suffered from gastralgia. Such facts are of great value for the diagnosis, for when a gastric state has lasted longer than three years without producing a tumor, we may lead our attention to a round ulcer. A recent ulcer is nearly always accompanied by a pain, situated not in the immediate neighborhood of the xiphoid appendix, but at a certain distance from it, accompanied by a sensation of pressure, and commonly appearing some time after a meal and aggravated by certain positions taken by the patient. When the stomach is contracted, the pain affects the cardia; when dilated, it occupies the pylorus; when pressure and tumefaction is felt, it probably is at the anterior wall of the stomach ; or when there are many bleedings, the posterior wall is probably the affected part. Anterior ulcers present more tendency to perforation, and the posterior ones to hemorrhages. Where a patient abstains from eating on account of the gastralgia, and emaciates and becomes cachectic, we have better reasons to think of a round ulcer than of carcinoma or nervous dyspepsia. Recent ulcers are hardly ever accompanied by much emaciation ; the contrary is observed in old; and the method of regular weighing is often of great service.

In relation to treatment we have to consider the regimen, the etiology and the state of the gastric juice. Some propose to give

the patient nothing to eat, and to sustain him with nutritive injections; but in many cases this cannot be carried out on account of the hyperacidity of the gastric juice, nor can we always count on the docility of the patient. Krukenberg recommends a milk diet, which may benefit recent cases. In old ulcers, with modified gastric juice and abnormal structure of the gastric walls, we often find an intolerance of milk diet. Peptones, in different forms, find many adherents, but Gerhardt never saw any good effects from them, especially as they increase the secretion of gastric juice and especially of the hydrochloric acid, while in profuse hematemesis or in peritonitis from perforation peptonized injections give excellent results. They keep up the alimentation, which is then impossible by way of the stomach. Aufrecht proposed to nourish the patients by food which does not need the gastric juice for its digestion, as small pieces of bread and butter, rice, stewed apples, etc. Heidenhain thinks that the mechanical irritation caused by the injection of food suffices to provoke a local secretion of gastric juice. Many patients secrete continually gastric juice, and this juice can be made inocuous to the ulcer by giving azotic food (meat and eggs), and thus prevented from corroding the ulcer. Where there is pyloric stenosis we meet a tendency to lactic and butyric fermentation, and meat alone can be allowed and all hydrocarbons must be left off.

Morphine remains the sheet-anchor, but Gerhardt is doubtful about it; in fact, he considers it injurious, as it allows the patient dietary transgressions. Pains can only be safely calmed by curing the ulcer. In some violent cases of gastralgia, morphine might palliate, and in other cases it might prevent the formation or the growth of an ulcer. Where diagnosis is uncertain, hydrochloric acid is often employed; but this is absolutely irrational, for it seems superfluous to erode with this acid an ulcer already bathed by it; it is exceptionally preferred in anæmic patients, but the muriate of iron acts better in such cases. We have thus to fall back to the alkalies (bicarbonate of soda, lime, magnesia, etc.); but, though they destroy the acid, they favor its reproduction. Bicarbonate of soda with bismuth (the latter as a covering to the ulcer) may be prescribed, but it is more advantageous to bathe constantly the mucosa with a weak alkaline solution, and the waters of Carlsbad, Tarasp, etc., have here some renown. Gaworsky shows that the waters of Carlsbad, used for a long time, prevent the production of hydrochloric acid, and we must not forget that they do not agree with all patients.

Irrigation with kitchen-salt or with Kissingen water may give some good results. Gerhardt accords, also, to the nitrate of silver

the faculty of opposing the production of the acid, and in many a case he observed a manifest amelioration and the disappearance of the pains at the first day of its employment. Minimal doses are only indicated, and only in cases of hypersecretion. A gramme or so, in solution, has an effect when given in the morning, and in a position which allows the liquid to commune immediately with the ulcer.

The great difficulty is to know in every case what treatment suits the patient. It is the same with cundurango, which does not cure a cancer, but decidedly ameliorates a case of round ulcer simulating cancer. Washing the stomach out acts well in old ulcers; but in recent cases it increases the danger of hemorrhage and very few patients take kindly to the tube. It calms the pains and excites the appetite, constipation and dilatation disappear, and a cure often follows. A definite cure is rare. Gerhardt considered a case nearly cured; the next day he was called to make the autopsy; the patient ate too much and a rupture of the ulcer followed. Amelioration may last for days and weeks; but the ulcer is still present and may become painful from the least dietary error. Treatment must be continued till all sensation of pressure is gone and till he increases in weight. An absolute cure cannot be counted upon in our present state of therapeutics.

Again, a *sigillum paupertatatis* of the old school and another proof of the great value of individualizing homœopathy, based on the great law of similitude. Among the remedies which we may find indicated in ulcer pepticum, *phosphorus* looms way up, although we might also mention *argentum nitr.*, *arsen.*, *atropine*, *belladonna*, *bryonia*, *cantharides*, *carbo veg.*, *conium*, *crotalus*, *ferrum*, *kali bichr.*, *lycopodium*, *mezereum*, *nux vom.*, *sepia*, *silicea*, *sulphur*, *uranium nitr.*

Some indications for these remedies are:

Argentum nitr.—Pain below the xiphoid process, in a small spot, extending to a corresponding point in spine, worse on pressure; spasm across lower part of chest and in stomach, due to ulceration in mucous membrane of stomach and duodenum, coming on late evenings and lasting all night.

Arsenicum.—Stomach tender to pressure, even to the slightest touch; gnawing in pit of stomach; vomiting of blood, with fainting before and after it; frequent vomiting, with apprehension of death; pain in stomach while or immediately after eating, or gagging,

nausea and vomiting, mostly after two hours, even from the lightest kind of food.

Atropinum. —Pressing pain after eating, and vomiting of acrid, sour masses, which set teeth on edge; hard swelling in pyloric region, just above navel, very sensitive to touch; severe gastralgia, constant vomiting; deadly paleness of face, with cold perspiration, hands and feet icy cold; pulse very small; peritonitis from perforation (Bell.)

Bismuthum.—Pressure as from a load in one spot, with pressure in corresponding point in spine, decreased by bending backwards; nausea and vomiturition after eating; vomiting of all fluids as soon as taken.

Cantharis. —Violent burning pains in stomach, chiefly pyloric region; pressure in scrobiculum after eating; vomiting of water drunk, of blood, of frothy mucus tinged bright red; thirst, with aversion to ali fluid; urinary troubles.

Hamamelis.—Hemorrhage of black blood; violent throbbing or trembling of stomach; soreness of abdomen; tarry stools.

Kali bichrom.—Oval ulcers, excavating in depth without spreading in circumference; pressure and heaviness in stomach after eating; dizziness, followed by violent vomiting of a white, mucous, acrid fluid, with pressure and burning in stomach; vomiting of sour, undigested food, of bile with pinkish glairy fluid, of blood, with cold sweat on hands; hot face.

Lycopodium.—Earthy color of face; rising of sour acrid fluid; vomiting of sour water and mucus; fullness of stomach and abdomen; pain in stomach after eating; rumbling and gurgling in abdomen; constipation, scanty urine; aggravation from sitting bent, relief from rising and walking about; no pain at night when warm in bed.

Mezereum.—Constant violent pain and pressure in stomach after eating even the most simple food; constrictive, squeezing pain, with much belching, one or two hours after eating, and ending with vomiting and gulping up the food; constipation; circumscribed redness of face; skin cool; pulse very small and frequent: chilliness, alternating with flashes of heat.

Phosphorus.—Severe pressure in stomach after eating, with vomiting of food; hemorrhage from stomach, decreased from drinking cold water; sourish, offensive fluid ejected in large quantities, looking like water, ink or coffee grounds, after food or even a swallow of water; goneness in region of stomach; frequent fainting; cold extremities.

Uranium nitr.—Vomiting of sour watery fluid or of blood; tasteless or putrid eructations; burning, gnawing pains in paroxysms; great

thirst, no appetite; styes on left upper eyelid; hopelessness; frequent urination, increased after noon; desire to urinate immediately after having done so; constipation; extreme debility and languor; ill humor.

Ulcer pepticum, with *sensitiveness to pressure:* Ars., bell., bry., kali bichr., phos.; with *diminished sensibility:* Arg. nitr., bismuth, carbo. veg., phos. ac.; *excessive acidity:* Calc., nux vom., phos., robin., sulp.; *excessive flatulency:* Carb. veg., chin., lyc., nux vom., phos.; *loss of appetite:* Ars., bry., nux vom.; *bulimy:* Calc. carb., calc. iodat., iod., nux vom., phos.; *fainting:* Ars., iod., phos., ver. alb.; at *pyloric end:* Ars.; at *cardiac* end of stomach: Kali bichr.

Kafka, in his classical Therapia, differentiates thus:

Round ulcer, with symptoms of nervous cardialgia: *Ars., phos., carbo veg.*

Oversensitiveness without anæmia: *Bell.* or *atrop., nux vom., op.* or *morphium, bry., iod.*

Sensitiveness decreased: *Bismuth., phos. ac., plumb. ac., arg. nitr.*

Sensitiveness to external pressure increased: *Ars., bell., phos.*

Sensitiveness to external pressure diminished: *Bism., carbo. veg., phos. ac., arg. nitr.*

Acidity prevailing: *Calc. carb., nux vom., phos., sulph.*

Flatulency in stomach and abdomen: *Carbo. veg., chin., nux vom., phos.*

Status pituitosus: *Puls., sulph.*

Status biliosus: *Ars., nux vom., puls.*

Total loss of appetite: *Ars., nux v.*

Bulimy: *Phos., iod., calc. carb., nux vom.*

Debility and faintness: *Iod., phos., ars.*

Jousset mentions *ars., carbo. veg., nitr. ac., phos., plumb.* and *veratr.* as corresponding to black vomiting; *graphites* ought not to be neglected. Very hot drinks give, often momentarily, great relief. For a diet nothing is better than fresh eggs beaten up in milk. The peritonitis must be treated according to indications.

Hale adds *sanguinaria* as a remedy indicated for ulceration of the mucous membrane of the stomach, especially when the patient craves food to quiet the nausea, vomiting of sour, acrid fluids, of ingesta, preceded by anxiety, with headache and burning in stomach, while *uranium nitr.* is too much overlooked in that excessive flatulency of stomach and bowels which so often accompanies many kinds of dyspepsia.

With all due respect to such a high authority as Professor Gerhardt is justly considered, we may honestly say that homœopathy can do better than the treatment he so doubtingly recommends. In

relation to the diet all schools agree, and still we doubt with that eminent teacher whether lavage can possibly do any good in such a case. The stomach must have rest, and lavage is at least one source more of irritation.

RELATIONS OF THE EAR TO THE BRAIN.*

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A DISCUSSION of the relations of the ear to the brain follows the natural anatomical order, hence we have disease of the brain, or its envelopes, caused by lesions of the external, middle or internal ear. In many cases the line cannot be drawn which would separate the final causes of cerebral lesion, on this anatomical basis, from the primary causes; lesion of the auditory canal may cause middle ear disease and hasten the final issue, or middle ear disease may involve the internal ear or labyrinth, and both be factors in the fatal issue; still, for the sake of the discussion, we may consider each.

Of these the middle ear is most frequently involved, the external next, the internal least; that is, so far as our present topic is concerned. If we accept the position now taken by many observers, viz., that every inflammation of the middle ear is the cause of labyrinthian congestion, the relative frequency will be changed in favor of the internal ear. That such is the case I firmly believe.

The two forms of inflammation of the external ear which may involve the brain by causing ulceration, followed by periostitis and caries, which later involves the dura-mater, are furuncle and diffuse inflammation; it would seem improbable that perifollicular inflammation could cause such a lesion, but limited ulceration does follow furuncle, hence the possibility. Diffuse inflammation is frequent and extensive; if neglected, the detritus serves as an exciting cause of long-standing ulceration, till the periosteum is reached. Toynbee gives a case of acute diffuse inflammation of the dermoid structure of the external auditory canal caused by pricking the ear with a pin. This occurred April 1st, 1841. April 30th she was admitted to St. George's Hospital, where she died May 11th, in a comatose state. The report of the autopsy is interesting in reference to the bone condition. I quote: "The dura-mater covering the surface of the petrous

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bone was very vascular, and its vessels were distended with blood; it was also separated from the bone by a small quantity of serous fluid. The substance of the bone was of a dark color, its blood vessels being distended. On examining the ear, the membrana tympani was found to be entire, but both it and the mucous membrane lining the tympanum were more vascular than natural. The chief disease was found in the external meatus, of which the membrane lining the inner third was soft, highly vascular, easily detached from the bone, and covered by purulent matter. There was no appearance of ulceration on the surface." The report of the brain condition showed serous and purulent exudation.

In the same chapter of his treatise Toynbee details in full a case of inflammation of the auditory meatus, with caries of the posterior wall, in a child aged three and a half years. In this the tympanum was involved. The cerebrum showed no evidence of disease, but the left hemisphere of the cerebellum, lateral sinus and jugular veins had become extensively involved. The immediate cause of death was emaciation and exhaustion, ending in delirium, with constant motion. Life was extinct twenty-three days after first observation. An exception may be taken to this case, as it involved the tympanum; still, Toynbee's assertion that the disease extended from without inward must be respected.

Caries of the meatus usually arises from caries of the mastoid cells, involving the posterior walls of the canal, and must be considered in such cases under middle ear disease.

The consideration of the relations of the middle ear to the brain is simple, on account of the anatomical relations. The tympanum is a closed cavity, its external limit being the drum head; its internal, the labyrinthian wall; anteriorly opens the Eustachian tube, and posteriorly the mastoid cells; its roof is a bony plate, the tegmen tympani, having immediate relations with the dura-mater of the middle fossa of the cerebrum. Without taking the time to discuss fully the minute anatomy, suffice it to say that in any acute disease with free exudation, or, later, suppuration, the pressure exerted by the fluids is very great in every direction.

In the great majority of cases the membrana tympani yields, and relief comes by the emptying of the cavity through the external auditory canal. In some cases of dense unyielding drum head, the escape is found by the way of the Eustachian tube. In rare cases, two reported by Schwartze and two by Wendt, the inflammatory action was not relieved by either of these avenues, led a rapid course, and terminated in convulsions and death from meningitis.

Schwartze speaks of one of the cases described by Wendt, to the effect that the autopsy showed extensive meningitis, with abundant exudation over the whole surface of the brain. Schwartze also remarks, "Purulent tympanic catarrh may be fatal even in adults, *without there being an external appreciable disease of the bones*, by purulent meningitis, or phlebitis of the sinuses and pyæmia; this may occur without perforation of the drum membrane. It is less common in the acute than in the chronic form of the disease. As a rule, it only occurs when the drum membrane has been increased in thickness and power of resistance by previous inflammatory process."

The late Professor Edward G. Loring, M.D., reported a case of croupous inflammation of the tympanum, which terminated in death by coma. The autopsy revealed a true croupous membrane upon the mucous membrane of the tympanum, and excessive meningitis as the cerebral condition. It is in the chronic suppurative form of the disease of the tympanum that we find the most frequent cause of death by the extension of the disease to the brain.

Swartze remarks, "Purulent catarrh of the tympanum may lead to ulceration of the mucous periosteal lining of the cavity by which the bone is exposed, and very soon to attacks of the ulcerative process.

"In this way circumscribed caries in the tympanum occur in the roof, labyrinthian walls, and other places, but especially often over the thin osseous lamella, which separates the cavity, where the head of the malleus lies, from the external meatus.

"I have, however, seen circumscribed caries on the labyrinthian walls, with simultaneous thickening of the lining membrane of the tympanum without ulceration. Carious destruction of the tympanic walls and of the ossicula is exceptional with an imperforate drum membrane."

It is this ulcerative process in the attic of the tympanum involving the relation of the ossicula to the roof that is the serious factor in all suppurative cases. In some cases the roof is extremely thin, a mere film as it might appear, separating the cavity of the tympanum from the cavity of the cerebrum. When we consider how rich in vessels the lining membrane of these two cavities is, we can understand the comparative rapidity with which acute inflammation may extend to a fatal result.

There are two things which conserve the functions and ward off death. In the first place, the blood supply is not consecutive—continuous between the two parts; and in the second place, Nature raises her bulwarks in the form of extensive exudations, and plastic

processes, which guard the vital structure of the brain, thus postponing the fatal outcome.

In a case under my observation in the Ophthalmic Hospital, a German, a man sixty-five years of age, reported a history of suppurative disease of the middle ear, which gave good grounds for the belief that it had continued over twenty years. The mastoid cells had become involved; perforation of the antrum relieved the imminent symptoms entirely, and the patient seemed in a fair way to recovery. After a month of varying experience, alternating advance and relapse, he finally died with comatose symptoms, with slight convulsive action at the moment of death. The autopsy revealed the entire diploe of the temporal bone above the mastoid process infiltrated with pus; the entire mastoid cells, floor of the tympanum and outer third of the auditory canal carious, as also the greater portion of the area of the middle fossa of the cerebrum, extending well forward to the frontal bones, was involved; the dura-mater was enormously thickened; in fact, it was impossible to separate and define the investing membranes of the brain. The space between the denuded bones and the dense mass of dura-mater and related membrane was filled with thin, fetid pus, which had not found exit by the operation which relieved the mastoid antrum.

While the relation of the tympanum to the lateral sinus causes phlebitis and thereby disease of other organs of the brain, yet if the disease of the middle ear be associated with injuries of the skull, it *may* involve the brain directly.

An interesting case illustrating this came under my observation in the Ophthalmic Hospital, in connection with Professor William Tod Helmuth's clinic. The patient had been struck on the parietal bone, and a large scalp wound had been dressed at the time and relieved. Later, suppuration of the middle ear had occurred, and it became evident that there was a relation between the suppuration of the ear and the scalp wound. When the flow from the meatus was free, the patient was comfortable. When anything occurred to check the discharge from the meatus he complained of a semi-lateral headache and dizziness, which increased until a tumor formed at the seat of the original injury to the parietal bone. Upon incising this, the scalp would be found separated from the bone, but it was difficult to determine the extent to which the bone was exposed.

The opening and evacuation relieved the symptoms at successive periods passing over a number of years. By the advice of Dr. H. D. Schenck, he was admitted to the Ophthalmic Hospital, and after consultation with Dr. Helmuth, whose diagnosis was to the effect that

he believed there was a communication between the mastoid cells and the external wound, which warranted an explorative operation upon the mastoid cells ; the perforation of the mastoid cells was made, and, to our surprise, the cells were found filled with blood, which poured out without special force, could be easily controlled, and was more venous than arterial, notwithstanding the external operation which was required to reach the cancellated cells. The patient was placed in bed, and an unfavorable prognosis given. To our surprise no unfavorable symptoms manifested themselves. The scalp wound closed, tenderness about it disappeared, the drainage from the mastoid perforation was free, healthy, purulent. Without any relapse the patient made a good recovery. Though not seen by myself, he has reported himself as perfectly well.

Professor Helmuth's theory concerning the case is that the injury to the skull and parietal bone had caused a strain of the lateral sinus in such a way that the venous supply strained through and burrowed underneath, to the original scalp wound. On being relieved, the tissues applied themselves to the cranial bones, until such time as the slow process of draining and burrowing caused another abscess at the original seat of injury. The perforation of the cancellated structure of the mastoid bones afforded another mode of exit ; this once established, relieved the original seat of injury, and by its maintenance made a permanent and ultimate repair of the walls of the venous vessels a possibility.

Time will not permit citation of cases bearing on this department of the subject, but I cannot turn to the next division of the subject without a word upon the peculiar danger to which *children* are liable in contrast to adults. All advances made in the theory and practice of medicine, or in the art of surgery, bring beneficent results to mankind, tending to increase the average length of life, and to give immunity from ills unmitigated in the least in the past. The advances made in aural surgery since Von Troeltsch gave the profession his aural mirror certainly ought to bear fruit by this time, and we may hope that there will be a smaller number of deaf people in the next generation. In order to accomplish such a result it will be necessary to invoke the physicians, who are to care for the children of to-day, to render them better service than has been rendered in the past. Let us hear no more of the old assertion, "The child will grow out of it." A child can never outgrow the lesions caused by neglected ear-aches. An ear-ache is an otitis ; an otitis means loss of function, the degree of loss being determined by the faithfulness of the family physician.

Von Troeltsch says: "In the first few years of life, also, the morphological relations of the child's organism favor the *disposition of the middle ear to diseases* more than they do at a later period. It should also be remembered that it is well established that, even in adults, among all the affections to which the ear is subject, those of the middle ear occur most frequently.

"Attention must here be called to the fact that, in children, the dura-mater and the tympanic mucous membrane are in much more intimate connection than is the case in after life. Along the roof of the tympanum and antrum mastoideum runs the dividing line between the petrous and squamous portions of the bone, the sutura petroso-squamosa. Like all the other sutures of the skull, this is more open in early life than at a later period, and, at that age, the dura-mater covering the roof of the tympanum projects into this open fissure, and gives off downwards a marked band or process of tissue, through which there is a direct connection between the dura-mater on the one hand and the mucosa of the middle ear on the other, and this connection is not by the vessels only, for this always exists in adults, but by the tissue itself. It is evident that, through this connection of the two regions, all abnormal processes of nutrition and circulation in the one will be easily communicated to the other, the hyperæmias and diseases of the meninges, which are so common in childhood, being readily transmitted to the tympanic cavity, and, on the other hand, the not infrequent pathological changes in the tympanum must always exert a certain influence on the interior of the skull. That this reciprocal influence may be recognized, not only anatomically, but also clinically, in the symptoms under which pathological processes in these regions express themselves, scarcely admits of doubt."

Another condition existing in children is that the Eustachian tube is more lax, wider, and its closure is more easily overcome than in the adult; so that the child has this element of exposure added to the other anatomical disabilities. In fact, the various external and internal conditions of child-life are such that Von Troeltsch says, in connection: "*In childhood, aside from a few weeks immediately following birth, a usually strong predisposition to diseases of the middle ear exists, owing, on the one hand, to the double influence of the peculiar morphological relations of the ear and the pharynx, and, on the other hand, to the diseases and conditions of life to which the child is frequently exposed.*"

The conditions of the relations of the internal ear to the brain may well be said to open a *labyrinth*, for this part of the pathology

of the ear is a comparatively new field of study; but when it shall have been subjected to a thorough clinical and pathological examination, as has the tympanum, its circuitous paths will reveal equally clear the relation between cause and effect.

The true attitude to assume with regard to the relation of the internal ear to the brain is that of a questioner. Helmholtz has given us a theory of the action of the symmetrical cochlea, and the unsymmetrical ampullæ of the semicircular canals; and Ménière gave some practical conclusions, drawn from observation of certain cases of auditory vertigo, which have led to a more full differentiation between cerebral symptoms caused by labyrinthian pressure secondary to middle ear disease, and similar symptoms caused by serous exudation in the internal ear itself, whereby the tension is increased.

Theoretically, it would follow that disorganization of the ultimate fibres of the acoustic nerves would abolish the perception of tones corresponding to those fibres, because no central impressions would be made, and such is claimed by some. Conversely, central disturbance would cause similar terminal symptoms, and give a tinnitus aurium of high or low pitch, as the fibres of the base or apex of the cochlear distribution were compressed. Again, if changes in the ampullar terminations occur, we have such modifications of irregular, non-musical noises as are recognized by the terminal distributions; also such gyrations as are modified by the same, if we admit the relation between the functions of the semicircular canals, the saccule and the utricle, and co-ordination or maintenance of the equilibrium. Here is the opportunity for the interrogation point.

If the change of position of the otoliths in the ampullæ is the factor in the recognition of certain irregular sounds, why do patients become tolerant of such annoying subjective sounds, more or less rapidly, after serous exudation in the internal ear? Why do patients recover from auditory vertigo by the lapse of time, but do not recover the full auditory function? Why do patients have auditory vertigo with perfect auditory perception? Why are some patients specially sensitive to regular tones (music) and not disturbed by noises? Conversely, why sensitive to irregular vibrations (noises) and not to music? Why does tinnitus aurium appear under the form of high pitched musical tones in some cases and under low tones in others? Why is tinnitus aurium composite in some cases, regular (musical) and irregular (noises) in others? Why does tinnitus aurium interfere with perception of regular tones (music) in some cases and not in others? Why does tinnitus aurium interfere with the perception of irregular waves (noises) and not with music?

Why do patients with perfect perception of both music and noises have tinnitus aurium? Why do patients have hallucinations, their perceptions of all tones being perfect, and they free from tinnitus?

What is the significance of the fact that in most cases subjective sounds are referred to the ear, while others, the minority, describe the sounds as being in the head, central?

These, in connection with questions concerning the reaction of the auditory nerve to the galvanic current, and to the induced current, modifications of the accepted formula of Brenner, etc., are questions more easily asked than answered; questions of the deepest interest to the physiologist, as well as the physician who tries to relieve the sane, or insane, sufferer.

TWO CASES OF EMPYEMA WITH PECULIAR FEATURES.*

By J. W. DOWLING, JR., M.D.,

New York.

THE first of the two cases alluded to in the heading of this article occurred a little over a year ago. The patient, aged five years, was taken sick with all the symptoms of a gastro-enteritis. After some days the probable cause of this trouble was revealed by the passage from the bowels of a mass of strawberry seeds and a large slice of *pine-apple* which had been chewed and swallowed entire, two weeks having elapsed since they were eaten. The soft part of the pulp of the pine-apple had been digested, but the fibre remained intact and could be spread out in its original shape. The fever and other symptoms began to subside, but in a few days they returned with increased violence. The case then came into the hands of Professor Dowling. He found that there was no cough, and nothing to call attention to the organs of respiration except the fact that the little patient lay only on the right side. Upon examining the chest there was revealed, unexpectedly to the attending physician, a large accumulation of fluid in the right pleural cavity. This was sampled by means of a hypodermic needle, and found to be purulent. The accumulation being so large, and the lung so greatly retracted, it was thought best to perform the radical operation for its relief. An incision was made through the chest wall in the right anterior axillary line, when large quantities of creamy pus poured out. The cavity was washed out with a 1 to 5 solution of peroxide of hydrogen, and an oakum plug inserted which kept the wound open. The next day the temperature fell, but soon rose again, and fluctuated for some days between 100° and 103°. To keep the cavity clean it was necessary to perform the washing twice

* Read before the Homœopathic Medical Society of the County of New York, Sept. 13th, 1888.

daily, and sometimes oftener. In consequence of the plug of oakum (renewed twice daily) not permitting constant drainage, large quantities of pus were confined for hours at a time, and only liberated during the washing-out process. Thus for twelve hours each time the secretions of the cavity were confined, and were in contact with the blood-vessels and lymphatics of the walls of the cavity. For at least six weeks the temperature made frequent upward jumps, as often yielding to more frequent irrigation. The discharge continued to be quite free for ten weeks, and then gradually subsided, the oakum plug having been in use all that time. A drainage tube was then substituted for the oakum plug, and improvement was more rapid. At the end of six months the lung had entirely regained its normal size, and the area of pulmonary resonance was normal. There was remaining, however, a sinus, about half an inch deep, in the structure of the chest wall, which continues to discharge a small amount of pus, even to the present time, fifteen months after the operation.

The peculiar feature of this case is the origin of the pleuritic inflammation which resulted in empyema. During the whole time of the primary attack of gastro-enteritis, the weather was warm and pleasant, with no rainy days; the child was most carefully watched; was not exposed to draughts of air at any time, and was in bed the whole period. There was no apparent cause for the setting in of the pleurisy. It seems possible, however, to account for it on other grounds. The gastro-enteritis being of a severe nature, it is quite likely that septic matter was generated, and in some way by absorption conveyed to the affected side, resulting in a purulent inflammation of the pleura. This seems a plausible explanation, and in the absence of other more evident cause to my mind is satisfactory.

The second of the two cases was similar in some of its features, though quite different in others. The history of the case, as given by the attending physician to Professor Dowling, was as follows:

Last February the child, a boy of five years of age, "took cold." Grew pale and languid. Had a dry cough with little expectoration; was feverish and chilly by turns, temperature rarely going above 102½° and oftener being much lower. When seen in June, this condition had continued until the little fellow was worn almost to a skeleton and was so weak he could not stand alone. Careful examination of the chest revealed the existence of a pleuritic exudation, probably of some months' standing. A hypodermic needle was then inserted, and the fluid drawn off was seen to be purulent; placed under the microscope, it was seen to contain pus corpuscles in large numbers. It was then decided that aspiration should be performed. A trocar and canula of fairly large size being introduced, and the trocar being withdrawn, a few drops of pus escaped, and then the tube attached to the canula collapsed, the flow ceasing. The canula was withdrawn and reinserted, with a similar result. Again it was withdrawn, and after being inspected and found to be perfectly clear, was

again forced into the cavity. A few drops of pus were all that rewarded this third attempt. It was then seen that the only way of evacuating the contents of the cavity was by performing the radical operation. A free incision was made, as in Case 1. Only a slight flow of pus followed. Not being able to account for this, the operator inserted his finger into the cavity, and found that owing to the strong adhesions formed between the visceral and parietal layers of the pleura, only a small portion of the whole cavity was drained by the opening through the chest wall, and that quantities of pus must be confined in various small sacs, formed by these adhesions. This accounted for the peculiar results following the attempts at aspiration. To complete the results for which the operation had been begun, the operator, passing his index-finger as far into the cavity as possible, broke up one after another of the adhesions, being rewarded after each effort by quite a free flow of pus. After all had been broken up that could be reached, it was found that the lung had expanded considerably, and that the area of dullness had perceptibly diminished. A rubber drainage-tube was inserted and made secure by passing through it a large safety-pin, and, with a simple dressing of absorbent cotton, the wound was bound up and the child put to bed. The temperature fell at once, and did not rise again to a higher point than 101°, and that only once or twice. The rubber drainage-tube being continually open, the flow of pus was constant, though small in quantity, and after washing out the cavity twice daily for a week the flow had almost ceased. The child began to gain flesh immediately, and in a few days was strong enough to walk alone. In less than six weeks, the cavity having been washed out daily, the flow stopped, the wound healed, and the lung having expanded to its normal size, the area of pulmonary resonance became normal, and the child was sent home cured.

A peculiar feature of this case was, that, in addition to the slighter adhesions which were broken up, there were present strong fibrous cords between the layers of the pleura, around which the finger, introduced through the opening, could be passed, but which were too strong to be broken up.

Another feature was the very rapid healing of the pleuritic inflammation and cessation of the secretion of pus, as compared with the slow and tedious course of the first case. To me it seems clear that this result was entirely due to the use of the open drainage-tube continually permitting the escape of the purulent secretions as soon as formed, in place of the semi-solid plug of oakum, which caused the retention of the accumulation of pus for twelve hours, and permitted the re-absorption of more or less of the poisonous material. The difference in the temperature range in the two cases was also due, I think, to the same cause. These two cases seem to prove that the sensible and most effective method of treating the cavity consists in the use of the open drainage-tube, with frequent irrigation with a

solution of peroxide of hydrogen. I do not believe that a more rapid and complete cure could be effected than was secured in Case 2.

With both patients nitrous oxide gas was used as an anæsthetic, and in its ease of administration in the case of children and the absence of after effects, it is by far the best anæsthetic agent for use in these cases.

As an illustration of a very certain and easy way of treating sudden heart failure during the use of anæsthetics, it happened that in the midst of the operation the second patient suddenly ceased to breathe and his heart ceased beating. The child was instantly seized by the ankles, and held suspended, head downward. It was hardly five seconds before the heart commenced to beat and respiration was restored. This ready and quick method of treating this accident of anæsthesia should never be omitted, as it takes very little time, and the results are almost certain.

A CASE OF RETINAL HEMORRHAGE IN RIGHT, AND PATCHES OF LYMPH IN LEFT, EYE, DUE TO CHOROIDITIS.—VISION QUITE RESTORED.

By M. O. TERRY, M.D.,
Utica, N. Y.

MR. B——, æt. fifty-five. Nervo-sanguine temperament. Although a steady business man, yet he was free and easy in his social habits, smoking and using alcoholic beverages. A few weeks since he noticed that he could not see as well with glasses and thought they were too weak. Examination showed, however, that his eyesight could not be improved with them. On examining him, I found a rupture of a retinal vessel in the right eye. The ophthalmoscope also revealed lymph patches in the left eye, due to choroiditis.

V. right eye, $\frac{v}{xv}$.
V. left eye, $\frac{v}{xxx}$.
Examination made April 24th, 1888.

Treatment.—Ordered the discontinuance of the use of tobacco and alcohol, and to take only sparingly of meat.

Remedy.—Mer. cor., $\frac{1}{100}$. One tablet at meal-time.

May 15th.—V. right eye, $\frac{v}{x}$.
V. left eye, $\frac{v}{v\,ij}$.

May 29th.—V. right eye, $\frac{v}{v\,ij}$.
V. left eye, $\frac{v}{x}$.

June 20th.—V. right eye, $\frac{v}{v}$.
V. left eye, $\frac{v}{v\,ij}$.

Ophthalmoscope now shows healing of the ruptured vessel, and a disappearance of the lymph patches.

A careful examination revealed no disease of the heart, and the microscope discovered nothing abnormal with the kidneys. Now, although this may not be a case of *tobacco* amaurosis, it probably wrought its influence, and, with the aid of alcohol, began the work of degeneration of the vessels and nerve tissue.

The patient is able to use his eyes again, and finds no trouble in seeing, as his vision is just short of normal.

The *mercurius cor.* seems to have acted in a regular, specific way. Large doses of this drug produce a congested condition of the cerebral vessels, which, being continued, produces the pathological phenomenon of degenerative change. Small doses relieve this condition when it shows itself from other causes.

ORIGINAL ARTICLE IN SURGERY.

EXCISION OF THE INFERIOR MAXILLARY NERVE AT THE FORAMEN OVALE (PANCOAST'S OPERATION) FOR INTRACTABLE NEURALGIA.

By H. I. OSTROM, M D.,

New York,

Surgeon to Ward's Island Hospital, and to the Hahnemann Hospital, New York.

THE inaccessible position of the third division of the fifth cranial nerve, as it emerges from the foramen ovale, renders an operation upon this portion of the trunk one of more than common difficulty. For not only is the nerve deeply placed, but the surrounding structures are of sufficient anatomical importance to prevent obtaining an ample field for manipulation without incurring the risk of doing permanent injury to the functions of the face. We may, therefore, regard it as fortunate that this branch of the fifth pair of nerves is less frequently the seat of diseases, calling for surgical interference, than the other divisions of the trifacial.

The operation designed and performed by Professor Pancoast for reaching the nerve at its exit from the cranium, is a severe and difficult one, and rarely called for, from the fact that the lingual and inferior dental branches of the inferior maxillary nerve are more frequently affected than the main trunk, and hence the less formidable operation of reaching the lingual within the mouth, and the inferior dental by trephining the dental canal, are usually the ones performed when the inferior maxillary nerve is diseased. But occasionally the disease is situated above the branching of these divis-

ions where it is given off from the Casserian ganglion, and then Pancoast's operation will be found to offer the most direct route to the portion it is wished to remove.

The defect in the operation seems to me to be the laying out and formation of the skin flap, for, in doing this, it is almost impossible to avoid cutting Steno's duct. The shape and position, however, of the flap, while anatomically imperfect, are essential to further manipulations. I would therefore suggest, as a preliminary step, to introduce a small probe into Steno's duct, through the mouth, to serve as a guide upon which to make the flap. When the flap is made, and before proceeding to the deeper dissections, the probe should be withdrawn, and sufficient upward traction made, to expose the coronoid process of the maxilla, which must be removed before the nerve can be reached.

It also occurred to me, while operating upon the following case, that more room would be gained by broadening the base of the flap, carrying its anterior angle and border a few lines beyond the ascending ramus of the maxilla. Such a laying out of the "window" would not better expose the sphenoid fossa, but it would permit an increased manipulation of the soft parts, and thus facilitate reaching the deeper structures. In giving the flap such a forward extension, care should be exercised not to open into the cavity of the mouth, for this would probably delay healing, and might result in a buccal fistula:

Mr. J——, a patient of Dr. Jones, of Mount Vernon, N. Y., consulted me in August last, soon after my return from Europe, for the purpose of being operated upon for facial neuralgia, from which he had suffered for several months. The pain was confined to the right side of the face, involving the lingual, inferior dental and auriculo-temporal branches of the inferior maxillary nerve. The trouble began about three months before I saw him, and at that time was thought to be caused by several carious teeth. These were accordingly removed. No improvement followed; the suffering seemed rather to have been augmented by what promised to give relief. Dr. Jones, and his partner, Dr. Nutting, having exhausted the materia medica without benefit, Mr. J—— applied to me for surgical treatment.

The case was a typical one of facial neuralgia. The pains were induced by sudden exposure to cold, excitement, talking, but especially by swallowing. He would occasionally, for one or two days, be quite free from suffering, but the pain would then return with increased severity, and generally radiated from a point just behind and above the angle of the jaw, a spot indicating the situation of the auriculo-temporal nerve, before it gives off its temporal branches, or those which connect it with the facial nerve. This feature of the case

led me to conclude that nothing less than excision of the inferior maxillary nerve at the foramen ovale would reach the disease, for the auriculo-temporal nerve is given off as the third branch leaves the sphenoid bone.

The weather being very hot, I deferred operating, and advised a return to the country and the use of palliatives. His condition, however, became more deplorable, and finally ended in an entire inability to swallow even water without inducing a severe paroxysm of pain. He therefore, by advice of his physician, returned to the city and entered the Hahnemann Hospital, when I operated upon him on the 5th of September.

Several anatomical irregularities rendered the operation unusually difficult. Owing to the height of the zygomatic arch, the sphenoid fossa was abnormally deep, and hence the manipulations upon its floor were carried on at a disadvantage. Then also the internal maxillary artery was directed a little above its usual course, and, in consequence, not so easily ligated. The middle meningeal artery, also, was given off anterior to its more frequent branching, and hence required to be tied, a step not always necessary in this operation.

The skin flap was made without injuring Steno's duct. The nerve, upon being hooked up, was found to be inflamed and enlarged, especially near its origin. It was drawn out as far as possible, and the exposed portion—about two inches—excised. The flap was nicely adjusted with silver wire and silk, and a drainage tube inserted in either angle.

For a few days there was considerable swelling of the temporal muscle, owing to its detachment from the coronoid process, but this subsided, and Mr. J—— was soon able to masticate and swallow with ease and comfort.

The necessary injury to the parotid gland prevented rapid closing of the wound at one of the drainage points; the remainder of it healed by first intention in less than one week; but the entire wound had healed, and the case was dismissed, cured, by the middle of October.

From the day of the operation to that date there was no return of the neuralgia. There were, in the early period of convalescence, a few twinges of pain in the superior maxillary branch, but beyond this there has been no return of the neuralgia to the present date, three months after the excision of the nerve.

This period is not long enough to establish a cure, for it does not cover sufficient time for the perfect regeneration of nerve tissue. But so thoroughly was the nerve excised, that we would not expect to get union between the divided ends, and if the neuralgia returns, it will probably have its origin in a more central lesion than it is possible to remove by any extra-cranial operation—a lesion the existence of which was suggested by the pathology of the portion of nerve excised.

EDITORIAL DEPARTMENT.

ABOUT THE "NORTH AMERICAN."

THE attention of our readers is called to the changes occurring in our Editorial Board with the present number.

"Original Articles in Medicine" will hereafter be under the care of Dr. H. M. Dearborn whose previous editing of the departments of Correspondence and, since the illness of Dr. Fred S. Fulton, of Reports of Societies and Hospitals, is assurance of valuable work in the future.

Dr. John L. Moffat will be welcomed as an energetic and judicious worker to conduct our department of Societies and Hospitals.

Dr. J. T. O'Connor, too well known in homœopathic literature to require comment, will edit a new department of Therapeutic Items. This department will comprise distinctively homœopathic drug-indications which will be collated from information specially obtained for our columns. In addition, foreign homœopathic literature will be searched for everything of practical value to the prescriber, and the journals of the old school will be followed for the purpose of culling new knowledge of drugs which may suggest their employment by the method of homœopathy. No effort will be made to collate our American exchanges: it is believed that they are entitled to full ownership of everything which specially commends them to subscribers, and that our own subscribers are entitled to find throughout our columns matter not likely to be furnished by our contemporaries. This department

will specially aim to furnish a place for record of verifications of indications not sufficient, in the judgment of practitioners, to warrant separate papers, but which, when gathered together, will be of great practical value to readers and essentially confirmatory of the truth in the homœopathic system of cure. Our readers are cordially invited to contribute such verifications, singly or together; they will be duly edited and credited.

As in the past, it will be the aim of the NORTH AMERICAN to present a journal creditable to the school, the best of which it will labor to represent. Our columns will be devoted to the study of all that pertains to the several sciences embraced in medicine and surgery. In therapeutics, it is the special function of the JOURNAL to present the homœopathic method of treatment. We believe, moreover, in the need of maintaining the homœopathic name, and in strengthening homœopathic organization for the purpose of carrying forward its distinctive mission. Accordingly, all homœopathic institutions will have cordial support, and criticism will be offered for the friendly purpose, only, of promoting their higher efficiency in serving homœopathic progress. In no sense will the tone of the JOURNAL be lowered, and every reasonable effort will be put forth to deserve the support of its subscribers. Substantial appreciation has, in the past, surpassed our expectation, and, encouraged by kind favor, the future of the JOURNAL inspires hope of greater usefulness.

In connection with the success which the new management of the NORTH AMERICAN has achieved, we desire to express our warm recognition of the services of Drs. Clarence E. Beebe and Fred. S. Fulton, whose unselfish and scholarly editing has contributed very largely to the value of our pages, and whose retirement is announced with sincere regret. Dr. Beebe's resignation has been enforced by the pressure of his private duties, too great for him to further undertake added strain of journal work. Dr. Fulton retires with the deep sympathy of his associate editors, who realize that his present ill-health is, in a measure, to be attributed to unsparing devotion to the JOURNAL'S interests. Our readers will, we are sure, join with us, in high praise of the faithful, able and energetic labors of Drs. Fulton and Beebe, who carry with them their associates' personal esteem and kindest

feelings. In all respects, it may be said, that they not only did their duty, but, that they did it in the fully fraternal spirit.

During the present year, Dr. E. H. Porter will be associated with the Editor-in-Chief in the conduct of the editorial columns, which, in addition to contributions from the editors, will, from time to time, as in the past, contain essays upon special topics by writers specially informed upon their subjects.

PHYSICAL CULTURE.

SANITARY science differs from the practice of medicine not only in the subjects it considers, but in the methods it employs. Medicine deals directly with the individual, and makes use of its curative agencies for his special benefit. Sanitary science deliberates upon problems which concern the race. The profound questions, arising from an involved and complex civilization, and bearing upon the welfare of nations either mentally, morally or physically, constitute its chosen field of inquiry. And yet medicine and sanitary science go hand-in-hand. While one raises the individual, and the other improves the type, the common ambition and desire is to ameliorate and elevate. In its widest sense, indeed, the term medicine includes sanitary science. It is therefore a field that physicians should be familiar with, and, still more, be leaders in.

That branch of sanitary science, termed physical culture, has at last succeeded in attracting a degree of attention somewhat proportionate to its merits; a physical renaissance has begun in good earnest in many of our colleges and higher schools. But the movement is at the top. It needs to be extended through all the ramifications of our school system, and must reach our homes as well. In this work the schoolmaster needs the help of the physician. "In a wide sense," says J. Crichton-Browne, "education and practical medicine have the same aim. The true conception of health is that it consists in the harmonious performance of all the functions of the being. From the lowest plant to the highest animal we unhesitatingly assume the health of a being as the most perfect manifestation of its life, and to secure this most perfect manifestation of vitality is alike the object of the schoolmaster

and physician. They both strive to influence the organism so that it may be brought into conformity with the conditions of its existence; the schoolmaster while inherent potentialities are becoming actualities, and while vital susceptibilities are most active; the physician whenever harmony of function has been disturbed. The methods of the schoolmaster are mainly psychical; those of the physician are mainly physical; but he would be a poor physician who ignored the fact of consciousness, and he would be a useless schoolmaster who gave no attention to the working of material forces. The schoolmaster may be the physician's best ally, by training the intelligence to the best conditions of health, and inculcating those principles of social and personal ethics from the neglect of which disease and death so often arise. And the physician may aid the schoolmaster in his task by teaching the laws under which the union of conscious intelligence and the bodily frame is maintained and a condition under which the capacities and faculties of the mind may be most successfully evoked and strengthened."

Our schools have occupied themselves too much with the mind, and have left untrained other powers which demanded development. And it is here chiefly that they fail. Even if intellectual excellence were the sole aim of education, it would remain true that the highest mental planes may not be reached without physical well-being. No brain is in proper condition for work unless the tissues that compose it are well nourished. The strong men of the world do the best intellectual work. Exceptions do not break the rule. The field of the text-book is limited. There is more to be learned outside the covers of books than there is within. And that education is severely defective which leaves the moral and physical powers uncultivated. The advantages of physical training are beginning to be dimly perceived. It is not now disputed that judicious systematic exercise will produce vigorous, healthy bodies. That it is a direct benefit all can see and understand. But it does far more than that. It promotes mental growth, increases moral culture, strengthens the will, and is a positive curative agent in many diseases, particularly those of a nervous origin. The necessity for reform in our educational methods becomes more apparent when we consider for a moment the changed conditions of

American life. From a nation given to agricultural and out-door pursuits we have become in great part a degenerated race of city-dwellers. One needs but to glance at the narrow chests, pale faces, thin and nervous frames of the majority of public school children in our large cities to realize that something is amiss with our much vaunted method of instruction. And these weak and sickly specimens perpetuate themselves in their descendants. To rescue these unfortunate children from the bondage of chronic disease, to restore them to a normal state of being, to prevent reversion from a higher to a lower type, we must employ physical culture. It must not be forgotten that while exercise of the muscular and active organs is carried on for the purpose of bodily health or for the sake of attaining some distinctly physical excellence, that on the other hand it stands in close relation to intellectual education. Disciplined muscular action is a strong stimulus to the brain. At the last meeting of the American Association for the Advancement of Physical Education, held in this city, an instructive paper on "The Training of Dullards" was read by Dr. Wey, of the State Reformatory. A class of fifty men ranging in age from nineteen to twenty-three were put through a five months' course of physical training with results that were simply astounding. The condition of the men was vastly improved not only physically but morally. They went back to their work in the shops of the Reformatory with an energy that confounded their companions and keepers as well. In insane asylums much benefit has been found in forming classes of patients for systematic exercise. In every case improvement of the mind accompanied improvement of the body. It must be remembered also that the general exercise of the active organs bears a close connection to moral training. The growth of the will begins with the attainment of the power of commanding the organs of movement. All practice in doing things, whatever its primary object may be, is to some extent a strengthening of volitional power. Of course this moral effect is quite restricted. It is incidental, but still positive as far as it goes.

It remains to be said that physical training is not reserved for any age or station in life, but is equally advantageous to all. The value of wisely directed and persistently continued bodily exercise cannot

be overestimated. It gives a sense of strength and elasticity before unknown. It wards off disease and defeats it when present. In many diseases of nervous type it is invaluable. In consumption physiological exercise plays a more important part in the problem of its prevention and cure than a residence in an elevated or mountain climate, however valuable the latter may be; and the immunity established is more permanent in character. If we are to be a prosperous and healthful nation we must pay to physical culture all the attention it demands. And one of the first duties of physicians is to realize the importance of this branch of sanitary science and to become in a sense its apostles.

THE CONSEQUENCES OF HERESY HUNTING.

IN a recent address delivered by Dr. St. John Roosa before the New York Academy of Medicine there is to be found a singularly naive confession of the fault that lies at the door of the old school in dismembering the medical profession. After going back to the halcyon days of 1827, when the State and County Societies regulated the standing of the profession in the State, when the State Medical Society was a part of the legal organization that made up the State, when "the medical profession kept step with the other professions in general influence," and when, "not content with its high position as recognized by the political power of the commonwealth, the medical profession undertook to repress opinion and practice as to the treatment of diseases," he said:

> The heresy was not as to the ascertained facts in anatomy or physiology; it was not a question as to how the human body was constituted, nor how the heart acted, but as to what drugs were to be given in cases of ascertained disease, and as to what was the principle upon which they acted—heresy, in short, on subjects, however it may have been fifty years ago, in which there is no orthodoxy now. These new heretics are not like the Thomsonians, uneducated men, but educated like themselves, and in good and regular standing in the county societies and under the protection of the law.
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> In 1842, in the peaceful fields of Orange County, the fight waxed so warm that the County Society forbade a homœopathic physician from practicing within their jurisdiction. This fatal step caused the persecuted sect to appeal to the Legislature, which not only deprived

the county societies from preventing those to whom they objected from practicing, but also allowed anybody to practice who chose to call himself a doctor. This was the opening of Pandora's box to the whole profession and the community. Let it be granted that the theories of the heretics are absurd and their remedies at the most innocuous, what have become of many of the theories and some of the remedies of our orthodox ancestors? The principle at the base of some of them remains; enough, I think, to substantiate our claim to be the regulars, even if we are old school; but it has been demonstrated that much that we thought of the greatest importance was not, after all, and that if we had allowed *similia similibus curantur* and the doctrine that the potency of drugs is increased with their attenuation, and the efficacy of vegetable medicines alone, and the virtues of cold water, to have had full swing, no one would have been the worse—no more than they are now, when the wildest theories and the most remarkable claims for medicines are boldly set forth on every hand, in the most sacred precincts of regular and old school medicine, with no other punishment than merciless and destructive criticism.

Heresy hunting is sometimes successful, but when the regular medical profession of the State of New York undertook the work of exterminating the followers of Hahnemann, they probably had little idea of what was before them. With the fervor of Puritans, and the chivalry of cavaliers, our medical ancestors proceeded to cast out men educated in the same medical schools with themselves; men whose technical qualifications, whatever future generations may think of their judgment and their common-sense, was obtained at the same sources, and was presumably of the same quality as their own. Their discontent with some of the prevailing harsh and routine methods of treatment of their time had led them to adopt the fantastical ideas of a pretender. They were sometimes violent and severe in their denunciations of the men who still walked in the old paths. It is no wonder that they were driven out. But it was an unsuccessful way of dealing with them, unless it was desired to give them free scope and extended power.

The men who were driven out, not on account of the quality of their education, but because they flouted the old systems and advocated a fantastical one, appealed to the State. The State recognized them. A new medical society was formed. Then the Thomsonians, or eclectics, as they choose to be called, took the advantage of the amnesty now proclaimed by the Legislature for all irregulars. The deed was done. The once united profession, with ample provision for securing at least educated men for its practice, was now divided, and divided it remains to this day, with no standard as to what constitutes a doctor in medicine, except a very low and fickle one adapted to the requirements of the then State medical societies and the medical colleges of the State.

Such an unreserved recognition of ancestral folly, so rarely met with among the orator's colleagues, is refreshing. The candor of his

description requires no exception beyond a little doubt of the chivalry of those "cavaliers." However, the prejudices of Dr. Roosa's audience warranted some rhetorical burning of Joss sticks in worship of the shades of the heresy hunters, the would-be exterminators of the followers of Hahnemann. But no good will come from dispute over ancestral chivalry. It is enough to call attention to the common grounds stretching between the orator and his forefathers in the profession. They believed that Hahnemann was a pretender and his system of practice fantastical; and so does Dr. Roosa. They believed in extermination by one method; he believes in another, now that their course has proved of no avail. Extermination is evidently more dangerous sport than it was in 1842; and heresy is better hunted through a single Board of State Examiners, with the examination in therapeutics left out. For such is the plea in Dr. Roosa's subsequent argument, with the whole object in view, of course, omitted. The system works well, he says, in Canada and Alabama.

Union of the profession through an obliterative Board of Examiners will never take place. Union will not occur until Hahnemann's memory ceases to be libeled, and until the truth, which he developed and established in the scientific spirit and the fearlessness of a sincere and honest manhood, is acknowledged by Dr. Roosa's colleagues, and taken up and carried on to the full measure of its usefulness. Our readers can see how far Dr. Roosa, who represents the most advanced ideas and policy of his school, is from a just understanding of the convictions and aims which cement the organization of homœopathic physicians. He has read history aright so far as it relates to the consequences of the folly of his ancestors in attempting to repress the spirit of liberty in the medical profession. Let him go still further, and do justice to Hahnemann, with less attention to fantastical ideas and more recognition of the solid element of truth which underlies them.

COMMENTS.

RARE WISDOM.—A contributor to the London *Lancet* has recently offered to young practitioners some rare and valuable suggestions as to the proper course to pursue when calling professionally upon a family. The young practitioner is urgently entreated to sedulously avoid the slightest approach to familiarity. He is to shun the knocker as he would a deadly bomb, and must draw near the visitors' bell with great caution. But how to handle the hat is the great question. It must be disposed of discreetly. But he is advised to take it with him as an "impregnable rampart" against familiarity. It is warranted to antidote any possible slanders of servants. Says this delightful adviser: "My practice has been to ring the visitors' bell gently, though even that when calling to see a servant has seemed to me to savor of impropriety. But whatever course the young doctor adopts, let him of all things beware of using the knocker. That would imply familiarity with the family, the very suspicion of which it behooves the circumspect practitioner to avoid. So long as he confines his manipulations to the bell-pull he is safe. The next problem which confronts him is what to do with his hat. Following the custom of other men who have business in the house, he should by rights leave it in the hall, not on the floor, but on the hall table. This course, however, may involve him in serious danger; if there are children about the house they may be counted upon to play with it, perhaps march into the drawing-room with it upon their heads, a complication, I need hardly say, as being evidence of undue familiarity, would be of the gravest import. My own plan has been to take my hat with me, and only to relinquish it when the clinical investigation of a case rendered it necessary. Familiarity is impossible as long as the hand touches the beaver. It is an almost impregnable rampart, and would take the sting out of anything a tale-bearing domestic may say hereafter. The ethics and etiquette of hand-shaking form a difficult subject. As a rule, I agree with the *Lancet*, it is best to avoid it. If a lady of title offers two jeweled fingers, the young practioner would be at once foolish and rude not to take them, but the touch should be cold and momentary. With the wives of commoners it will be best, if it can be done without obvious rudeness, to bow formally instead of offering to shake hands both on entering and leaving."

QUERY.—Readers of the Transactions of the American Institute of Homœopathy for 1888 will note with some degree of bewilderment the following quotation from the report of the Bureau of Organization, Registration and Statistics: "We are very sorry to say that the Medical Board of the Ward's Island Homœopathic Hospital, New York City, at a recent meeting voted to decline to furnish a report from that hospital, giving as their reason for such action on their part that the Institute at its session held at Saratoga last year, grossly insulted its President, Egbert Guernsey, M.D., and its Secretary, Alfred K. Hills, M.D. It was in vain that it was stated to them that the Institute had no intention of insulting them when the motion in regard to the drop-

ping of the New York *Medical Times* from our list of journals was passed ; that it was not done from any personal feeling against those two gentlemen, one of whom is an esteemed Senior of this Institute, but simply because of the stand they had taken against homœopathy, and their great desire that our distinctive name should be dropped. It is with feelings of very deep regret that we make the statement."

What good reason these editors can give for inciting their staff colleagues to assume grievances purely journalistic, and what other good reason can be presented by the Board for assuaging editorial feelings through gross discourtesy to our national Society, are clearly questions which both editors and the Board ought not to ignore. Supposing that the Medical Board was fully represented in the action taken, which, upon the face of things, looks like a legitimate inference, query arises, if the Board disciplines the Institute, and the editors discipline the Board, who will discipline the editors? We would suggest that the old school Medical Society of New York County be humbly petitioned by homœopaths to discipline one of the editors in question, and some other members of the Board within its jurisdiction.

Unsuccessful Physicians.—We are all aquainted with a professional brother who has made a dismal failure in practice. He drops in occasionally in a social way, and is so full of sense, so bright and witty in his chat, so well informed on many topics, that we wonder, after he has left us, why he failed. But that he has been thoroughly and continuously unsuccessful is an indisputable fact. His most intimate friends avoid all business relations with him. Every effort to help him on has been futile. Patients constantly drift away from him and his practice persistently dwindles. Yet he has a certain mental vigor and his morals are irreproachable. Still, all he undertakes seems foredoomed to certain failure. Just why this should be so is perhaps not easy to say, but it has been suggested that it may be due to the lack of a certain faculty of utilization. The finest opportunities may have offered themselves, but he has not seemed to know what to do with them. The power of discrimination, intuitive to some, by which the most important lines along which to labor at a given time are discerned, is denied to him. With this faculty fully developed many physicians do a large business on a very small capital, an accomplishment by no means to be despised.

An Inane Discussion.—Mr. Pickwick observed (says the Secretary) that fame was dear to the heart of every man. The praise of mankind was his swing, philanthropy was his insurance office. Were it not for a note of sadness that pervades Dr. Q. H. Stearns' letter to the *Medical World*, tinging it with a gentle yet earnest melancholy, it might be permissible to accuse him of conversion to the latitudinarian doctrines of the genial Pickwick. For the fame the badge might grant is dear to his heart. The praise of the button is his "swing," and his refuge is in the olive colored uniform. Dr. Stearns earnestly, even prayerfully, yearns for a button, a badge, a uniform, a cane—for something that shall serve at once as a distinguishing mark of the

profession. In corresponding with "those interested all over America" he is grieved to find that there are some frivolous minded persons who offer what he sadly terms "intermediate suggestions," "such as that the doctors should wear the hair long." Such levity is certainly extremely reprehensible. Another objection that might be urged against this particular suggestion, is that many men definitely decide not to wear the hair long—not longer in many cases than twenty-five years—on the top of the head. This discussion as to the adoption of a distinctive professional badge or uniform is confined to the allopathic camp. It is not worthy serious consideration. No physician of dignity and self-respect would for an instant entertain such an idea. As another "intermediate suggestion" we hasten to offer to the receptive mind of Dr. Stearns this from the *New England Medical Monthly:* "To those who really advocate this scheme in earnest, we would suggest a pair of long hair-covered ears projecting out from behind and under the hat, and, in case this should not attract enough attention, a patent braying attachment might be included to make up the proper armamentarium."

A Small Tempest.—The medical department of the University of New York seems to be in a somewhat unsettled condition. It is not at present known whether the faculty or the students control affairs. The students, on the one hand, if we may judge from published reports, are holding incendiary meetings in true student style, demanding in fiery and threatening resolutions the appointment of a particular favorite as Professor of Anatomy, and the faculty, on the other, is explaining and apparently hesitating. With the merits of the special question at issue between the students and the faculty we have nothing to do. But when the undergraduates of any reputable institution openly rebel against duly constituted authority and attempt by threats of withdrawal to intimidate the governing power, when they insolently propose to rule or ruin in college matters, there is sore need that these youths, as yet unfledged, should be taught a stern but salutary lesson. There can be but one issue to these conflicts when the faculty firmly maintains its dignity and self-respect. The wishes of the student body may be laid before the faculty in a proper manner for consideration. But no college can prosper that allows its students to rule.

United Effort Will Succeed.—Dr. N. Emmons Paine, Superintendent of the Westborough Insane Asylum, has written a timely letter to Dr. Lilienthal urging the homœopathic profession of California to unite in a determined effort to induce the Legislature to place an asylum for the insane in their charge. The present time seems propitious for such action. The three old school asylums are all overcrowded, and there is immediate necessity for the erection of additional asylums. But unless the homœopathists are united, vigorous and determined there will be no homœopathic State asylum for the insane in California. One of the chief reasons why homœopathy is not possessed of public institutions in nearly every State is because of the slothful indifference displayed by homœopathic physicians.

BOOK REVIEWS.

A SYSTEM OF GYNÆCOLOGY BY AMERICAN AUTHORS. Edited by MATHEW D. MANN, A.M., M.D., Professor of Gynæcology and Obstetrics in the Medical Department of the University of Buffalo, N. Y. Vol. I. Illustrated with three colored plates and two hundred and one wood engravings. Pp. 789. Lea Brothers & Co., Philadelphia, 1887.

The department of surgery denominated gynæcology, having received such an impetus towards advancement through the skill and energy of American surgeons, it is only fitting that a work something in the style of an encyclopædia should be issued on that subject.

So far as it goes we consider this first volume one of the best, if not the best, work on gynæcology extant.

The fact of its not being written entirely by one man, whose experience, no matter how great, must be to a certain extent limited, adds to its value. On the other hand, the fact that several authors are writing on kindred subjects for the same work gives rise to a certain amount of overlapping and repetition is a slight objection.

The introductory chapter is by Dr. Edward W. Jenks, and is an excellent historical sketch.

The Development of the Female Genitals, by Dr. Henry J. Garrigues, is short, but deals extensively with comparative embryology.

The Anatomy of the Female Pelvic Organs is given in a long, exhaustive and fully illustrated article by Dr. H. C. Coe, the well-known pathologist to the Woman's Hospital of this city.

Gynæcological Diagnosis is from the pen of Dr. E. H. Grandin. This is a good article, and contains much good sense in the paragraph which we quote. So much is said about "uterine position" and such a deal of nonsense on this subject has been dispensed to the profession, that it is refreshing to read the following: "It should never be forgotten, in estimating the probable relation existing between symptoms complained of and uterine position, that there is absolutely no fixed standard whereby the uterus may be judged to be out of position. *In regard to the normal position of the uterus, every woman is a law unto herself* (italics ours). The uterus has a range of normal positions, and this range will vary in each woman according, on the one hand, to the symmetry of her pelvis, and, on the other hand, to the length of the ligaments which nature has supplied to the organ to act as checks against its assuming a position which will—indeed must—evoke symptoms. And in the word "symptoms" we strike the key-note of diagnosis of abnormal uterine position. Obviously, the uterus may in one woman lie, for instance, further forward than in another, without giving rise to symptoms from the side of the bladder; and this for the reason that her pelvis is more capacious, or her bladder less intolerant of interference, or the retro-uterine ligaments longer; and a like train of reasoning will apply to backward or downward displacement. It is not sufficient, therefore, for the examiner to conclude that the uterus is ante- or retroverted in a particular case because one or another authority states dogmatically that the like

position is abnormal; but he must seek further as to whether the position he determines will account for the symptoms. If not, the position is not abnormal for this particular woman."

In the chapter on General Considerations of Gynæcological Surgery there is considerable reiteration of what has already been said in the preceding chapter. He makes an excellent distinction between *æsthetic* cleanliness and perfect *surgical* cleanliness, and gives very definite rules for the attainment of the latter. In this and the former articles the stock illustrations of instruments are shown.

The chapter on General Therapeutics, by Dr. Alexander J. C. Skene, is a good allopathic chapter. It is probably as good a résumé of the subject as can be found. Dr. Skene goes at the right end of the subject when he says: "The sexual organs being dependent upon the general nutritive system for support and the general nervous system for innervation, it follows that through this relationship they are dependent in health and disease, and that any marked defect in the general health must act to the injury of the sexual organs. It is also clearly apparent that to affect the sexual organs with therapeutic agents, we must take the nutritive and nervous channels through which to reach them."

On the intra-uterine application of strong caustics Dr. Skene writes strongly opposing their use, believing that except in malignant growths they do more harm than good. He thinks that a cicatricial lining of the uterus is worse even than a diseased one. "The strong nitric and chromic acids and other caustics are being laid aside, but only, I fear, to give place in some cases to new but none the less destructive agents; I allude to the galvano-cautery and thermo-cautery. . . . . In the treatment of benign inflammation they cannot fail to work great and uncalled-for destruction, like the other agents of the past."

The article on Electricity in Gynæcology, by Dr. A. D. Rockwell, is one sufficiently full to give indications for electrical treatment.

Space will not permit further extensive mention of the remaining subjects of this volume, which are: Menstruation, Sterility, Diseases of the Vulva, Inflammations of the Uterus, Subinvolution, Peri-uterine Inflammation and Pelvic Hæmatocele and Hæmatomata, all by authors of national reputation.

The typographical arrangement and paper add to the attractiveness of the work. W.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF THE DISEASES OF WOMEN, by GRAILY HEWIT, M.D., Lond., F.R.C.P. A New American from the Fourth Revised and Enlarged London Edition, with 326 Illustrations. Edited with Notes and Additions by H. Marion Sims, M.D., New York. In Three Volumes, pp. 1,040. E. B. Treat, New York, 1887. Price, per volume, $2.75.

This follows the third edition after a lapse of ten years, and the author states that "Whatever I have gained from observation and

experience, during those ten years, has been here faithfully and truly set down."

The carrying out of the above assertion ought to add greatly to the value of this work over the preceding editions.

Dr. Hewit's strong point is mechanical treatment of uterine displacements, but equally strong is his position regarding the effect of general physical conditions upon the position of the uterus.

The first chapter is on general considerations respecting diseases of the sexual organs in women, and treats of the relations existing between general and local diseases. The author starts out with the idea that most local disturbances, and especially various displacements of the uterus, have their primary cause in an insufficiently nourished general condition of the whole organism. This may be a predisposing cause, which, remaining latent, only requires some exciting cause—traumatic or otherwise—to throw the uterus out of balance.

Starting from this conclusion, of course, one of the principal objects of treatment is to build up the general system, and so rest and feeding enter largely as factors into the treatment. The author is a believer in a "normal position" of the uterus, which, in health, is pretty exactly maintained. He sees no reason why, as women vary greatly as to the length of their noses or necks, or as to the size of their hands, feet or ears, there may not possibly exist corresponding variations in "*normal* positions" of the uterus. Therefore he goes to considerable length to show what a "normal position" should be, or is.

Like all treatises on such subjects, there is much which remains as yet unproven, and, even after the consideration of Dr. Hewit's able argument on the subject, we cannot affirm that it leads to absolute conviction.

Regarding the exciting causes of displacements of the uterus, especially backward, almost anything may act as such when the great predisposing cause is "undue softness of the uterus from malnutrition (chronic starvation)" is at work.

We are told somewhere that "man is fearfully and wonderfully made." When we read the chapters on the etiology of displacements and distortions of the uterus in this work, we are led to believe that woman is still more so. Almost any effort, from the "drawing of the cork of a bottle," or "walking about all day during the honeymoon," to any sort of violent shock or jar, may cause a displacement or distortion of the uterus. The treatment of the various distortions and displacements is discussed at great length, and herein, with the aid of many excellent life-size illustrations, lies the strength of this work, giving, as it does, the most lucid and satisfactory descriptions of the mechanical measures for rectifying the abnormal conditions. The vomiting during the early stages of pregnancy is attributed to a malposition or misshapement of the uterus, and the method of effecting a cure of this distressing condition, by mechanical means, is detailed. Thirty-one cases are detailed showing the efficacy of his methods.

In some respects there are indications that the author is not *quite* "up with the times." "Alexander's operation" for retroverted uterus is not mentioned, although it has caused much discussion in gynæcological circles of late. Also various improved instruments are neither mentioned nor shown.

The chapters on the hystero-neuroses are interesting, as giving the author's views on the subject. In opposition to Charcot, Negrier and others who believe that the ovaries are responsible for the convulsive manifestations in the hysterical affections, he says: "The precise relationship existing between the uterus and ovaries, as the disturbing elements, is still a matter for discussion. The conclusion which I have arrived at, taking the various facts into consideration which are adducible, is, that in the majority of cases the uterus is responsible for the disturbance."

The additions and comments by the editor are neither numerous nor long. Taking this work as a whole, we think it a very valuable one, and one which no one practicing gynæcology can afford to pass without reading. W.

TUMORS OF THE BREAST, AND THEIR TREATMENT AND CURE BY MEDICINES, by J. Compton Burnett, M.D. London, James Epps & Co., 1888.

One opens a new book of Dr. Burnett's with the conviction that the information to be found within its pages will be imparted in a particulary entertaining fashion. The opinions expressed may be put forth a little defiantly, and at times even a trifle dogmatically, but always pleasantly and fairly. Dr. Burnett believes, and believes with great earnestness that tumors can be cured by medicines. He says: "I declare that *the knife is no cure for tumors*, and that tumors can be cured by medicines, the requisite knowledge and patience being given. In order to be able to excise a tumor successfully a man must first learn how to do it; it is the work of a skilled mechanic merely, in which there are many masters. In order to be able to cure a tumor by medicines, a man must also first learn how to do it, but it is the work of the patient chess-player, in which there are but few masters. Still, without being a master, the art of curing tumors by medicines can—thanks to Hahnemann and others—be learned and practiced by all, in direct proportion to their ability and industry. The great art of curing tumors by medicines may be thus summarized—*keep on pegging away!* Only, of course, we must peg away with the right remedies. Any medical person who reads this work attentively will have a good idea of how to set to work." A serious defect is the absence of an index, which is especially needed in a work of this kind. Neither are the indications for the administration of remedies given in sufficient fullness to be satisfactory. It is true that the author states he simply intends to prove that tumors *have been* cured by medicines, and does not propose to dwell on the treatment. Still his book would not be the less valued had more space been given to therapeutics. But it is a valuable contribution to current medical literature, and throws some needed light on a difficult subject. P.

HAND-BOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY, with especial reference to the distribution of consumption in the United States, compiled and arranged by GEO. A. EVANS, M.D., etc., etc. New York, D. Appleton & Co., 1888. 12mo., pp. 295.

This treatise represents a scholarly compilation of the most reliable data concerning the history and climatology of phthisis. It therefore furnishes a useful study of the subject, which the author has carried well up to the date of issue. He adopts Hirsch's conclusions as the general results of his own study: "Phthisis is everywhere prevalent, but it is rare in polar regions and rarer still at great altitudes. The main factor in its production is overcrowding and bad hygiene. Heat and cold, *per se*, have no influence. Damp, when conjoined with frequent oscillations of temperature, predisposes to the disease; but humidity of air is less important than dampness of soil. Occupation is extremely important, but mainly indirectly, as tending to good or bad hygienic conditions." The special contribution of the work is to be found in the statistical data, collated from the "Tenth U. S. Census Reports," giving the number of deaths from consumption per 1,000, for States, Groups, Cities and Counties of 10,000 population. Geographical and topographical information is meagrely given, but the book will be found of service in locating phthisical patients, and full of material for interesting study.

MEDICAL DIAGNOSIS, a manual of Clinical Methods, by J. GRAHAM BROWN, M.D., F.R.C.P. (Edinburgh), etc. Second edition. Illustrated. New York, E. B. Treat, 1888. Pp. 285. Price, $2.75.

The diagnostic meaning of symptoms and physical signs are here presented simply, saliently and rationally, by a thorough student of patients and of books. The work, accordingly, is to be classed among the better books of its kind. It is fairly abreast of present knowledge, and, while it is not exhaustive, it is to be commended as an interesting guide to physicians, young and old, who will find it succinct and firmly outlined, without baldness. The order of presentation follows the physiological systems of the body—Alimentary, Absorbent and Hæmopoietic, Circulatory, Respiratory, Nervous and Locomotory. While the text is unusually instructive, the illustrations are meagre.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS AND CHOLERA INFANTUM, by JAMES B. BELL, M.D. Third Edition. F. E. Boericke Hahnemann Publishing House, 1888.

It is seven years or more since the second edition of this useful and convenient work appeared. It was then thoroughly revised and thirty-two new remedies added to the list. Of the drugs given then, four are omitted now, and five new remedies fill their places, namely, acetic acid, crotalus, angustura, carbolic acid and valeriana. One hundred and fourteen pages are given over to one hundred and

forty-one remedies and their indications. It is doubtful whether some of these drugs would ever be indicated, and the list might, perhaps, have been somewhat abbreviated without lessening the value of the book. The remainder of the work is devoted to an excellent repertory. A complete index, together with a list of works consulted, closes the volume Any recommendation of this book, already so well and favorably known, would seem to be superfluous. But to those who have it not it may be said, that every homœopathic physician needs the work, and should peruse it. P.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

At a meeting of the Therapeutic Society, held at No. 10 East Thirty-sixth Street, New York, on December 8th, 1888, Dr. Allen mentioned the case of a child aged five who had in part recovered from *acute articular rheumatism*. The case progressed up to a certain point and then seemed to stop. The joints were painful and swollen, but the fever had gone, while there was intense fear of being touched or even approached; urine dark and strong-smelling. The indication "fear of being approached lest he should be touched" led to the prescription of *arnica*, under which the symptoms entirely disappeared, and the child was well in a few days.

In the discussion following, Dr. MacBride wanted to know whether or not *hepar* would not have been as good a prescription. Upon referring to the Materia Medica, *hepar* is found to have intense sensibility to touch and to cold, but not the mental apprehension of being touched possessed by *arnica*. *Tartar emetic* has unwillingness to be touched from mental irritability, but not from fear of being hurt. *Hepar* has among its symptoms swelling of the knee; as this is from Hahnemann's chronic diseases, it is very probable that the symptom is a clinical one. Inability to bear cold is a strong characteristic of *hepar*. Dr. Allen once cured a case of *intermittent fever* with this drug upon this indication. The patient came into the office on a day in August wearing an overcoat and complaining of feeling cold, although perspiration was running in streams upon his body.

Dr. Allen spoke of the cure of a case of *membranous dysmenorrhœa* entirely relieved (now ten months) by *acetic acid*, 6, and called

attention to the anæmia caused by the use of this and other organic acids. The production of membranous exudations is shown in the toxicological records of *acetic acid.*

From this fact he had used *calcarea acetica* in a case of *membranous bronchitis* in the practice of Dr. Nottingham, of Syracuse. The case was full of *calcarea* symptoms and *calcarea carb.* had been prescribed repeatedly without curing, but the acetate acted and the patient was cured.

Dr. Deschere spoke of Dr. Burdick's reliance on *acetic acid*, low, in membranous croup.

Dr. O'Connor asked the names of any remedies found to have a specific action in *hypertrophy of the turbinated bodies.* Dr. Leal replied that *nitrate of sanguinarina* was of great service in such cases, while *nitric acid* was almost specific when there is irritation in that region, with a constant half-snorting on the part of the patient to relieve the irritation.

At a meeting held December 15th, 1888, Dr. B. G. Clark reported a case of consumption in his practice some years ago. The disease was then of six years' standing and the patient was at the time already three months confined to bed. The *profuse sweats* in the early part of the night, together with the presence of diarrhœa and thirst, led him to prescribe *acetic acid*, 30, a dose twice a day. He heard no more from the case for a year, when another member of the family informed him that the patient was able to be up in about a month under the use of the remedy, and had been fairly well since, but as the night sweats had now returned, some more of the same medicine was requested.

Dr. O'Connor reported a case, coming under his observation some years since, of a man suffering from hemorrhoids who followed a domestic prescription to eat two lemons a day. After two months the patient's face, which was formerly clear red and white like a young girl's, became extremely pallid and he was weak on the least exertion, presumptive evidences of anæmia.

Dr. Allen thought that there was a good reason for the combination of the organic acids with iron in old school prescriptions, the citrate, acetate, malate, etc., owing no small part of their alleged efficacy to the acid constituent.

Dr. E. V. Moffat could confirm, from practice, Dr. Allen's indication for the use of *vipera*, "a bursting feeling in the limbs." He had used it in three cases—neurasthenia, an old sprain and varicose veins.

He had found *elaps* 6 almost specific in *chronic naso-pharyngeal catarrh*, with separation of crusts or scabs, often greenish or blood-streaked. The patients have at the same time a subjective sensation of a disagreeable odor before the nose.

Dr. Allen had had recently a sick horse. He had taken cold, was "off his feed," and coughed only while in the stable, during the night annoying the other horses. Three doses of *bry.*, 6, cured.

Dr. Clark had once had a case of coughing in a horse only when going down hill. *Lyc.* cured. *Catarrhal pneumonia* in horses, with profuse

discharge and glandular enlargements, he had relieved frequently with *ammon. carb.*

Dr. Allen thought that the *muriate* was a better prescription when the discharge is profuse.

The value of *onosmodium* in *eye strain* from refractive errors was mentioned by Dr. Moffat. Dr. Houghton found the remedy valuable for the effects of *muscular strain* in a lady who had to hold her arms and head up for a long time. The sense of pain and strain was in the occipito-cervical region.

Dr. O'Connor asked why *onosmodium* was prescribed; why not *rhus* or *ruta?* Dr. Houghton replied that he was interested in *onos.* at the time, and the location of the suffering led him to its use. He had found it of service in other regions.

Concerning the treatment of *diphtheria*, Dr. Allen said he had no need to follow old school measures, even when they approximated homœopathy. He used *bromine* very frequently, the indications being the well-known respiratory and laryngeal ones of this drug.

Dr. Moffat had given *bromine* in diphtheria, but unsuccessfully; possibly because he used it lower. Dr. Allen thought that the physiological (and toxicological) action of this drug was readily brought out in children. He finds that patients tolerate *iodine* better than *bromine.* He never saw an aggravation from *iodine*, but frequently does from *bromine. Bromine* is almost a specific in diphtheria. *Aconite* may be the remedy, but, after the fever disappears, *brom.* or *kali bich.* is likely to be called for. The indications for *bromine* are, absence of fever, cool skin, sweating and spasm, hoarse barking cough, with strangling, rattling mucus in breathing; but, if no spasm, *kali bich.*

Arsen. iod.: weak heart after diphtheria; the patient gets pale on lifting the head.

Dr. Allen related a curious case. The patient has locomotor ataxia, and has *gastric crises* with vomiting until hemorrhage occurs. *Arsen.*, 6, was given, but the patient was not relieved. Then it was remembered that a year ago, in one of these crises, *arsenic* only acted after *cocculus* had been given. Now one dose of *cocc.* was administered and then *arsen.* stopped the trouble for four hours. The patient now drank some Apollinaris water, the trouble returned and *arsenic* again failed. Next *cuprum* (cramps) was tried, but without effect. Next *zincum*, three doses, and one dose of *arsen.* following, the trouble ceased.

The following notes from practice are given by Dr. Bonnino in *L'Omiopatica in Italia*, IX., 1888:

Actæa racemosa 6 again showed its curative action in sciatica, when the pain was ameliorated during rest, and as much on the right side as on the left, especially in women.

Æsculus hippocastanum 3 gave quick relief when leucorrhœa was associated with anæmia and hemorrhoids.

Alcohol sulphuris 18 brought about almost entire restoration in an individual with incomplete primary dementia who had passed his sixty-

sixth year. He had inherited the apoplectic habitus, had suffered for a long time with arthritic trouble and herpes multiforme, with irregular circulation, giving reason for supposing advanced atheroma of the cerebral vessels. The morbid condition was especially shown by the nearly constant somnolence, taciturnity while awake, total lack of recognition of his attendants' faces, neither sensory nor motor paralysis, unconscious micturition and defecation, later either absent or involuntary; food and drink were taken, but not requested; tongue clean, pupils normal, face apathetic, without contraction or change of color; pulse more or less irregular and intermittent, but not feverish. The cure began with an outbreak of acne on the back and furuncles on the pelvic region.

Baryta, opium, anacardium had acted but little or not permanently; ***phosphoric acid*** helped to restore the muscular tone.

Capsicum 6 in a few cases of dyspepsia with gastric dilatation following an excess of strong, piquant articles of food.

Coccus cacti 2 in chronic catarrh of the bladder, with abundant mucous sediment, red urine, frequent desire day and night.

Conchiolinum 3x acted favorably in an osteomyelitis already open and suppurating, in the little finger of a scrofulous boy.

Ferrum phosphoricum 3x produced a prompt and salutary effect in rheumatism of the arm and of the right shoulder, chronic and aggravated by rest.

Filix mas acted well in helminthiasis (oxyuris) with much nausea and salivation.

Jodium 30 soon caused a softening and resolution of several indurated glands in the right mammary region and axilla of the same side, appearing after the menopause and persisting for more than a year.

Petroleum 6x confirmed its efficacy in a left dacryocystitis in a scrofulous boy.

Podophyllum 6 in anæmia with prolapsus uteri, both in elderly women and in relapsing cases.

Veratrum album X cured in a few cases of dyspepsia following the use of tobacco (chewing), although not accompanied with vomiting and diarrhœa.—*L'Omiopatica in Italia*, IX., 1888.

CORRESPONDENCE.

HOMŒOPATHY IN ENGLAND.

To the Editor of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY:

Since last I wrote to you, much has occurred here in reference to the progress of homœopathy which is calculated to interest all who desire to see it regarded as the scientific basis of therapeutics throughout the entire profession of medicine.

First and foremost among the events of the year must be noted the *Odium Medicum* correspondence in *The Times*. This has been already so much discussed that it is needless for me to dwell upon its details. You

will remember that it arose out of an attempt to deprive Mr. Millican of his post as surgeon to the throat department at the recently established Jubilee Hospital, on the ground that he held an appointment at a hospital at which some of the medical officers practiced homœopathy. To recover his position Mr. Millican brought an action against the committee. This he won in the court of first instance, but was worsted, on appeal, on a purely technical ground. Mr. Millican's expenses, which were of course heavy, were, I am happy to say, fully met by a subscription raised to defray them. Shortly afterwards this unfortunate hospital had to fight another action brought against it, I think by a printer who had done some work for the committee and could not get his money. More lately still, the neighbors of the house used as a hospital have obtained—also through the law courts—an injunction to restrain the committee from carrying on the work of a hospital in it, on the ground that so doing was contrary to the covenants contained in the lease on which the house is held. So that the Jubilee Hospital either is, or shortly will be, among the things that were. There is no doubt that the discussion in *The Times* excited great interest, and produced a certain amount of inquiry into the nature and results of homœopathy, and this, I believe, quite as much among medical men as outside the pale of the profession.

The London Homœopathic Hospital has shown steady progress. Its last report announced 712 in-patients during 1887–'88, as against 487 in 1882–'83, while the out-patients were nearly 1,500 in excess of those five years ago. Financially the committee were not quite so strong; still, as compared with the position of similar institutions, the deficiency in income to meet the expenditure was very small. With such a Chairman and Treasurer as Major Vaughan Morgan, so earnest and enthusiastic in his work and so fertile in resource for raising money, the balance will not be long on the wrong side. Just now a series of private subscription dances are being held at the Westminster Town Hall under very fashionable auspices in aid of its funds. That they will prove a source of much enjoyment to young people and of profit to the Hospital I have no doubt.

During the year a Convalescent Home, in connection with the Hospital, has been opened at Eastbourne, a healthy and rapidly rising seaside resort midway between Brighton and Hastings. At present the accommodation is for eighteen patients. Some of the residents in the adjoining houses endeavored to prevent the building purchased being used for the purpose designed, on the ground that invalids coming to it would deteriorate the value of the adjoining property. This, however, was too absurd on the face of it, and was rendered infinitely more so by the fact that the Princess Alice Memorial Hospital is immediately opposite to the Convalescent Home. Into the former people suffering from actual disease are received, while into the Homœopathic Convalescent Home only those whose recovery is nearly complete are admitted. So the neighbors who objected were compelled to give way, and the Home was duly opened. Two of the objecting occupants of adjoining houses, however, remained obstinate, and when they could not obtain an injunction against the establishment of

the Home, they offered to sell their houses to the committee for £3,000. The last time I saw Major Morgan, he was determined to purchase them and had already £1,500 in hand towards doing so. When these two houses have been secured there will be accommodations for sixty convalescents, and one of the best institutions of the kind in this country will have been established.

Eastbourne has been fortunate this year. Not only has the Home been established there, but a Homœopathic Cottage Hospital has also been provided by the Misses Leaf, the daughters of the late William Leaf, of Old Change, who, forty or fifty years ago, did so much to popularize homœopathy in England, bringing over Dr. Curie to practice in London, and establishing a Hospital in Hanover Square, etc.

Another Cottage Hospital is about to be opened at Bromley, Kent, where Dr. E. M. Madden is in practice.

The Bath Homœopathic Hospital is one of the oldest of our institutions, having been established nearly thirty years ago by the late Dr. Newman. *The Bath Herald* lately gave an interesting account of the work being done there—a portion of which you will see in the December *Review*.

The British Homœopathic Society has held its usual series of well attended meetings, and the papers, with the discussions upon them, which appear at the beginning of each month's *Review*, show that good work is being done at each meeting.

The Hahnemann dinner was well attended, and much enjoyed by those present at it. Mr. Millican was present as a medical guest. He made an admirable speech, and was particularly happy in his illustrations of the constant change of front adopted by the opponents of medical liberty. He is not a homœopath, but said that while he "unblushingly owned that he stole lots of details of treatment from homœopaths, and should continue to do so whenever he thought his patients might benefit thereby, he should certainly avoid all identification with any organized system." While we may regret this from some points of view, there is no doubt that Mr. Millican's upstanding fight for freedom of opinion in the practice of medicine, for the right of every man to be allowed to prescribe for his patients upon whatever basis may seem to present him with the greatest opportunity for doing them good, without his incurring any professional disabilities for so doing, has rendered incalculable advantages to the entire profession.

The Homœopathic League has continued to publish its excellent series of tracts, and their general circulation has done decided good.

Early in the year an attempt was made to establish a Therapeutical Society on the broad basis of liberty of opinion, practice and discussion. All qualified medical men were to belong to it, no ban was to be placed upon the homœopath! Dr. Sidney Ringer was to have been the first president. However, after a little discussion, it was found that the *mens medica* was insufficiently educated for such a society, and after a successful effort on the part of some to keep out homœopaths, the *raison d'être* of the society being gone, it was quietly allowed to drop from the scene.

The actual necessity for such a society was exceedingly well set forth by Dr. Percy Wilde, of Bath, in a paper read by him before the Gloucester Branch of the British Medical Association. This paper, entitled "Therapeutic Progress and its Obstacles," appeared in *The Review* for July. Never before had the British Medical Association or any of its branches had the opportunity of hearing so many wholesome truths as they did when Dr. Wilde read this paper. He demonstrated with great force and clearness that the opposition to homœopathy, to that union of all medical men, whatever may be their therapeutic views, without which substantial progress throughout the profession is impossible, is due to a general policy, and not to any scientific or practical knowledge. Yes, opposition to homœopathy is a policy based upon ignorance, framed in false assumptions, and forced upon the profession by the medical press. It is, however, losing its hold upon individual medical men, and a desire to be freed from its shackles is becoming daily more and more pronounced.

The Congress of Birmingham was a great success. The address of the president met with a most cordial reception, while the two papers by Dr. Gibbs Blake and Dr. Wolston gave rise to most excellent and practical discussions. The position of operative surgery in relation to medicine was never, to my thinking, better defined than in the debate excited by Dr. Wolston's paper that you will see in the December *Review*.

At the close of the London season our old friend, Dr. Roth, retired from practice, left England, and took up his residence at his villa in Devonne les Bains, on the borders of France and Switzerland. We entertained him at a farewell dinner a few days before he departed from amongst us. In his speech in reply to the toast of his health, which was most appropriately proposed by his oldest friend, Dr. Dudgeon, he gave a most interesting account of his escape from Austria during the Hungarian insurrection forty years ago. He arrived here with nearly empty pockets, and consequently with almost endless difficulties to face. A well-stored brain, boundless energy, a kind and generous heart, overcame them all. He has left innumerable friends behind him, but I venture to say not a single enemy, not one who does not wish that he may yet enjoy many years of health and happiness.

And now a word on our *Review*. We have added Dr. E. A. Neatby, one of the physicians of the London Homœopathic Hospital, to the Editorial staff. He is one of our most promising juniors, a thorough homœopath, and well informed on professional subjects. The work on *The Review* that I have done for the last twenty-four years I hope he will take up, and though I remain the Senior Editor, I trust that I shall in future be free from the labor of seeing each number through the press, and be able to confine myself to looking on!

Wishing you all a happy New Year, I am

Yours very truly,

ALFRED C. POPE.

Tunbridge Wells, November 28th, 1888.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

STATED meeting, October 11th, 1888. President Schley in the chair. Diseases of the Eye and Ear, Dr. Chas. Deady, Chairman.

Dr. Houghton read a paper on "The Relations of Ear Diseases to the Brain."

Dr. Boyle: The intimate relation between the brain and the ear in children causes such cases to be very dangerous. Neither the general practitioner nor the mother realize it, and the ear is allowed to run. I recall a case where the child died of meningitis. It was accompanied by optic neuritis.

Dr. John L. Moffat: The paper is thorough, exhaustive and suggestive. People don't usually realize how often infants cry from ear-ache.

I have frequently suggested that it is necessary to study cases complaining of vertigo more carefully. Accurate notes should be kept of the conditions, especially in which direction the tendency is to fall, so that if an opportunity presents of holding an autopsy, lesions of the semicircular canals can be compared with the peculiar vertigo the patient complained of during life.

Dr. Norton: The brain lesion usually is consequent to the invasion of the mastoid cells, though occasionally it may extend from the external or middle ear direct. The importance of this in children has been spoken of. My first case occurred seventeen years ago, when I was Resident Surgeon of the Ophthalmic Hospital. I was called to a child who had suppurative inflammation of the middle ear, accompanied by swelling over the mastoid cells and delirium. I treated it with remedies for two days with no avail. Drs. Liebold and Houghton were called in and an operation was decided upon. It was made by Dr. Liebold, but the child died; a post-mortem revealed an abscess of the brain. It taught me the danger in such cases. Then it was not customary to operate as soon as we do at present. Lately a child was brought to my clinic, with the previous history of an otitis med. sup. A swelling existed over the mastoid, and I made a Wilde's incision at once. The bone was found diseased, but since the operation the child is improving very fast. It is well to try remedies at first, but do not wait too long. Open the mastoid, and if this does not do, trephine. With our present knowledge of cerebral localization and brain functions, it is considered proper to probe for an abscess of the brain.

Dr. Clark: Dr. Norton speaks of swelling over the mastoid denoting inflammation of the mastoid cells. Can't we have it without any swelling? In a case which came under my notice there was no swelling, though the mastoid was involved and the patient had an abscess of the brain. Dr. Weir states that the most frequent locations for abscess of the brain following suppurative inflammation are the temporo-sphenoidal lobe and cerebellum.

Dr. Deady: I remember the case referred to by Dr. Clark. The man was sent to me with the request that I operate for mastoid disease if I should think it justifiable. After a careful examination I could find no condition which would warrant such an operation, and, when consulted, Dr. Houghton agreed to my finding in the case. When we saw the patient he had not the slightest symptom of mastoid trouble; yet the autopsy revealed the mastoid saturated with pus and an abscess of the brain. At present we are much more particular in this class of cases than formerly. Where the symptoms show the slightest tendency to mastoid disease, the whole condition is carefully examined and all the prob-

abilities gone over, and we often find serious trouble with apparently slight symptoms.

Dr. Wait: Will not Dr. Houghton kindly give us the practical side of the question? We want to know something about the remedies indicated.

Dr. Houghton: The general practitioner will not find the treatment satisfactory until he employs the aural mirror and speculum.

Aconite, bell., puls., cham., ferrum and hepar will cover the range. It is very essential that the differential diagnosis between colic and ear-ache in children be understood. A few drops of warm water poured in the ear will make it clear at once.

When a suppurative inflammation of the middle ear has gone on for a time there is always more or less involvement of the antrum and mastoid cells. The disease may run on for months and years without manifesting the characteristic symptoms. When the necrotic process has gone on so that the roof of the tympanum is involved, dangerous symptoms set in speedily.

It is not by way of the mastoid cells, but by the roof of the tympanum, that nature most frequently gives signs of cerebral trouble.

A mastoid operation is not made to relieve peril, but to give an exit for the pus.

As Roosa says, the term Meniere's disease ought to be abolished. Meniere did great clinical service to cases with auditory vertigo, but auditory vertigo is only of significance since it has been divided into the simple functional and that arising from serous exudation. When it is due to gastric or uterine disturbance it is not important, but when it is dependent upon an idiopathic inflammation it is serious, because it destroys the function of hearing.

Dr. Boyle: The relationship between optic neuritis and diseases of the brain is very important.

I remember a case of a boy, seven years old, which was first diagnosed malaria, on account of the presence of chills, followed by fever, etc. On making an ophthalmoscopic examination, optic neuritis was found and I was thus enabled to recognize the presence of meningitis.

Dr. John L. Moffat: Many of the children who are backward at school are so because their vision is defective. Frequently their mental power is correspondingly weak; but this is usually due to lack of exercise, as they soon rank favorably with their classmates if the ocular trouble be corrected.

Dr. Norton: While the investigations of Deutschmann tend to prove that papillitis is due to the extension of septic material, I am unwilling to believe that it cannot be due to dropsy of the sheath.

In a case of mine having the most marked engorged disc I ever saw, with vision of only $\frac{3}{70}$, the entire trouble disappeared in three weeks under the action of homœopathic remedies. If this engorged disc was due to the extension of septic material or a descending neuritis, I doubt if such a result could have been obtained.

A peculiar case of hemianopsia came under my notice recently. Four weeks ago the lady became partially blind, and consulted me in reference to it. She had had a stroke of paralysis, the left half of the body being involved, but recovered. Two years previously, after a severe headache, a convergent squint appeared, which lasted two months.

Her vision was $\frac{15}{40}$, and could not be improved by glasses. The perimeter showed a contraction of the right field on each side, the inner half of the right and the outer half of the left eye being involved.

The left optic nerve tract supplies the left side of each retinæ. It signified a lesion along the left optic tract; color perception was good and no papillitis was present.

Errors of refraction produce brain disturbances.

I remember the case of a gentleman who was sent to an asylum by Dr. Seguin. He had hyperopic astigmatism in one eye and hyperopia in the other. By putting on the proper glass the insanity disappeared.

Dr. Schley: Can diagnosis of tumors of the brain be made by the condition of the eyes, or must they have a certain situation to have any effect upon the eye?

Dr. Norton: Neuritis does not necessarily precede atrophy of the nerve. Tumors of the cerebellum and base are more apt to cause papillitis.

Dr. Deady: In reply to Dr. Norton's criticism, I would say that the members of the school of Deutschmann would probably tell Dr. Norton that the choked condition of the vessels was the result of the inflammation and not the cause, and they would ask him when he ever knew an œdema to produce an inflammation.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

THE 236th regular meeting was held September 18th, 1888, President J. L. Moffat in the chair. The Bureau of Materia Medica reported, W. W. Blackman, M.D., Chairman.

Kali muriaticum was the subject for the evening, and Dr. J. L. Moffat presented several cases from his practice where it had been successfully used, asking if any of the members have observed particular symptoms indicating the drug; at present its application appears to be crudely empirical. His greatest success had been in ulcers, and, especially, maculæ of the cornea.

Dr. Warner: I have prescribed kali muriaticum successfully in many cases similar to those Dr. Moffat cites. In maculæ it is almost universally given, unless other remedies are indicated. I am unable to present any characteristic symptoms.

In otitis media chronica I have given it frequently with benefit and in many cases with none. It has been more used in chronic catarrh than in chronic suppuration. In many of the former cases it is often difficult to say whether the remedy or the use of the Politzer bag and other adjuvants was the beneficial agent. It has cured some cases for me, however, where no adjuvants were used. My best results have been in maculæ of the cornea.

Dr. Schenck: This remedy has proved much less effectual in my hands in chronic catarrh of the middle ear than previous reports had led me to expect. In some cases of chronic suppurative otitis, with a bland, somewhat stringy, whitish discharge, it has proved very effective. It has also relieved the granular pharyngitis so often accompanying these conditions. I have used it in parenchymatous keratitis successfully, but have not tried it in maculæ.

Dr. Baylies: Considerable space is given to the chlorate and chloride of potash in "Hering's Guiding Symptoms," under the one head, kali muriaticum. The former I used, while in old school hospital practice, with apparent success, for ulcerative, especially mercurial, stomatitis, and for scorbutus. I do not remember ever to have found it homœopathic to diphtheria. The chloride I have rarely used.

Dr. N. Robinson: Kali muriaticum I have used in the eczemas for which Schussler recommends it. These are chronic cases with plastic exudation and thickening of the skin.

Dr. J. L. Moffat: It is inexcusable to mix the pathogeneses of kali muriaticum and kali chloricum. These are different chemical salts and cannot be used interchangeably as medicines.

One of our New York pharmacists once told me that he was in the habit of filling orders with either one indiscriminately, regarding them as practically the same. Needless to add, I have never since used any medicine from the hands of that man.

Potassium chlorate is kali chloricum; the chloride is kali chloratum, or —preferably—muriaticum.

Dr. R. C. Moffat asked for an opinion on the persistently high temperature and pulse rate, with a good general condition of the patient, in the following case:

Mrs. W——, primipara, æt. twenty-one, two weeks after delivery took cold and had suppression of the lochia and milk. The patient was given up to die, when I was called at the instance of a friend. The face was cadaverous, the pulse too quick for counting, respiration panting, and the surface suffused with a clammy sweat. The hands were extremely cold, the feet and legs less so. There were involuntary, offensive, green liquid stools. The mind was clear, and she was more composed than those about her. Arsenicum, 3, was given with benefit. As soon as an examination could be made her symptoms were as follows: Many of the above symptoms had disappeared and others were mitigated. The temperature was then 102° and 103° and has remained so to the present time. The pulse is from 112 to 120, sometimes down to 100. There was no tympanitis, no tenderness of the abdomen or uterus. A slight tendency toward cellulitis was found in the vagina. The cervix was but slightly enlarged, and the uterus felt like subinvolution. There was no laceration, no leucorrhœa or lochia. The breasts are flabby and painless. The color has improved, but she is still very pale. The appetite is good and there is craving for things not allowed. She is amiable and patient.

Why has the temperature kept up to 102° to 103° and the pulse to 112 and higher?

I will add that the stools are getting more fecal and solid daily. The urine is not of large quantity, but is free from albumen. The tongue, which was dry and thickly coated white on a brown base, has become moist and lost these characters. A bed-sore is threatened on the sacrum, and the hips are tender and threatening. Hypodermics had been used freely by my old school predecessor and the places of puncture are sore. There are sudamina. The remedies have been mainly arsen., verat. vir. and nux.

Dr. Willis: Sudamina occur in many diseases. I should say that this was a case of "child-bed fever," with some cellulitis, or, possibly, a hidden abscess. The pulse is much more important than the temperature in these cases and in peritonitis.

Dr. Martino: There was no pain except on deep pressure, with an attack of septicæmia which came under my notice, although in the neighborhood of the abscess the limb was twice its normal size. The temperature for some days was 103° and the pulse 95. The normal pulse is from 60 to 66.

Dr. Chapin: I should think the diagnosis was between septic poison and abscess. When typhoid fever was prevalent in South Brooklyn two years ago, a patient of a physician who conversed with me about the case was attacked with fever, but without sensitivenes of the abdomen or delirium. The high temperature persisted for three or four weeks unabated, varying from 102° to 104°. A vaginal examination finally revealed a pouch of pus, upon the evacuation of which the temperature rapidly fell. I should think of baptisia in Dr. Moffat's case.

Dr. R. C. Moffat: Has any member given ant. tartaricum in herpes zoster? I found, from experimenting some years since, that it produced a pustule very like that of small-pox when rubbed on the skin. Meeting a case of zoster recently with this umbilicated feature, I have prescribed ant. tartaricum.

RECORD OF MEDICAL PROGRESS.

ANTIPYRIN IN LARYNGISMUS STRIDULUS.—Mr. Montagu Perceval reports in *The Lancet*, Nov. 17th, the results of use of antipyrin in twenty-four cases of laryngismus stridulus. Two grain doses were given every hour, and relief followed in every case but one, where the dose had to be raised to five grains.

SACCHARIN.—Drs. Stevenson and Wooldridge in *The Lancet* of Nov. 17th conclude (1) that saccharin is quite innocuous when taken in quantities largely exceeding what would be taken in any ordinary dietary; (2) saccharin does not interfere with or impede the digestive processes when taken in any practicable quantity; and (3) "our personal experience is that saccharin may be taken for an extended period without interfering with the digestive and other bodily functions." Hence there is no reason to think that its continued use is in any way harmful.

GLUTEN BREAD.—Dr. Woltering gives the following recipe for making gluten bread: "Mix one and one-half heaped tablespoonfuls of baking powder with 500 grammes (about eighteen ounces) of gluten meal and rub the mixture through a sieve; rub up well in a bowl till thoroughly mixed, and make into a dough with 250 cubic centimetres (about one-half a pint) of lukewarm water. Put in baking tins and bake in a hot oven. It may also be made with yeast, but the above plan is the easiest and most convenient."—*Brit. Med. Jour.*, November 17th, 1888.

PHYSIOLOGICAL ACTION OF URANIUM SALTS.—Experiments recently made by Dr. R. H. Chittenden attest the harmfulness of uranium salts to healthy tissues. Uranium is an irritant poison tending to destroy the life of the intestinal and renal tissues; enteritis or acute catarrhal inflammation was easily induced by the administration of small doses of the salts of uranium. In toxic doses it causes absolute anuria; in minute doses it has a diuretic effect. Oxalate of lime crystals in the urine, and glycosuria were constantly noted in cases of poisoning by uranium.—*The Lancet*, Nov. 10th, 1888.

SULPHONAL EXANTHEM.—Dr. Max Englemann reports—*Münch. Med. Wochensch.*, No. 42, 1888—the case of a patient, aged forty-two, who, at the time of the menses, took thirty grains of sulphonal at seven P. M. It had no hypnotic action. Towards morning there was moderate itching and the appearance of a scarlet exanthem upon the outer side of each mamma. The exanthem was distinctly limited from the unaffected skin. By the next night the exanthem had extended to the inner side of each arm, and also towards the sternum, and then became confluent below the sternum. The exanthem disappeared slowly in a few days. O'C.

TREATMENT OF EXTENSIVE CARBUNCLES BY EROSION.—Dr. E. Owen, of London, treats large carbuncles with extensive sloughs by removing the sloughs, under an anæsthetic, scraping the sores and the diseased, undermined skin with Volkman's spoon and trimming off the ragged edges. The wounds are then washed with a 1-1000 sublimate solution, dusted with iodoform, and covered with moist perchloride gauze and blue wool. In the case reported, which was one of extensive carbuncle, the success was brilliant. Dr. Owen justifies this treatment on the ground of his belief that anthrax is in its pathology closely allied to certain cases of acute osteitis and periostitis, which require active surgical interference to remove the diseased portions and establish a healthy wound. —*Annals of Surgery.* W.

ESERIDIN.—A new alkaloid, discovered last year, appears in the drug list. It is from the Calabar bean, crystallizes from ethereal solution in tetrahedrons and has been named eseridin. It is very like physostigmin, and, by heating with dilute acid, is transformed into the latter. Its action is cathartic, with little or no effect upon the central organs. Its toxic dose is six times greater than that of physostigmin. Its use so far seems to have been confined to the lower animals, subcutaneously injected, chiefly as a cathartic, but also as a spinal stimulant, its action here not being cumulative, like strychnine. The dose for a horse is given as one and one-half grains; for a cow, three grains.

GLYCOSURIA FOLLOWING INTERMITTENT FEVER.—Dr. P. M. Gubareff, of the Naval Hospital, reports an interesting case of diabetes following, and apparently due to, repeated attacks of malarial fever. When admitted to the hospital, the patient had had for some months successive attacks of fever on board ship, having been, previously to the first attack, perfectly well. He was found to be suffering from general œdema and slight affection of the lungs, with great thirst and polyuria; the quantity of urine was 6,000 cc. *per diem*. On examination it was found to contain albumen, casts, and more than 6 per cent. of sugar. The temperature was normal, or nearly so. There was no rash or prurigo. The œdema soon passed away, then the liver and spleen were found to be of normal dimensions. The patient subsequently complained of impairment of vision. Various drugs were given, but with little effect. The regulation diet, too, was ordered, but the quantity of urine and the sugar passed did not diminish in any great degree.—*The Lancet*, Nov. 10th, 1888.

REMOVAL OF FOREIGN BODY FROM THE NOSE.—Dr. C. W. Dodd writes to *The Lancet*, November 3d, 1888, in the following words: "All that is needed is a simple soft rubber tube, say one or two feet long, with a hard rubber or wooden tip at one end, but large enough to fill the nostril. This olive-shaped tip is applied to the nostril next to that in which the foreign body lies. The other end of the rubber tube is applied to the lips of the surgeon and a sudden hard blow is made, when (the soft palate having been closed either by the child's crying or by a swallow of water in the case of an older person) the foreign body will fly out. If it does not come with one or two ordinary blows, the other nostril can also be held by the hand of the surgeon, and during the blow the hand suddenly withdrawn. This sudden relief of the compressed air will act with greater force, and will be sure to drive out the foreign body. I have used the method several times, and have never had it fail. Its best indorsement is its ease of performance and freedom from injury to the mucous membrane."

EXTERNAL METHOD OF DETERMINING THE ANTERO-POSTERIOR DIAMETER OF THE PELVIS.—Professor. Bandl finds—*Wiener Medizinische Wochenschrift*, No. 44, 1888—that in most women the true conjugate diameter of the pelvis can be measured through the abdominal wall. The method is very simple. The patient being in a gynæcological chair in a half-sitting position, with the lower edge of the ribs and the upper anterior edge of the pelvis approximated as much as possible, the examiner with two fingers of one hand, by gentle, slow pressure, reaches the promontory, and then, with the index finger of the other hand, through the skin, finds the posterior surface of the symphisis. This point is thus marked upon the examining finger whose point touches the promonotory. A graduated rule has been constructed for the readier estimation of the distance. The shallower the pelvis, the more readily can the conjugate diameter be ascertained. In the course of five years he has found, in about 6,000 patients, wo whose conjugate diameter was less than six centimetres, and these

were told that, should impregnation occur, they could only be delivered by Cæsarean section. In this way, also, it can be discovered that many pathological conditions of the genitalia, especially descensus and prolapsus of uterus and vagina, and retroflexion, are due to shallow pelves. O'C.

UNILATERAL ASSOCIATED MOVEMENT OF THE UPPER LID WHEN CHEWING.—Uhthoff has reported in *Berliner Klinische Wochenschrift*, No. 36, 1888, a case in which there was ptosis of one eye, but when the mouth was widely opened, and especially when chewing, the eyelid was raised, drooping again as the jaws were closed. He refers to five similar cases, and Just reports in the same journal, No. 42, 1888, another, but without ptosis. The condition is congenital or first observed in early childhood; six cases were in males, one in the female; five times the left eye was affected, twice the right. In three cases no ptosis was present nor other ocular abnormality. The facial nerve seemed affected in Uhthoff's case, and the latter explains his case as depending upon an abnormal congenital connection between the third nerve and the nucleus of the third branch of the trigeminus by way of the posterior longitudinal bundle. Adamück has, however, reported a case of bilateral exophthalmos, the posterior third of the eye only being covered, when the patient chewed for a considerable time. He explains this as being due to venous engorgement within the orbit on account of the anastomoses between the anterior facial veins and those of the orbit. O'C.

TREATMENT OF POST-PARTUM HEMORRHAGE.—Mr. R. F. Gill writes to *The Lancet*, November 3d, 1888, recommending the substitution of rectal injections of saline solution in place of transfusion, or, rather, in those cases where the performance of transfusion is impossible from want of the necessary apparatus. He says: "I feel convinced that it proved efficacious in a case to which I was called a short time ago, and in which, on arrival, I found that the patient had lost an enormous quantity of blood, and was delirious, with vomiting, etc., so that nothing could be retained. Before I succeeded in stopping the hemorrhage she was in a very collapsed condition, and on pouring a teaspoonful of fluid down her throat it was immediately rejected. I then thought of using rectal injections, which were rapidly absorbed, so that within two hours she was again conscious and able to retain fluids given by the mouth. I venture to think that if I had not used the injections in this case I should have lost the patient, and it is precisely in such cases where the practitioner is without a transfusion apparatus that the rectal injections are so useful, as he will always be provided with the syringe. I should recommend that only two or three ounces of fluid be injected at a time, and that the injections be repeated every ten or fifteen minutes, using a tepid solution, and of course employing all auxiliary methods of relieving the existing shock to the system.

ESTIMATION OF ALBUMEN IN URINE.—H. Tahor, in the *Zeitsch. f. Physiologische chemie*, No. 12 (see *Lancet*, Nov. 24), describes a method of estimating albumen in urine, which depends upon the difference in specific gravity caused by elimination of the albumen. A preliminary examination of the urine is made to determine the amount of dilute acetic acid necessary to precipitate all the albumen when boiled. This is done by adding to a small quantity of urine in a test tube some acid, and boiling. The urine is then filtered, and the filtrate should yield no further precipitate with acetic acid and potassium ferrocyanide. A convenient quantity of the filtered urine, after the addition of the proper quantity of acetic acid, is then placed in a flask, well fitted with a good cork. The flask is then placed in a water bath, at the boiling point, for fifteen minutes. The precipitated albumen is then separated by filtering into a flask fitted with a

cork with a hole in it, through which the funnel is passed. It is advisable to cover the funnel during filtration with a glass plate. The density of the urine and of the filtrate is then determined by a urinometer graduated to the fourth decimal place, the temperature being the same, of course, in both samples. The difference in density is then multiplied by 400, which will give the number of grammes of albumen in 100 cubic centimetres of urine. The method is not as accurate with albuminous solutions other than urine.

OPERATION FOR A NEW BLADDER.—Professor Tizzoni and Dr. Poggi of Bologna have devised and carried out an extremely ingenious operation for the purpose of "restoring" the bladder in cases where it is partially destroyed by disease. The object of the operative procedure is to replace the bladder by means of a substitute, that substitute being a portion of intestine. The operation (on an animal) was performed in two stages, an interval of about a month elapsing between. The first part of the operation consisted in the cutting out of a portion of the intestine, the two ends from which it was taken being immediately sutured; the mesentery was left attached to the excised portion. The ends of this portion were then closed so as to form a sac; one end was then brought down and fixed to the neck of the bladder. The second part of the operation consisted in separating the ureters from the bladder, excising the latter organ, suturing the intestinal sac in the position of the bladder, and grafting the ureters onto its posterior wall. For a few days there was incontinence of urine, but after about a fortnight the sphincter regained its power and the animal recovered completely. In consequence, however, of the small size of the new bladder, micturition was necessarily very frequent. Professor Tizzoni and Dr. Poggi propose to repeat this operation on another animal, taking care to excise a larger portion of intestine, so as to imitate more nearly the normal capacity of the bladder.—*The Lancet*, Nov. 10th, 1888.

AMPUTATION OF THE PREGNANT UTERUS.—Mr. Lawson Tait thus describes his method of operating: "My method of operating is to make an incision through the middle line large enough to admit my hand, and then I pass a piece of rubber drainage tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. I then make a single hitch and draw it tight around the cervix, so as to completely stop the circulation. I give the ends of the tube to an assistant, who keeps them well on the strain, so as to prevent the loose knot from slipping. . . . I then make a small opening in the uterus, and enlarge it by tearing with the two forefingers; seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted, and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges into the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made. The uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in; the wound closed around the stump, which of course is brought to the lower part of the opening, and then the stump is dressed with the perchloride of iron in the usual way." Mr. Tait further says it is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it. No special instruments are required—a knife, some artery forceps, a piece of rubber drainage tube, two or three knitting needles and some perchloride of iron.—*Brit. Med. Jour.*, November 17th, 1888.

LAPAROTOMY FOR PENETRATING WOUNDS OF THE ABDOMEN.—In the October number of the *Annals of Surgery* is an article by Dr. Henry Sherry, of Chicago. The case was that of a young man nineteen years of age, who had been carried about a mile to the Cook County Hospital, after being shot in the abdomen by the accidental discharge of a 38-calibre revolver. No blood was found in the bladder. Antiseptic dressings were applied to the wound, and the doctor arrived at the hospital four hours after the admission of the patient. He found the patient with quickened respiration, temperature 101.8° F., abdomen tympanitic, and presenting a ragged-edged wound three inches to the right and one inch below the umbilicus. Posteriorly and on a level with the abdominal wound, and two and a half inches to the right of the vertebral spine, the bullet was felt under the integument. As it was probable that the intestines were wounded, laparatomy was performed in the median line, under moderate anæsthesia, and with antiseptic details. Three perforations about an inch apart were found in the ascending colon, through the central one of which fæcal matter was oozing. The bleeding was not profuse. The edges of the wounds were trimmed with the scissors and each opening closed with three interrupted catgut sutures. The patient being considerably depressed, was revived under stimulating effect of the sterilized hot water intra-abdominal douche. A rubber tube was placed in the abdominal wound for drainage, and the wound closed up. The bullet was not then removed. No food was given by the mouth for eight days, but the patient nourished by enemata of peptonized milk and beef tea. Warm water was given in the same way to allay thirst. The drainage tube was removed on the third day on account of colicky pains caused by its presence. Highest temperature 102.3°. The bowels moved naturally on the fourth day and showed no trace of blood. The bullet was removed about the tenth day, and with it came some bits of bone, probably from the ilium. Some slight septic symptoms continued for about two months, but at the end of three and a half months all the wounds had entirely healed. In the same number of this journal are found abstracts of two more cases of this kind reported by Arthur J. Baker, F.R.C.S., of London, in which one left the hospital quite well on the twenty-first day. The second case was not operated upon until five hours after the injury, through some mismanagement on the part of the police authorities. The patient died on the sixth day. The tables mentioned in this abstract, with the case reported by Dr. Sherry, give fifty-nine laparotomies for gunshot wounds of the abdomen, with twenty-four recoveries and thirty-five deaths.

W.

NEWS.

ALL news or matter relating to "News" or "Comments" should be sent to 161 West Seventy-first Street.

THE Concordance Repertory lacks only a hundred subscribers to insure publication. Its success seems, therefore, assured, as there can be no doubt but that the required number of physicians will send their names to Dr. Gentry.

APPOINTMENTS.—At a recent meeting of the Board of Directors of the New York Ophthalmic Hospital Dr. Arthur B. Norton was unanimously elected surgeon to that institution. Dr. C. P. Elebash was made an assistant surgeon.

A JUBILEE DIPLOMA.—Dr. Samuel Lilienthal is evidently kindly remembered in his native land. In a letter he says: "As a proof that my Alma Mater has not forgotten her sons, I send you a copy of my Jubilee Diplomé. The original is an heirloom to my children."

THE THERAPEUTIC SOCIETY.—All physicians, interested in the exchange of experience in the results of purely homœopathic treatment, are cordially invited to meet at 10 East 36th Street, Saturday evenings, at 8.30 P. M. The Society has no officers, no fees, and aims only to talk over informally useful points in the homœopathic use of drugs.

A GOOD EXAMPLE.—The homœopathic physicians of Ohio are alive not only to matters which are strictly professional, but also those which pertain to the general welfare. The President of the Ohio Sanitary Association for 1889 is Dr. D. H. Beckwith, and Drs. Beebe and Eggleston hold prominent positions. This is an example worthy of emulation. There is no excuse for the indifference displayed by some of our societies to the sanitary and hygienic questions of the day.

A PROPOSITION.—An exchange refers to the fact that the 2,476 physicians of New York City are said to agree that "the profession is overcrowded," and the same page contains the statement that in Tunsk, Siberia, there are only twenty-two doctors, an average, in some districts, of only one physician to 100,000 inhabitants. What a blissful region for an unoccupied medical man to emigrate to! Only imagine an idle doctor suddenly possessed of a clientele of 100,000 people! By the way, wouldn't it be a good plan for one-half of the overcrowded profession of New York City to "chip" in and ship the other half to the elysian fields of Siberia?—*Atlanta Medical and Surgical Journal.*

IMPORTANT DECISION.—By a decision of the General Term it is held that physicians can be sued for testimony given against a man as to his sanity. Alfred Ayres was adjudged insane a few years ago before Recorder Gould, on the testimony of Drs. Russell and D. V. O'Leary. He brought action against the Recorder and doctors, laying the damages at $3,000. A demurrer was made as to the Recorder in the lower court, and an appeal was taken. The decision handed down affirms the judgment, sustaining the demurrer as to the defendant Gould with costs; reversed as to the defendants Russell and O'Leary, and judgment for plaintiff against them is rendered, with costs, with leave to withdraw the demurrer and answer on payment of costs.

OBITUARY NOTICE.—On the 11th of November Dr. William R. Childs, of Pittsburgh, Pa., died suddenly. Dr. Childs was a member of the Medical Board of the Homœopathic Hospital of Pittsburgh, and his colleagues took fitting action concerning his death. Among other things they resolved "That by his death the Medical Board of the Homœopathic Hospital of Pittsburgh has sustained a loss that words fail to express—that the surgical staff has lost one of its most skillful, careful and successful operators—always punctual, exact and methodical in every detail; gentle but firm; kind but impartial; true to the trust reposed in him. That the medical profession has lost a scholarly, dignified and conscientious physician, and a brave, skillful and successful surgeon; that his orphaned children have lost a kind, loving and indulgent father, and that the community has lost a whole-souled, unselfish, genial man."

GRACE HOSPITAL.—The new homœopathic hospital in Detroit had its formal opening December 6th, 1–10 P. M. The *Record* intimated, when it learned that the erection of the hospital was certain, that it would be a

small affair, and was simply another evidence of the rapid disappearance of the homœopaths. Let us see what the *Detroit Free Press* has to say about the matter. Its opinion may be less bigoted, but is none the less valuable on that account. "The opening of the new Homœopathic Grace Hospital on the corner of Willis Avenue and John R. Street, occurred yesterday afternoon and evening, and was one of the noted society events of the season. From three o'clock in the afternoon until six in the evening carriages rolled to the door bearing their loads of fashion and elegance, and moving away to make room for others. It was estimated by Dr. Walsh, the medical director, and Mr. Marzer, the clerk, that 5,000 persons had visited the hospital up to six o'clock. . . . The house has six stories, including the basement and mansard roof. The building is of brick, with stone foundation and sub-story. The entire woodwork is of oak, with hard-wood floors, oil finished. It is lighted by both gas and electricity. The basement is devoted to a dispensary for out-door patients, with reception room and the room for electric light. There is also a padded room for delirium tremens patients, with a room for bath and cot for violent cases. . . . There are twelve trained nurses under charge of Miss E. Hibbard, from Montreal. The hospital superintendent comes from the Manhattan Hospital, New York City, Mr. R. H. Sillman. Mr. Marzer, late of Harper Hospital, is clerk of the general office. Dr. S. H. Knight, late of the "Helmuth House," New York, is house surgeon, and the senior assistant is Dr. E. M. Hatch. The hospital has an endowment fund of $100,000."

DISEASE AND HABITS OF INTEMPERANCE.—In the *British Medical Journal* Dr. Isambard Owen, of the Collective Investigation Committee, arrives at the following conclusions after a study of about 4,000 cases: 1. The habitual indulgence in alcoholic liquors beyond the more moderate amounts has a distinct tendency to shorten life, the average shortening being roughly proportional to the degree of indulgence. 2. That of men who have passed the age of twenty-five, the strictly temperate, on the average, live at least ten years longer than those who become decidedly intemperate. 3. That in the production of gout and cirrhosis, alcoholic excess plays the very marked part it has been long recognized as doing, and that there is no other disease anything like so distinctly traceable to the effect of alcoholic liquors. 4. That cirrhosis and gout apart, the effect of alcoholic liquors is rather to predispose the body towards the attacks of disease generally than to induce any special pathological lesion. 5. That in the etiology of chronic renal disease, alcoholic excess, or the gout which it induces, probably plays a special part. 6. That there is no ground for the belief that alcoholic excess leads in any special manner to the development of malignant disease, and some reason to think that it may delay its production. 7. That in the young alcoholic liquors seem rather to check than to induce the formation of tubercle; while in the old there is some reason to believe that the effects are reversed. 8. That the tendency to apoplexy is not in any special manner induced by alcohol. 9. That the tendency to bronchitis, unless, perhaps, in the young, is not affected in any special manner by alcoholic excess. 10. That the mortality from pneumonia, and probably that from typhoid fever, also, is not especially affected by alcoholic habits. 11. That prostatic enlargement and the tendency to cystitis are not especially induced by alcoholic excess. 12. That total abstinence and habitual temperance augment considerably the chance of a death from old age or natural decay, without special pathological lesion.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

A CONTRIBUTION TO THE STUDY OF DIPHTHERIA.

By W. S. SEARLE, M.D.,

Brooklyn, N. Y.

SOME years since, while discussing the subject of "What is Fittest in Homœopathy and Likely to Survive?" the writer, alluding to the sphere of the homœopathic law, expressed the conviction that all forms of zymotic diseases were outside of that sphere, and, indeed, outside the sphere of any form of therapeusis. That zymotic diseases were examples of poisoning, quite as much as instances of poisoning by arsenic. That, in the one case, the agent being organic, and, in the other, inorganic, was of no account so far as therapeusis is concerned. That the treatment of both must ever remain prophylactic and antidotal. That while the inflammatory or nervous or other complications and incidents of such cases doubtless lie within the control of medicine, yet both theory and experience combine to prove that zymotic diseases are, *in a strict sense*, incurable. That they run a certain definite course, and are never stopped in mid-career by medicinal agents, as many other forms of disease may be and are. That it is as preposterous to talk of curing small-pox, as it would be to claim the power to cure the vaccine disease. That clinical medicine is full of testimony pointing to this conclusion; and that, since the annals of recovery have led physicians to the conclusion that in certain instances the zymoses are abortive in their course, *i. e.*, exceptionally brief, such knowledge ought to render us extremely cautious in claiming cures of these forms of disease when they appear to yield to the action of medicines with suddenness and completeness.

It cannot be denied that, as a rule, the maladies known and accepted as truly zymotic do run their appointed course, in spite of medication. The exceptions are very rare, and so infreqent as to demand explanation rather upon the ground of abortion than of cure.

Now, the general judgment of etiologists classes diphtheria among the zymoses. Indeed, the writer is aware of no authority who expresses a different opinion.

But the experience below recorded seems to prove, or rather, it contributes to prove, either that diphtheria is not a zymosis, or, being such, that it is curable, at least by homœopathic medication. And, if this zymosis is curable, why may not others be also curable in a similar way? To use the darky's logic, "Didn't my Lord deliver Daniel—then why not every man?"

Of course, the entire force of the examples given depends upon the question whether the natural history of diphtheria ever shows a complete and entire recovery from such desperate conditions within twenty-four hours.

Now, so far as the writer's experience and study extend, this disease never does end in this way. Its history is one of gradual increase and gradual decrease. Such, also, is the testimony of authorities. Although the exudation sometimes exfoliates within that period, it is usually renewed, while the fever, cervical swelling, etc., disappear slowly, and only after several days, even in the most favorable instances.

Case I.—In January, 1882, the writer was called to visit a young lady of about twenty-one years. She was one of a large family of very healthy children and of excellent parentage. She was found with considerable fever and a sore throat, upon the right tonsil of which was a distinct diphtheritic membrane.

Day by day the fever rose till it reached 104°, and, *pari passu*, the membrane spread until it covered the whole fauces. The brawny swelling of the cervical tissues, though not large, was well marked.

Various remedies and local applications utterly failed to control the disease in the slightest degree. Thus nearly a week passed until attention was centred upon the only peculiar symptom named —a "burning" in the throat, which the patient said was severe, as if hot coals were there.

Upon careful study of the Materia Medica, *kali nit.* seemed to afford the closest similimum, and it was therefore chosen. About five grains of the crude saltpetre were dissolved in half a glass of water and a teaspoonful ordered every half hour. All other remedial measures were abandoned. This was about eight o'clock A. M. Twelve hours afterward the temperature had fallen from 104° to 100°, the pulse from 120 to 80. The membrane, which had been

firmly attached and constantly spreading, hung loosely in the throat, and soon came away. Before twenty-four hours had elapsed all symptoms of disease had vanished like mist, and a speedy and entire convalescence begun.

CASE II.—On the 6th of June, 1888, I was asked to visit a lad of eleven years, whose younger brother, under other professional care, had succumbed, a week previously, to what was believed to be a complication of diphtheria with scarlet fever. Under the impression that this diagnosis was correct, and because no membrane could be discovered in the throat, attempts were made by hot packs and appropriate measures to induce the appearance of eruption. But none came, nor did desquamation follow during convalescence.

Not until the third day could any exudation be seen. It then showed itself in the posterior nares and rapidly spread over the entire fauces and into the nose. The temperature was high and the pulse rapid and feeble. About this time, also, delirium set in, and a watery and very offensive diarrhœa began. During the three subsequent days and nights the patient was entirely sleepless, constantly trying to escape from his bed. The secretions from the nose and throat were very foul. Considerable external swelling also occurred. Swallowing was greatly impeded, drinks returning through the nose.

By the close of the sixth day it was clear that no advance had been made in the control of the disease. Several remedies had been employed and a spray of alcohol (the sole local measure) had been used freely.

That evening the physician had made his prescription for the night, and was about leaving the room, when the excellent nurse called his attention to the color of the still frequent stools. She remarked that she had never seen the like and that they resembled fresh grass in color. (They were so offensive as to be disposed of in the most speedy manner, and, consequently, had not been seen by the physician.)

The medicine which had been prepared was at once discarded and a single dose of *merc. dulc.* 1-10 administered.

At six A. M. of the following morning the patient was again visited, at the urgent solicitation of the father, who thought him dying. To the physician, however, he appeared better, and another dose of the same remedy was given.

At eleven o'clock of the same day the lad was soundly asleep, breathing quietly through his nose. All membrane had been expectorated. The temperature was normal, the pulse full, soft and regular at seventy-two. The diarrhœa had ceased and entire cure had taken place. After a sweet sleep of four hours the lad awoke and said, "Doctor, I was sick yesterday, but I'm well to-day."

It appeared incredible, but so it was. Not a symptom of disease remained, and convalescence was phenomenally rapid and complete.

After a practice of nearly thirty years, beginning in the City of Troy, simultaneously with the advent there of this disease, and hav-

ing had a large experience in its treatment, the writer has never known another instance parallel to these, and he feels justified in classing them as true cures accomplished by the selection and employment of remedies under the great law of "similia" While it is true that they could not be called cases of a malignant type, they were certainly of a degree of severity from which recovery is rare, and, when it does occur, is slow, and marked by many difficulties, fluctuations and sequelæ.

The very pertinent (though impertinent in this connection) question, why such cures are not more common, is susceptible of an adequate reply.

It is because few cases present such salient and characteristic features. Or, if they do, the youth of the patient or the neglect of attendants prevents apprehension of them. Because, also, the Materia Medica is not yet sufficiently elaborated to enable the physician to discover the *similimum* in the majority of instances.

I do not remember meeting other cases presenting such symptoms. Should it happen in the future, I feel entirely confident that the same remedies would prove equally effective. Where those symptoms do not exist, doubtless these medicines would fail as signally as others.

But now the question recurs, Is diphtheria a zymosis? Is it not rather epidemic?

The theory of epidemicity, always vague and lacking a basis of fact, may be thought, and perhaps is, a mere refuge for ignorance. At the present day the word epidemic, as applied to disease, simply indicates its relative prevalence. It is not considered a cause, but a result—not an essential characteristic of a disease, but a character which may be present or absent. The whole current of etiological thought is toward the germ theory of disease. And there can be little doubt in any intelligent mind that there are genuine zymoses.

But is there not some danger that zymosis counts for too much in our etiology? Surely in the forces of nature that surround us there are some which would seem capable of producing disease. Nor does it seem altogether illogical and fantastic to believe that some forms of disease, especially those which are distinctively epidemic, are properly referable to variations in the electric or magnetic forces, of the nature of which we may now be ignorant, but more enlightened by-and-bye.

The great epidemics, which from time to time have swept over Europe, to vanish again for long periods of time, are, by that very feature in their history, difficult of classification with those well

known zymoses which are constantly prevalent among mankind and as universal as his existence.

And to this class diphtheria belongs, as is well known. For 200 years it had been unknown in America. The winter of 1857–8 saw the City of Albany in its customary health. Nothing like diphtheria had ever been heard of. The old "putrid sore throat" had little in common with it. But during the following winter, the conditions and environment of her population being entirely similar to those of previous years, this new and formidable enemy appeared and fairly decimated the children of our capital city. During the following year the neighboring City of Troy experienced a similar visitation, and soon frequent outbreaks in epidemic form occurred in various localities.

Whence came these germs, if germs they were? If they were the products of a progressive civilization and born of filth, why should so comparatively a healthful city as Albany have been the first to suffer? It lies on a steep hill-side and was well sewered. It had good, pure water. In these respects it ranked far above Troy and many another city which could be named. And why did rural districts originate the disease *de novo?*

It would certainly appear that diphtheria is more closely allied to the epidemic forms of disease than to those which are everywhere endemic, such as measles, scarlet fever, etc., and which are pretty well proven to be zymoses.

It may be, then, that the writer's opinion of the incurability of the zymoses is accurate, in spite of these and other apparent cures of diphtheria. He holds it, however, *sub judice*, and with less tenacity than before the experience herein narrated.

THE METHOD OF PASTEUR, OR ISOPATHY RE-INTRODUCED IN A NEW FORM.

By DR. BOJANUS, JR.,

Moscow, Russia.

(*His own translation.*)

DR. BRAZOL, of Petersburgh, writes in his work entitled, "Jennerism and Pasteurism," page 32: "Pasteur's method of shielding animals from contagious diseases consists in introducing into the blood of the animal some of the weakened but homogeneous contagium of the same disease from which the animal has to be preserved. Pasteur's system is, therefore, analogous to that of isopathy

—æqualia æqualibus curantur—equal is cured by equal. Lux had already made the discovery in 1823, that the specific poisons of different contagious diseases, diluted to a certain degree, may be applied as remedies against the same diseases; for example. hydrophobin, the diluted virus of a mad dog, against hydrophobia, canine madness." Dr. Brazol continues, page 33: "The opinion of Lux was discussed at a later period by the homœopathic physicians, Hering, Stapf, Gross, and also by Dufresne; they all found the idea plausible and likely to prove a useful ally in the struggle against the epidemic diseases of animals. The homœopathic physician, Dr. Rapon, of Lyons, suggested, in 1847, the inoculation of the poison of rabid dogs. Pasteur is, therefore, reaping, at present, the fruit of the scientific investigations of other laborers in the field of science, and it is characteristic that he never has, in any way, alluded to those who, fifty years ago, have made the same discovery for which the French Government pays him now a liberal subsidy of several hundred thousand francs. It is evident that the preservative vaccinations of Pasteur are nothing else but isopathy skillfully applied."

Goethe says: "Wer kann was kluges, wer was dummes denken, Das nicht die Vorwelt schon gedacht?"

(Who can discover anything clever or stupid, which former ages have not thought of before?)

In no case can the words of Goethe be better applied than in the present case. Isopathy is much more ancient than Lux. Van Helmont, who openly disavowed the curative method of Galen, "contraria contrariis," and discarded the homœopathic principle of Paracelsus, considers isopathy preferable to both above-mentioned systems; he expresses his opinion openly in several passages of his works; in others he is less explicit, and merely hints at the matter. It would take up too much space to transcribe these passages. We refer the reader to the source, where he may ascertain the truth for himself.* Dr. Kurtz says in the "Hygea" (Zeitschrift für Heilkunde Redigirt von Dr. L. Griesselich, Carlsruhe, 1838, Bd. VIII., p. 17): "Not only Van Helmont, but other superior and learned men of the Middle Ages, have been taken up with the idea of isopathy; we find the proofs in the book of Athanasius Kircher—"Scrutinium physico-medicum contagiosæ luis quæ dicitur Pestis"—he says: "Every poison, even the strongest, has its counter-poison; its qualities are not always contrary to the poison; they are very often equal and similar in their action to that of the poison. The specific, pre-

* Johannes Baptista Van Helmont, Opera omnia, Frankfurt, 1632, pp. 158, 159. "Natura contrariorum nescia," 12,13, 14, 15.

servative and curative remedy against the plague (known to Van Helmont and Paracelsus) is the animal poison proceeding from the same cause as that of the disease. It is used as an amulet against the plague (suum sibi simile tamquam sibi *δυγγένιον* et appropinquantam); it attracts the disease by its magnetic force and keeps man free from infection; it is the same preservative as the scorpion and viper, who cure with their own poison the wounds proceeding from their sting.

Kurtz gives a very interesting account of the antiquity of the isopathic and homœopathic curative systems. Marx, in his study of poisons (Marx, die Lehre von den Giften, Vol. I., p. 38), mentions a fact taken from the Acta sanctorum . . . a jesuistis edita Antwerpiæ, 1658, about a certain Theodosus who swallowed a poisonous insect; the doctors could not relieve him; Cyrus and John advised him to swallow the same insect as a counter-poison. Quidquid exaspide comederat una cum pristino veneno prossus ejicit. Sanctis non jam contraria contrariis ut mortales medici solent, sed similia similium usu curantibus."

In the observations of George Baldivius about the Plague,* Griesselich found a citation transcribed from the Commerz literatur, Noric, 1737, p. 311, in which the following fact is transmitted: "The celebrated Thero knew a man, who, as a boy, had swallowed the matter from the plague-boil of his father. During the epidemic that reigned in Varshaw, the matter from the plague-boils was dried or used fresh as a preservative against infection; the remedy must have proved successful, as the boils were cut out, dried and sold for the purpose. Prokesch v. Osten relates, in his book of Travels in the East, that in Turkey the men who take care of those laid down by the plague wear, as a preservative, the dried matter of the plague-boil.†

In the Art Médical for October, 1884, Dr. Tessier mentions Lux, Hering, Stapf and Dufresne as having all acknowledged the curative power of a poison in the treatment of the diseases it has called forth; he points to Weber, who treated with success in 1845 the cattle plague with the poison taken from the spleen of infected animals and diluted homœopathically; he speaks of the favorable results attained in Hungary in 1846 by Parisot, who made preservative inoculations with the saliva of cattle infected with the plague; he concludes by quoting Hahnemann as having already recognized the fact, that the poison of mad dogs acts principally upon the whole nervous system.

* Georg Baldivius, Bemerk, über die Pest., 1801. "Hygea," Bd. IX., pp. 511, 512. Notes to the same article.

† "Hygea," Vol. VII., p. 17.

Dr. Tenillé, with whom the author of this paper was personally acquainted from 1840 till the year of his death in 1864, related, that during the plague in Constantinople in 1835, he had treated the disease successfully by mixing the fresh matter of the plague-boil with water and diluting it homœopathically. The dentist Joly, in Moscow, communicated this in a letter to Hahnemann's widow, Mme. Hahnemann d'Herville, who, in her turn, had the letter printed in the Bibliothèque Homœopathique de Genève.*

In 1840 Dr. Trinks, of Dresden, says, in his article entitled "Invitation to Isopathic Experiments with the Poison of Mad Animals":† "The specific remedies against this infectious disease have not yet been discovered; hyosciamus, stramonium, cantharides, belladonna, have proved useful in many, but not, by far, in most cases. I have taken upon myself to propose the following experiments, hoping they may prove conducive to the welfare of humanity and the interests of science: Inoculate a healthy dog with the poison; as soon as undoubted symptoms of hydrophobia have appeared, continue the inoculation, choosing another race of animals—excepting cats and dogs—and observe the symptoms and the development of hydrophobia; by this means we may succeed in obtaining a modified poison, which may serve both as a preservative and curative remedy, such as the cow-pox in the treatment of the natural small-pox."

The same system is exactly followed by Pasteur and proclaimed as his personal discovery. Is it possible to suppose that Pasteur has never heard of all that we have quoted above? It is difficult to admit of such a fact. And how can Pasteur prove to us that he has not adopted the system proposed by Trinks? The opposite case is inadmissible, as Pasteur, born on the 22d of December, 1822, was only eighteen in 1840, and, therefore, still at his studies when Trinks wrote the above-mentioned article. Having given quotations from ancient authors upon isopathy as a curative method lately renovated and improved by Pasteur, let us hear what the literature of the present period has to say upon the subject. The Government of the Gd. Duchy of Mecklemburg Schwerin sent Dr. Uffelmann to Paris to study the method of Pasteur in his Institute, and commissioned him to give an official account of his observations, stating his personal opinion as to the benefits and practical results obtained by the inoculation of the virus of mad dogs as a preservative and curative remedy

* "Hygea," Vol. IV., p. 567. Rapon, "Histoire de la Doctrine Médicale Homœopathique," Vol. II., p. 448, and following.

† Aufforderung zu Isopathischen Experimenten mit dem Wuthgift. "Hygea," Bd. XII., 1840, p. 448, and following.

in the treatment of mankind afflicted with hydrophobia. Although Dr. Uffelmann* renders full justice to the accuracy and skill with which Pasteur performs his experments; although he acknowledges the full scientific importance of his conlusions—a fact that the bitterest enemies of Pasteur and isopathy cannot well deny—nevertheless, he objects to Pasteur's treatment of human patients bitten by mad animals, and finds it premature; he considers the series of experiments, made till now upon animals, too limited to be a sufficient foundation for the treatment of mankind afflicted with hydrophobia. The experiments of Pasteur have established the undoubted fact that dogs, rabbits, guinea pigs and monkeys grow invulnerable to the action of the strongest virus, after having undergone a series of inoculations of virus in different degrees. Pasteur asserts that this invulnerability is likely to last for life—an assertion which remains yet unproved. Having attained this first result, Pasteur passed straight to the treatment of human beings wounded by mad animals, and omitted a very important link in his chain of experiments, one which ought to have gone before the treatment of human patients; he was bound to prove, beyond doubt, that animals bitten by a mad dog or suffering from hydrophobia after the inoculation of the strongest poison, *may* be cured by the same treatment as that applied to human patients. Pasteur ought to have undertaken the following series of experiments:

(*a*) Let a healthy animal be bitten by a rabid animal, or inoculate the strongest poison; at the first symptoms of hydrophobia apply the treatment; the results obtained will prove its action in the struggle with the disease.

(*b*) Apply the treatment as soon as the infection has taken place; the result will prove how far the development of the disease can be counteracted. In the first case the experiment would be therapeutic; in the second prophylactic, if the results had proved favorable in both directions, and in a sufficient number of cases; then only the treatment of human patients could be undertaken with a plausible foundation. This important blank in Pasteur's experiments could not remain unnoticed by any competent judge. Like Dr Uffelmann, Professor Frisch makes the same objection to Pasteur in an article published in the seventeenth number of the Vienna weekly medical paper (*Wiener Medicinische Wochenschrift*). Dr. Uffelmann makes the following report of the results obtained by Pasteur: "Till the 12th of April of this year (1886) 726 patients of both sexes, children included, have been submitted to the treatment; some of them

* Berliner Klinische Wochenschrift Organ für Praktische Aerzte, 23ster Jahrgang.

had been bitten by suspicious, others by undoubtedly rabid, animals —thirty-eight patients from Russia that had been bitten by mad wolves are included in the number. Out of the number of 688 persons bitten by suspicious or undoubtedly rabid animals, one little girl died; the treatment was begun on the thirty-seventh day after the accident; three of the thirty-eight patients bitten by the rabid wolves died, and two more deaths followed later, as was published in the papers. It is very difficult to ascertain whether the results of inoculation are absolutely favorable. A great number of the patients have been injured by dubious animals, and we do not know the exact number of cases where the madness of the animals was proved beyond doubt, although the number may have been considerable. Another reason why our opinion remains undecided, is the fact that before entering Pasteur's Institute the greater part of the patients had already applied to doctors and had their wounds burned, which is known by experience to be a very powerful preservative against infection. Another circumstance has to be taken into account: the period of incubation from the moment of the accident to the appearance of the disease is sometimes a very long one; I have observed cases myself where the disease appeared a whole year after the accident had taken place. The experiments of Pasteur have only been practiced for one year (1886), and, therefore, their ultimate success cannot yet be considered as a fact beyond doubt. Nevertheless, an impartial examination of the results may lead us to suppose that they stand an equal chance of proving satisfactory." Dr. Uffelmann concludes his article by summing up the results obtained by Pasteur in the following terms:

"Pasteur has succeeded, beyond doubt, in obtaining the virus of rabid animals in its purest degree; he has it in his power to make it stronger or weaker, retaining the homogeneousness of the primitive poison; he has proved the absolute invulnerability of animals against the inoculations of the strongest poison and still more against the bite of rabid animals, by submitting them to a series of systematic inoculations in which the strength of the poison is gradually increased. No one acquainted with these results can deny their worth or their scientific importance. As to the foundation of institutes similar to that of Pasteur, I should consider the measure untimely at the present moment."

The enthusiasm and blind faith with which Pasteur's system has been accepted in Russia has led to the foundation of several bacteriological stations. Whether they will prove a benefit to science or not remains yet to be proved. We have taken a step in advance of the

Germans, who, in their prudence and reserve, have wisely kept back. Our medical luminaries have turned to Paris as to the Mecca of all those afflicted by hydrophobia, but it is too early to speak of any results attained in our country. The opinions of the press have been divided on the subject. Some papers have discussed Pasteur's system in terms of high approval; others have been more reticent and expressed their doubts.

At a meeting of the Moscow Surgical Society, which took place October 29th, 1886,* Dr. Gvozdeff, who had just returned from Paris, where he had been studying the system of Pasteur, communicated the statistic results of Pasteur's experiments :

"One thousand five hundred and eighty-three patients have been treated by Pasteur till the 1st of October, 1886. As hydrophobia develops itself only in the course of the two first months after the injury (?), the exact number of the patients saved by Pasteur can be ascertained by excluding from the general number 367 wounded after the 1st of August and 243 patients bitten by dubious animals, whose madness had not been certified by the examination of veterinary surgeons; therefore 610 patients have to be excluded. Nine hundred and seventy-three remain as proofs of the satisfactory treatment of Pasteur. Out of the number of 1,583 there were only nine death-cases, of which two cannot be counted, as one patient was brought on the forty-fourth day after the accident, and the other on the thirty-seventh day; both were in the period of development of hydrophobia. Pasteur treated forty-eight patients bitten by mad wolves; seven died, therefore fourteen and a half per cent. In other statistics, as, for example, according to the notes of Beonardel, the per cent. of mortality for those bitten by mad wolves is sixty-seven per cent., and by the statistics gathered by Pasteur himself, eighty-two per cent."

At the end of his speech Dr. Gvozdeff mentions a patient brought to Pasteur from Manchester in the beginning of October. The young man had been bitten a year and three months before by a hydrophobic, who in his turn had been bitten by a mad cat. The illness had only just broken out. Why, then, does Dr. Gvozdeff affirm that hydrophobia breaks out in the course of two months, and what reliance can we have on the accuracy of his statistics? We will leave unnoticed the evident contradiction in his speech, and the fact that no one in the assembly protested or passed any remark upon the subject.

(To be continued.)

* Moskovskiya Wiadomosci. Moscow Gazette, 12th November, 1886. No. 313.

THE AFFECTIONS OF THE PANCREAS IN DIABETES MELLITUS.

By DR. LANCEREAUX.*

Translated, with additions, by S. LILIENTHAL, M.D., San Francisco, Cal.

LANCEREAUX observed that those cases where post-mortem lesions are found in the pancreas show clinically a peculiar course. They were nearly all patients who in perfect health were attacked by the disease, which ran a very rapid course. Especially remarkable was the very dry skin, a rapidly increasing baldness and loss of teeth. The thirst is excessive, and some patients consume as much as fifteen litres of fluid in twenty-four hours. Less decided is the bulimy, though some patients devoured immense quantities of food. Sometimes intense pains were observed in epigastrium. The amount of sugar contained in the urine is sometimes enormous. In one case L. observed a daily secretion of five hundred grammes of sugar. Naturally the loss of weight of the body must be in proportion, so that a loss of over twenty kilos in several weeks is no rarity; the weakness steadily increases and male patients become impotent. These are the symptoms of the first period of the disease, lasting two or three months. In the second stage we meet symptoms of intoxication, in consequence of the insufficiency of the renal and cutaneous secretion to discharge fully all products of tissue-change accumulating in such quanties in the organism. Here we meet dyspnœa, sensation of constriction, malaise, with restlessness and continual anguish, often immediately followed by deep coma; sometimes we find already some tubercular gangrenous affections, to which the patient rapidly succumbs. In comparison to the usual course of diabetes we may consider their prognosis extremely ominous, as all therapeutic measures fail to be of any benefit. We may regulate the diet, give milk and azotic food. In all autopsies the pancreas was found atrophied, and thus greatly inhibited in its function. The etiology of this atrophy was not always the same; in some primary obliteration of the ductus Wirsungianus was found, in others, primary atrophy of the glandular cells.

There are only two remedies which might be of some influence in this rapidly fatal diabetes, and given early enough might perhaps prevent the fatal issue: they are *phosphorus* and *iodum*. The former is one of the few remedies whose action on the pancreas is well established; but may not this rapid atrophy be explained by some neuras-

* *Semaine Médicale*, 21, 88.

thenia preceding and causing it, as L. observed this diabetes mostly in vigorous young men who used up their vital power, and being below par, more liable to disease? Irritable weakness is really the key-note to *phosphorus :* hence impotence, general malaise, weakness of limbs, bulimy, burning thirst and cirrhosis are characteristic of *phosphorus* and of the pancreatic diabetes. Just as we meet a red cirrhotic kidney, without an appreciable preceding stage of fatty degeneration (large white kidney), so the same might happen in any other gland, be it kidney, liver or pancreas. By reading between the lines we learn why such a diabetic patient craves food all through the night. Insomnia is thus engendered, and fainting spells occur where this desire for food and drink is not satisfied. Beautifully corresponding to it we read under *phosphorus :* Patient is very hungry, particularly at night ; he wakes up hungry and lies awake until he gets something to eat ; longing for cold things—ice cream, ice water. Irritable neurasthenic patients, rapidly losing flesh, our prescription would be a high potency of *phosphorus*, and then await its action. The first stage lasts two or three months, and therefore no hurry. It is our candid belief that tincture of time is often our best aid, and that many a case is spoiled by too frequent repetition of the same drug without interpolating a suitable antipsoric ; especially Schussler's *kali phos.* or *magnesia phos.* should be thought of in such cases, according to accompanying symptoms.

Enormous appetite and still constantly increasing emaciation—what disciple of Hahnemann would not immediately think of *iodum*, our stand-by in atrophy of glands with excessive mental irritability? Farrington, in his unequaled "Clinical Materia Medica," page 465, says of *iodum* that it is indicated in young persons who grow too rapidly (*calcarea phosphorica*), who are subject to frequent congestions of the chest, who are rather emaciated, and who suffer from dry cough ; the patient cannot bear a warm room, there is a well marked feeling of weakness in the chest, particularly on going up-stairs. The patient has a very good appetite, and is relieved by eating. The nearest remedy to *iodum* in phthisis is *phosphorus*, which is also well adapted in the rapidly growing young.

One of English colleagues recommended in same journal *arsenicum iodatum* in weekly alternation with *calcarea carbonica*, a very wise combination, ratified by clinical experience. Thus we have a glorious trinity, *arsenicum*, *iodum* and *phosphorus*, with which to attack that hidden fiend in the pancreas; but on account of its nervous origin our first choice will certainly be *phosphorus*, the natural food for exhausted nerve force.

THE CAUSES AND TREATMENT OF THE ALBUMINURIA OF PREGNANCY AND ECLAMPSIA.*

By L. L. DANFORTH, M.D.,

New York City.

IN presenting a paper on the above subject, it has been my aim to treat the question from a purely practical standpoint, omitting detailed allusions to theoretical considerations with reference to etiology.

From modern text-books may be obtained a complete discussion of this portion of the subject, as well as a full description of the pathological changes found in the body after death from eclampsia. Numerous as are the theories concerning etiology, few of them have borne the test of scientific research—none of them which cannot be denied by as many arguments as their ingenious originators have succeeded in advancing in their support.

There is one train of etiological factors, however, which I think it best to mention, on account of the bearing which it has upon the subject of treatment. I refer to the sympathetic irritation of the kidneys, which begins early in the course of gestation, probably as early as the sympathetic derangement of the stomach, and which possibly starts into activity the real pathological changes characteristic of the disease.

Tyler Smith first suggested that albuminuria of pregnancy "*may depend upon sympathetic irritation of the kidneys* by the gravid uterus, similar to the irritation of the salivary glands, the mammæ, the thyroid, etc., and not upon mere pressure," referring here to the original theory of Lever, which, by the way, still finds many adherents.

The researches of Frankenhauser and later histologists reveal to us how such a direct sympathetic disturbance may be possible. A direct connection has been demonstrated by means of the sympathetic system, between the nerves of the uterus and the renal ganglia, and from thence to the nuclei of the epithelial cells lining the convoluted tubules.

To comprehend how such grave pathological conditions can develop out of a simple functional disturbance, one must study the entire series of physiological phenomena evoked by pregnancy. We cannot arrive at a just idea of the state of any one organ or system of organs, without taking into consideration the state of all the rest in their absolute and relative conditions. A general law has been

*Read before the New York State Homœopathic Medical Society, Sept. 12th, 1888.

formulated by Robert Barnes,* viz.: "*Since in pregnancy every organ and the whole organism are specially weighted, undergoing extraordinary developmental and functional activity, so any defect or fault inherited or acquired, howsoever latent, will be liable to be evolved or intensified under the trial. Hence pregnancy is the great test of bodily soundness.*"

"When in a sound body the just balance is kept between the several functions, and in the relations of parent and embryo, we may expect the course of pregnancy to run smoothly. When, on the other hand, one organ or system of organs is damaged or overtaxed, the balance is disturbed, and we may expect various morbid manifestations."

"The so-called diseases of pregnancy spring directly out of exaggerations or defects of the normal processes.

"They bear the seal of the gestation process. They form a group governed by one common law."

"The pathology of gestation, then, is simply a chapter in extension of the physiology of that process. It is especially in the study of normal and disordered gestation that we see demonstrations of the universal law which may be formulated as follows: Pathology is Physiology working under difficulties."

It is the nervous system which probably first feels the influence of pregnancy. As a result there occurs an exaltation of the psychical and emotional spheres, as well as increased reflex and ganglionic activity.

The general character of the alterations in the nervous centres may be summed up as exalted tension, which increases with the advance of pregnancy, reaching its climax when labor is due.

Like a highly charged battery, they respond more energetically to slighter provocation.

In connection with this subject of exalted nerve-tension is the correlated one of increased vascular tension and increased volume of blood, albeit blood deficient in vital qualities and overcharged with excrementitious matters. The sphygmograph proves that high tension of the vascular system begins early in pregnancy. In the foregoing physiological facts lies a satisfactory explanation, it seems to me, of the tendency to the occurrence of renal albuminuria of pregnancy, and as we shall see later on, when toxæmia is taken into account, of the occurrence of eclampsia also. In what manner the physiological conditions of pregnancy affect the kidneys and produce albuminuria we are not yet assured. Possibly through sympathetic

* "System of Obstetric Medicine and Surgery," page 169.

disturbance of the renal ganglia, thence to the nerve filaments distributed to the epithelia of the tubules, changing in a radical manner their functions, and thus laying the foundation for organic disease. Possibly the filtration of albumen occurs as a direct consequence of high arterial tension. The researches of Mahomed have been employed to prove the existence of a *physiological albuminuria*, viz., the presence in the urine of albumen, which is simply the expression of a physiological difficulty, and not the manifestation of a pathological process. Personally I am not inclined to believe in the existence of a physiological albuminuria. I am of the opinion that whenever albumen appears in the urine of a pregnant woman, and the microscope reveals it to be of renal origin, the case should be viewed with suspicion and every precaution observed to prevent an increase of the kidney congestion and its possible effects.

The woman's life and that of her offspring may be in jeopardy at any time. I am well aware that not all women who have renal albuminuria have eclampsia.

Fordyce Barker* says that at the highest estimate the chances of convulsions in albuminuria are as 1 to 14 ; Fry,† as 1 to 8 or 9.

Who has not seen patients whose urine was loaded with albumen during the last weeks of gestation, go through labor without the sign of a convulsion? Such cases may be explained by the fortunate concurrence of a nervous system of good equipoise, low reflex excitability and an easy labor.

Personal idiosyncrasies have much to do with the manner in which patients bear an ordeal like labor.

The degree of nerve-tension which is present in the case, whether it be high or low, in conjunction with the quality of deleterious matter in the blood, will determine the danger.

The theory of *increased nerve excitability* enables us to discard altogether the *pressure theory* as the cause of the convulsions, a theory which is untenable in the extreme. As reasons for this statement may be cited the fact that albumen sometimes makes its appearance at the third or fourth month, before the uterus can possibly press upon the kidneys or their vessels. Of more importance is the anatomical fact that as the uterus grows, it falls forward and away from the spinal column, leaving the kidneys and their vessels protected in the spaces behind the uterus, at the sides of the bony column.

Furthermore, women who escaped during the first pregnancy not seldom are affected in the second. This theory, viz., increased re-

* *American Journal of Obstetrics*, vol. xi., p. 451.

† *American Journal of Obstetrics*, vol. xviii., p. 50.

flex excitability, also enables us to account for the onset of convulsions during labor without pre-existing kidney disease. In such cases the renal congestion and albuminuria is the effect and not the cause of the convulsion.

Here the sudden pressure of the presenting part upon the numerous and highly sensitive ganglia, and filaments from the sympathetic and spinal nerves, supplied to the cervix uteri and its vicinity, serves to excite the reflex centres, and spasm readily ensues.

The renal engorgement which follows may be fairly set down to the highly congested state of the venous system, including that of the kidney, produced by the general convulsion and the spasm of the glottis.

Doubtless in not a few cases the convulsion and the congestion of the kidney may be due to the same cause, viz., some detrimental ingredient circulating in the blood, irritating both the cerebro-spinal system and other organs at the same time. About twice as many cases of convulsions occur during labor as before or after, showing conclusively the influence which labor has upon the highly excited state of the vascular and nervous systems.

Three facts in relation to albuminuria and eclampsia have been set forth :

1. That albuminuria may exist without eclampsia ensuing.

2. That eclampsia sometimes breaks out without pre-existing albuminuria.

3. That eclampsia is sometimes so quickly followed by albuminuria as to seem to cause the albuminuria. We trust that sufficient reasons have been given to explain the occurrence of these diverse phenomena.

But another element remains to be considered, one which has already been referred to as a causative factor in the production of spasm in addition to increased reflex excitability and deteriorated blood, viz., blood empoisonment, *toxæmia.*

Little has been said in relation to the blood of pregnant women except to refer to its deficiency in vital qualities and its excess in excrementitious matters. The blood mass is notably *increased*, especially in the second half of pregnancy, but it is *deficient* during this period, to a slight extent, in red globules and iron, while the white globules are slightly increased. The most marked change is an *increase* in the water, and during the last three months in the fibrinogen (fibrine producing materials) of the blood. In respect to fibrinogen, the blood of pregnancy resembles the blood of inflammation. It "cups" when drawn into a basin. Now, in addition to the phys-

iological alterations in the maternal blood, renal insufficiency adds another element which is, in reality, a true toxæmia. This deleterious ingredient of the blood is *urea*, and the general condition of toxæmia may be expressed by the word *uræmia*, whether the poison be *urea* alone or *urea* combined with noxious materials, the proceeds of the double nutrition of mother and fœtus. Within the sphere of these general physiological principles lies the relation between albuminuria and eclampsia.

To recapitulate these principles we have :

1. Increase of normal nervous irritability, and increase of the normal vascular tension, which implies irritation of the kidney and irritation of the cerebro-spinal centres.

2. Renal congestion and albuminuria.

3. Normally hydræmic blood, still farther increased by the withdrawal of albumen.

4. Blood-poisoning from imperfect elimination of waste stuff by the kidneys and other emunctories.

Treatment.—The treatment, as will be seen, is the logical outgrowth of the views expressed with reference to the etiology of these morbid states. The treatment may be classified under five heads:

1. Prophylaxis, viz., the preservation of the healthy condition of the mother during the pre-albuminuric stage of gestation (the first four or five months).

2. The management of the *albuminuric* stage of the disease with a view to the maintenance of renal congestion within safe limits, and the prevention of eclampsia.

3. The induction of premature labor after the application of all other means has proved unavailing, and blood empoisonment is profound.

4. The treatment of eclampsia and its effects.

5. Treatment applied to the restoration of the equilibrium of the system, and of the kidneys and other organs to their normal state. This classification will be treated *seriatim*.

Prophylaxis.—This subject includes the hygiene of pregnancy in general.

Strict attention should be paid to the condition of the bowels and all other emunctories of the body, especially the skin, the great alternative organ of the kidneys. Diet should be carefully selected, avoidance of meat and other nitrogenous food being the chief point of observance. Exercise sufficient to keep up a healthful state of the body and a cheerful frame of mind. Early discovery of the first traces of albumen in the urine is important.

It should be mentioned in this connection that albumen may appear in the urine as a product of a catarrhal cystitis, or from the contact of purulent leucorrhœal discharges with the urine.

The microscope will enable one to determine the source of the albumen. *It should be the rule of practice with every physician to examine the urine of each pregnant woman under his care (especially primiparæ) as early as the sixth month of gestation, and as often as once in two or three weeks thereafter, until the end of gestation.*

Renal albuminuria of pregnancy is chiefly significant by its possibilities, rather than by its actual existence, and the amount of albumen present in a given specimen bears no necessary direct proportion to the severity of the case. It is usual, however, for the amount of albumen to be large when the congestion of the kidney is great.

In addition to the presence of albumen the measure of danger which surrounds the woman may be estimated very accurately by ascertaining the amount of solids (urea and salts) which the woman is excreting. As a usual thing we find even more than the normal proportion of solids in the urine of healthy pregnant women, since the increased tissue and food metabolism, which is a physiological accompaniment of this condition, tends naturally to such a result. Hence, we repeat, a marked diminution of solids after the sixth month in a pregnant woman whose urine presents evidence of structural change in the kidney is of grave import, and such patients should be carefully guarded against all causes likely to disturb the normal rhythmical action of the nervous system.

Perhaps the greatest of all prophylactic measures in the albuminuric stage of the disease is *absolute rest;* under this term should be included the removal of every source of mental, emotional or physical disturbance.

In this stage the same injunctions with reference to hygiene should be enjoined, as have been already mentioned, and the homœopathic remedy administered which most fully meets the symptoms presented by the patient. It is during this stage of the disease that we have an opportunity to display our skill as homœopathic 'physicians; it is at this time that we have the power, if we carefully select our medicine, to prevent the increase of renal congestion, allay nervous irritability, and so harmonize the disturbed forces of nature, as to carry the patient through the ordeal of labor and puerpery without a manifestation of dreaded convulsion.

The remedies which are most likely to be indicated are the following:

Apis.—Urine scanty, high colored, albuminous and containing uriniferous tubular casts and epithelium, œdema of face, hands and lower

extremities; great prostration, combined with waxy, pale, transparent skin; sometimes an eruption here and there, resembling nettle rash; red pimples or an erysipelatous rosy appearance of the anasarcous limbs; mental restlessness, thirstlessness.

Arsenicum.—When the urine looks like dark dung-water and renal casts are abundant; great weakness and restlessness.

Antimonium Tartaricum.—Urine dark brownish red and scanty, turbid and strong odor. Bloody and albuminous urine.

Associated with this condition of the urine, the gastric derangements peculiar to the remedy are sometimes observed, such as vomiting of mucus, belching, disgust for food, salivation, bronchial catarrh, dyspnœa and pulmonary œdema consequent upon uræmic affections of the nerve centres.

Glonoinum.—Abundant, highly albuminous urine; must rise often at night to pass it; high colored, burning while passing. In connection with these indications of kidney congestion we have the associated symptoms of headache, congestive and throbbing; felt with every pulsation of the heart throughout the whole head—sometimes coming in waves of congestion with throbbing through the head. Headache aggravated by stepping or jarring. Blood mounts from head, throat or chest, from occiput to eyes. Brain feels too large; bursting feeling—holds the head with the hands. Laborious action of the heart.

Glonoine is now used by the allopathic school for the same conditions in which we employ it. They give it in one minim doses, and claim good results from its use.

Helonias.—Albuminuria during pregnancy; urine profuse, clear, light colored and albuminous.

Burning sensation in region of kidneys; can trace their outline by the burning. Weariness, languor and weight in region of the kidneys. General languor; unusually tired, drowsy, sleepy.

Apocynum.—Urine diminished to one-third the usual quantity; without pain or uneasiness about the kidney or bladder; torpid kidneys.

Cantharis.—Not often indicated in the ordinary albuminuria of pregnancy, but may be the only remedy when acute nephritis occurs, or an acute attack is engrafted on a pre-existing nephritis. Urine turbid, scanty and albuminous, containing casts, mucus and shreds. Pain in the loins, kidney and abdomen, with pain on urinating and incessant desire; convulsions with dysuria.

Kalmia.—Is often useful, though in recorded provings there are no indications of its value in kidney diseases; but by virtue of its power over the heart and secondarily over the kidneys, its use has been fol-

lowed by good results, especially when great and persistent aching pains in the limbs are present, without evidence of local inflammation.

Mercurius Corrosivus.—Urine increased or scanty, and contains albumen and hyaline casts, with epithelial débris from the tubules of the kidney.

The special subjective symptoms which indicate this remedy are not well defined, and it is given when we have as our only guide the presence of albumen in the urine. The allopathic school are also now using this remedy in nepritis.

Helleborus.—Urine scanty, dark and albuminous.

Terebinth.—Urine scanty, bloody, dark and highly albuminous.

The remedies which are most likely to allay nervousness and vascular excitement are *aconite, belladonna, coffea, gelsemium, hyoscyamus, chamomilla, ignatia* and *veratrum viride.*

A diet of *milk* alone is often a benefit in extreme cases, allowing the patient to take as much as she likes. At the Maternite in Paris, Professor Tarnier has for some years treated albuminuria entirely by milk, and with most excellent results. One and three-quarters pints of milk, increased to three and four times that quantity, each day, are given, and the albumen rapidly disappears from the urine. The effect is shown in a week or a fortnight.

Barnes refers to the necessity for the avoidance of any irritation of the patients when a fit is pending. Make no examination, do not pass a catheter, and do not force food or medicine until the patient is under the influence of chloroform.

Before we consider the question as to the advisability of inducing premature labor, I would like to call attention to a few symptoms referable to the nervous system, which are of importance in estimating the liability to convulsions, and in determining the probability of the continuance of gestation to its fruition. These are headaches of a peculiar type, congestive, often paroxysmal and intense. The pain is usually occipital, or it may affect the whole head, and be throbbing, pulsatile in character, sometimes darting and shooting (*glonoine*).

Another symptom which portends evil and which should be viewed with extreme caution is pain in the stomach (gastralgia). Pain may radiate into the chest or abdomen, and is aggravated by the simplest food.

Disturbances of vision as an accompaniment of the renal affections of pregnancy are sometimes met with. The changes in the eyes, associated with the albuminuria of pregnancy, are essentially the same as those observed in the course of chronic nephritis.

In a recent paper by Thomas B. Pooley, M.D., of New York, on "The Induction of Premature Labor in Amaurosis and Amblyopia in connection with the Albuminuria of Pregnancy," * two ways in which the sight may be affected are mentioned:

1. A sudden more or less transitory and complete loss of sight, uræmic amaurosis, without appreciable changes in the fundus oculi.

2. A gradual failure at first, not complete loss of sight, with characteristic changes in the retina and optic nerves, which in time may lead to blindness; neuro-retinitis Brightii, or albuminuria.

These changes ars so marked and uniform, that the diagnosis of the kidney disease can be made from them alone. This complication of gestation is referred to, in order to enforce the importance of early examination of the urine of pregnant women, and also to point to another lesson which the experience of Dr. Pooley teaches us—*e. g.*, that an ophthalmoscopic examination of the eyes is very important in impairment of vision during pregnancy, in enabling us to detect early deviations from the normal conditions, and thus to save sight, and even life. Indeed, the evidences of disease of the kidneys not infrequently show themselves in the eye before they do in the urine.

The induction of premature labor.—The advisability of resorting to the premature emptying of the uterus to relieve the mother and child from the dangers which threaten them is a subject which has given rise to much controversy. Upon this question there is still considerable diversity of opinion.

The accoucheur is often confronted with a case like the following: A woman eight months advanced in pregnancy has been under his care since the beginning of gestation; at the sixth month albumen of renal origin is found in the urine. All known means have been employed—diet, medicines, hygiene—and still the evidences of renal congestion increase. The nervous system has early shown the effects of some noxious ingredient in the blood, and the special senses are being disturbed; headache of congestive type, gastric disorders and pain in stomach appear; coma, or a tendency thereto, supervenes; marked and increasing œdema ensues. The question arises, Shall this patient be permitted to drift on, hopelessly and helplessly, into a worse state? If she escape the perils which threaten her, the chances are that she will give birth to a still-born child, if nature does not kindly relieve her before this unfortunate termination is reached. Is not the adoption of measures which look toward the relief of this patient, while yet there is time, far wiser than procrastination which may lead to the death of mother and child, or both together? Even

* *Medical Record*, Vol. 33, 1888, page 93.

if we concede that only 1 in 14, or 1 in 8 or 9 of albuminuric women have convulsions, is it wise to permit the patient to take this risk, when we have it in our power to save her from it by prematurely, though gently and harmlessly, emptying the uterus? It would seem as if there could be but one answer to these questions, and that unhesitatingly in favor of delivery.

If symptoms of such gravity as we have portrayed occur as early as the sixth month, it is better to wait until the viability of the child is established before proceeding to empty the uterus. The nearer to full term the gestation is advanced, the more strongly is active interference demanded. Relating to this subject, the language of Professor Lusk * is full of wisdom. He says: "When, however, in spite of palliative measures and hygienic precautions, the uræmic symptoms have steadily progressed until the central nervous system has become involved, the question comes up for decision, whether to persevere in a plan of treatment merely to ward off impending danger, or whether to place the patient without delay in a position of relative safety by the induction of premature labor? The weight of authority, it seems to me, is favorable to procrastination, the interruption of pregnancy being regarded as an extreme measure, justifiable only in cases of extreme peril. But premature labor, with the indications thus limited, is not likely to save many lives. My own convictions are clear, that so soon as grave cerebral symptoms develop, the period of folded hands has passed. The relief to be obtained from chloral and catharsis is, as a rule, of short duration, and we cannot go on giving chloral and cathartics to the end of gestation, nor are we sure that the first fortunate results can be reduplicated. Moreover, it is necessary to take cognizance of the well-being of the fœtus, which is threatened by the continued circulation of urea in the maternal blood. The induction of premature labor . . . is attended with but moderate risk if resorted to after the uræmic symptoms have been got fairly under control; if employed as a last resource where other therapeutical measures have failed, its use is still justifiable, though it then partakes rather of the nature of a forlorn hope." While my own opinions are positive with reference to the advisability of prematurely emptying the uterus in such cases as have been described, the subject cannot be dismissed without emphasizing the fact that the induction of premature labor is never to be undertaken lightly, or without appreciating to the fullest extent the relation which the operation bears to the interests of both mother and child.

* "The Science and Art of Midwifery," page 572.

In deciding these questions the physician is brought face to face with one of the greatest responsibilities that he is ever called upon to meet. In order that the true position of this operation may be made clear, it is proper to state the conditions which would render delay warrantable. Briefly, it may be stated that so long as the patient is passing nearly the normal amount of urine, and the specific gravity remains high, *i. e.*, contains a safe proportion of solids, even though it is rich in albumen, and there are no marked symptoms showing disturbance of the nerve centres, she may be considered to be doing well enough, and allowed to go on in her pregnancy, though no relaxation of vigilance should be permitted.

The operation for the induction of premature labor, if undertaken at the proper time and in the proper manner, is as harmless as the onset of labor by the natural forces at the full term of gestation. The operation should not be delayed until convulsions are imminent, if opportunity is afforded for action beforehand. We have already stated that a majority of the cases of convulsions occur *during* the act of labor, and are prematurely invoked by labor. The onset of spasms at such a time will call for forcible interference to expedite delivery, unless the natural forces prove to be adequate to the quick accomplishment of the task.

The mode of management adapted to eclampsia, occurring coincident with or during labor, whether prematurely or at full term, will presently be mentioned. The method of treatment we now especially wish to advise is the induction of premature labor as a preventive of eclampsia in those cases which do not yield to medicinal and hygienic means. Our best endeavors in this direction are sometimes fruitless, and again we are often called when too late to hope for sufficient relief from the threatening symptoms to expect to carry the patient on to full term.

Having decided to interfere, what are the steps in the process?

The first maxim should be: *Imitate Nature's methods; avoid haste and force; invoke natural labor pains.*

If the internal os is closed and firm, and time permits, introduce a flexible bougie or a large linen catheter through the os, and push the extremity slowly up into the cavity of the uterus, between the membranes and the uterine wall. Push catheter in its whole length, nearly, and leave it there. Then direct the nurse to bring the patient's hips to the side of the bed with the buttocks overhanging, a rubber sheet underneath, making a channel or trough through which the water will flow to a receptacle beneath.

Direct the nurse to give hot water injections against the cervix by means of a Davidson's syringe, for fifteen minutes at a time, at intervals of an hour, until cervix softens and uterine contractions commence.

Natural contractions will commence after a few hours (in some cases, ten or twelve hours), and will continue until labor is terminated.

If these measures fail, or are tardy in development, the insertion of a large sized tupelo tent into cervix through internal os, allowing it to remain until expansion is complete, will effect the desired result.

All manipulative proceedings of whatever sort should be done under strict antiseptic precautions. When the cervix uteri is soft, somewhat dilated or dilatable, the membranes may be ruptured at once, allowing the water to drain away, and the "pains" will then come on.

Let the future course of labor resemble as much as possible a natural birth. Interfere only when interference is absolutely necessary. Should occasion arise at any time for haste in the delivery, the forceps may be applied.

Again, should a convulsion suddenly come on before the cervix is dilated, the careful use of the Barnes' rubber bags or the Hanks' hard rubber bulbous dilators, or manual dilatation, which is the best of all, may have to be employed. After the uterus is emptied, the tendency is to the subsidence of both kidney congestion and the nervous and vascular tension. The various emunctories of the body take up their functions with renewed vigor, and the blood is speedily rid of the excess of effete material. On account of this tendency to restoration to a healthy condition, after emptying of the uterus, convulsions which occur for the first time during the early puerperal period are less likely to have an unfortunate termination than those which occur before or during labor.

The Treatment of Eclampsia.—When convulsions occur during labor, or when convulsions usher in the onset of labor, the first indication is to administer chloroform and expedite delivery by every safe means in our power. There is little hope that a patient with convulsions in the last weeks of gestation will be able to go on to full term.

Our efforts should therefore be directed to the speedy, yet gentle, emptying of the uterus. The state of the cervix uteri with regard to its dilatation or dilatability will point to the subsequent procedures. If undilated, firm, thick and rigid. *gelsemium* or *actea racemosa*, in tincture, will facilitate the dilatation, and perhaps mitigate or check altogether the spasm. Forcible dilatation of the cervix should be avoided if possible. If not possible, the artificial dilators already mentioned

will serve us well. The gateway once opened, forceps, or its alternative, version, may be required, according to the exigencies of the case.

For convulsions, *per se*, repeated and lasting, with tendency to coma, exhaustion and death, what are we to do?

There are a few remedies which have a fixed and lasting fame in this appalling condition. One of the first of these is *veratrum viride*. At the present time this remedy is lauded by old school physicians on account of its power to reduce arterial tension. It is capable, when given in sufficient doses, of lessening the frequency of the heart beats, bringing them down to normal, or below, at will.

The researches of Wood and Behrens show that *veratrum viride* causes vaso-motor dilatation. Its use, therefore, in physiological doses, is followed by an influx of blood to the brain, which is believed by some to be in an anæmic state—hence its usefulness in eclampsia. The woman is literally "bled into her own veins," as it has been expressed by some one. But we know the remedy is useful in small doses, by virtue of its homœopathicity to spasm, accompanied by high arterial tension.

It proves curative when spasms are like electric shocks, twitchings and contortions of the body, unaffected by sleep. Congestion to base of brain, chest, spine, stomach. Especially adapted to the full-blooded. Froth about the lips, champing of the teeth, difficult swallowing. The tincture should be employed ten drops in a third of a glass of water, one teaspoonful every half hour.

Glonoine is another remedy used at present by old school practitioners in one-minim doses for rapid heart's action, cerebral congestion and spasms. They have an explanation for its use similar to that of *veratrum*. It produces vaso-motor dilatation and reduces cardiac pulsations, and therefore they adapt it to an imaginary pathological picture, which is believed by some to be the cause of spasms. We have a *rationale* of its action which is more in consonance with scientific facts. It is on account of the similarity of the condition it produces to that of eclampsia, especially when cerebral congestion is a prominent symptom, that its good results are attained.

I have within a few months had a case of eclampsia in my own practice, in which *glonoine* and *apis* were the principal remedies employed throughout the entire illness of the patient. *Apis* relieved the drowsiness, which was very marked for ten days before the birth of the child. This symptom was associated with scanty renal secretion (sometimes not more than a pint in twenty-four hours), and that high-colored and loaded with albumen. Labor came on two or three weeks before the expected time, and for a few days before

and after the patient complained of severe congestion of the whole head, throbbing through the head (pounding, as she expressed it). The attacks would come and go. *Glonoine*, 3x, in water, relieved the headache, and its steady administration greatly mitigated the intensity of subsequent attacks. The patient referred to passed through labor (an easy one, by the way) without convulsions, but there was no increase in the quantity of urine eliminated after labor, as was anticipated—rather a decrease. On the morning of the second day violent convulsions set in, the first one while the patient was alone for a moment, the nurse having stepped out of the room. When she returned the patient was on the floor in a violent spasm, having fallen off the bed. Spasms occurred at first every twenty minutes, until six or eight had taken place. But *glonoine* still seemed indicated by the waves of congestion which were present and which ushered in the attack. I gave the remedy in the 3x dilution, in water, every ten minutes, and finally the interval between spasms became less in frequency and violence, until they were more like hysterical attacks, patient screaming, crying and throwing herself around. I then gave a hypodermic injection of *morphine* (one-sixth grain), repeating it in two hours, when the spasms entirely ceased. But the patient was in imminent danger from urinary suppression. It was not until this condition was relieved by *apis*, internally, and other means, that the patient was out of danger.

Gelsemium is a remedy much lauded. The spasms are preceded by great lassitude, dull feeling in the forehead and vertex, fullness in region of medulla; head feels big, heavy, with half stupid look; face deep red, speech thick, pulse slow, full. This remedy is indicated when labor is slow, protracted; rigid os uteri, albumen in urine during pregnancy. At beginning of labor patient sinks into semi-stupid state, out of which she can be aroused only by shaking. If an answer to questions can be obtained at all, it is spoken with a thick tongue, like one intoxicated. No labor pains, but os dilated and membranes protruding; face flushed. This is not a very common picture. Puerperal convulsions, as I have witnessed them, have been of the "fondroyant" style—active and violent. Whenever indicated, however, *gelsemium* is one of our best remedies.

Belladonna is also another, considered by many to be one of the most frequently indicated remedies in eclampsia. It is useful when the following symptoms are present: Convulsions occur with every labor pain; red or livid countenance; dilated pupils; violent pulsations of carotids, jerking and twitching of muscles between the spasms; awaking suddenly and screaming aloud during sleep; grimaces, starts,

cries, and fearful visions. This remedy is more frequently given than it should be. While the symptoms are very clearly defined, they are not such as appear in the majority of the cases of convulsions. When clearly indicated it is an admirable remedy. The alkaloid *atropinum sulphuricun* has more marked indications corresponding to eclampsia than belladonna—violent convulsions, unconsciousness, deep red distorted face, rolling eyes, gnashing of teeth, bloody foam before the mouth, bending in of thumbs, throwing about the limbs, on remission stretching of body and deep sopor.

Aconite.—Cerebral congestion, hot, dry skin, thirst, restlessness and fear of death.

Hyoscyamus.—Spasms during labor, with twitching and jactitation of every muscle of body, face, eyelids and all.

Actea racemosa, like *gelsemium*, is especially indicated when the spasms are preceded by mental excitement, followed by languor and relaxation of the whole system.

Opium is a remedy of great value when the tendency to uræmic coma is profound. Bartholow says opium narcosis is with difficulty distinguished from uræmic coma. But he does not mention that it has the power to produce spasms.

Hahnemann's "Materia Medica Pura" mentions cunvulsions as among the effects produced by *opium*, and these symptoms are quoted from old-school authorities. Prof. Veit, of Bonn, "On the Treatment of Puerperal Eclampsia," in an article translated from "Volkmann's Klinic" by Dr. Lilienthal, and published in the *Hahnemannian Monthly* for May, 1888, lauds *morphia* as the best single remedy for eclampsia. He remarks that the soporous and cyanotic state of the patient seemed *à priori* to be a contraindication for morphia; but this, he says, was a mistake. I shall not attempt to prove that *morphia*, in large doses (one-fourth to one-half a grain or more), is applicable to puerperal spasms on the principle of similarity; but *opium*, in small doses, is decidedly so, and the symptoms which indicate it are "spasms beginning with loud screams, foam at the mouth, trembling of the limbs, tetanus, eyes half open and upturned, pupils large and insensible to light, stupor between spasms, face remains deep red and hot, pulse full and slow, anxious breathing, face purple."

The more the case approaches a kind of stupor, the more will *opium* be the remedy.

Here *opium* will prove curative by virtue of its similarity, and it must not be given in the doses in which old school physicians use *morphine*.

I cannot close this paper without a reference to the importance of employing to their utmost the emunctories of the body to carry off the effete matters in the blood at the same time that we are working to control the convulsions.

As is well known, after labor is over, the natural tendency is for the kidneys to regain their normal activity, and even high graded albuminuria will sometimes disappear after labor is finished; but we cannot rely upon this, and we must not wait to see what Nature will do. Time is too precious! We must act at once! The kidneys are torpid, intensely engorged with blood, as evidenced by the partial or complete suppression of urine. The small quantity of urine that is voided is full of excretory matter, and is as dark as beer or porter. The intestinal secretions are locked up, the skin is hot and dry, while the lungs are rapidly becoming œdematous. *Aconite* or *veratrum*, *belladonna* or *glonoine*, may meet the symptoms of the patient, and will surely prove curative if time is afforded for these drugs to exert their specific effects. But every moment is valuable, and we cannot afford to ignore any accessory means which our art can command. If relief is to be afforded it must come soon, else within a few hours all will be lost. We may do much to assist Nature if we can establish free intestinal action and excite the skin to perform its diaphoretic functions. Thus the blood will be relieved of its deleterious ingredients, and the nerve centres and kidneys of the poison which is irritating them. This is the old theory of derivative action as applied to disease, but it is rational, nevertheless, and it does not in the least militate against the truth of the law which guides us in the selection of our remedies.

To promote intestinal action, I have followed a suggestion made to me by Dr. W. N. Guernsey, of New York City—namely, administer five grains of *merc. dulc.*, 1x trit., once in half an hour until five doses have been given. At the end of that time any saline laxative may be administered. If the patient can swallow so much liquid, a bottle of the *citrate* of *magnesia* is as effective as anything. If not convenient to give this, a brisk hydragogue purgative like *jalap* or *elaterium* will answer the purpose well. This hint of Dr. Guernsey's was rendered more forcible by recollecting that I had somewhere read that, after a mercurial, diuretics act more promptly. I have seen two cases, in consultation, within a short time, where the relaxation of the bowels following the mercurial seemed to be the turning point in the disease, the kidneys from that time taking up their functions, and gradually improving until the patient was out of danger.

Apocynum cannabinum is a remedy which is very useful at this time—*torpid kidneys, scanty urinary* secretion.

Apis mel.—Scanty, high-colored urine, and other symptoms which indicate this remedy.

Antimonium tart.—Convulsions continuing after the birth of the child; breathing short, difficult; oppression of chest; loose, rattling cough, no sputa; suffocative fits; face dark purple; great jactitation of muscles.

Among the remedies for the restoration of the kidneys to their normal state may be mentioned *merc. corr., nitric acid.*

Helonias and *apis.*, though many others may be indicated, will prove useful in proportion to their similarity to the symptoms presented by the patient.

SOCIETY WORK AND THE UNITY OF THE PROFESSION.*

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IF it be true, as has been said, that every man owes a debt to his country, it must be equally a fact that every practitioner of medicine owes a debt—for a time at least—to his or her profession. Whether the balance on the insolvent side of the account remain during the stretch of mortal life or become tipped and finally overweighted by acts and deeds, depends upon opportunity and the individual. The modern physician dwelling in a city need not long wait for opportunity. The more extensive his erudition, the broader his culture and the more comprehensive his accomplishments, the more varied are the demands upon him, and he becomes of necessity, with effort, better versed in humanics, a better logician, a better philosopher, better fitted to reach forward to and learn the *ascertainable* in nature and human life, to trace remote and near causes to effects, and link effects and phenomena, and hence, to understand and minister to the needs of human living.

> "To know
> That which before us lies in daily life
> Is the prime wisdom,"

wrote Milton, and it is continually verified in the experience of the physician, who, though he comes to recognize that perfection dwells with the ideal, with the unattainable in the short span of

* Inaugural Presidential Address, delivered before the Homœopathic Medical Society of the County of New York, January 10th, 1889, and published by vote of the Society.

life "between two eternities;" though he delves into the shadowy past to know and estimate the transmitted influences which traverse life, and tries to pierce the mists of to-morrow to foresee its course—the exigencies of the *ever present* in daily life are what claim his attention, and in the endeavor to alleviate, to repair and re-establish, if in harmony with nature ("the art of God"), he consciously, or unconsciously, works daily toward the ideal type of human existence.

"Knowledge is of two kinds. We know a subject ourselves, or we know where to find information upon it." The physician must not only possess the two kinds of knowledge—he must also be able to formulate and crystallize knowledge into action. Often he needs to arrange his knowledge in order theoretically for action, and submit it to the critical test of other minds before actually employed. How else than in this and similar ways can the faculties be trained in methods of accuracy and promptness so important in the application of special knowledge? Assuredly not alone by the continued absorption of learning. Absorption is not growth; it is the use of matters absorbed that imparts strength and vigor to mind and body.

The efforts made toward a rounded perfection and vigor of the faculties in professional life are all in the line of duty. The duties of the physician may be said to relate to his profession, to his patients, to society, and to himself or family. But I apprehend that more depends on a true estimate and performance of duties to one's profession in bearing upon the conduct in all, than from effort in any other direction. In faithful attention to these comes the inspiration and faculty to do better service in the other relations of life. A strict fulfillment of obligations to a profession as represented in the object and work of a society like this defines more clearly the duties of a physician to his clients, to society, and to himself. The value of punctuality, definiteness of purpose, and the exercise of sound judgment, illustrated in professional society organization and work, are not restricted in application or influence to any one department of human endeavor.

The obligations of physicians to their profession are performed, if at all, through the avenues of institutions of learning and charity, or usually in organized societies, which may include within their jurisdiction such institutions, together with other matters pertaining to the good and welfare of their collective membership and the community in which they dwell. Such a society is this, in which we all meet for individual instruction, for united action in the support of principles deemed essential in medical teaching and practice, and from whence we can speak with no uncertain voice in the public ear on questions involving the present or future health and well-being of the people.

Regarding the regular yearly work of this society, which is materialized in the various bureaus, I may be pardoned a few words. These bureaus are named in our by-laws, and comprehend nearly every department of practical medicine. Membership *here* carries with it a standing invitation to contribute papers for one or more bureaus, it being impracticable for the members of a committee to personally appeal to all. If one-fourth of our number would each year prepare even a short article on a subject in which they had given thought or had experience, what a wealth of material might appear! Especially would mutual benefits follow if therapeutic methods were given prominence and clearly defined. I venture to say there is not an active member of this body who might not write something, however brief, in leisure moments, worthy the interest of fellow members and creditable to himself or herself. Only by general and diversified literary work can our society reach its best fruition.

Of equal moment to the preparation of material for discussion at our meetings is the discussion itself. Either the papers presented at many of our sessions have been so far perfect as not to invite criticism, or it is to be feared our society is receding in the exercise of the verbal art. If papers read are above criticism, they are not above analysis and commendation, and we know from occasional experience that no lack of ability among our members prevents the full expression of views. The remedy lies in two directions—preparation for discussion of topics announced, by our members generally, and especially by the few named as leaders in debate, and, consecutive to this preparation, assured attendance at the specified meetings. With these conditions fulfilled, I am sure the discussion of medical topics would become a most important feature of our deliberations.

Beyond the strict routine work of our society there are other questions awaiting solution, and to which, sooner or later, we must give our attention. Our materia medica, with its redundant symptomatology, makes the practice of our art increasingly difficult and laborious, and has done more to drive a few of our practitioners into empiricism in the application of our remedies, and other modes of treatment than any other agency. The principles which underlie our science of therapeutics remain generally accurate and true, undisturbed by assaults from within or from without; but the practice of *pure* homœopathy is beyond doubt seriously threatened by the burdensome load of useless material now carried. The present and future good of drug therapeutics are at stake, and make action almost imperative. No one can deny that a full re-proving of drugs under control tests is desirable. But is there anything in recent experience that shows it is

practicable, except through the systematic co-operation of teaching institutions, or, in a more limited way, by special societies or committees? Such tests will be conducted, I am confident, in the near future, when facilities are at hand. A more feasible undertaking now for societies and individuals is a critical analysis of material already possessed in original form, and a refining and simplifying of our materia medica by the elimination of insignificant symptoms and useless drugs.

It is not within the scope of this address to name plans for prosecuting research in this direction, nor is it needful to do so, a method having been already formulated and published by a committee of the American Institute of Homœopathy. Whether the method referred to is the best one, remains to be determined. The importance of the subject is only pressed upon your notice now. The completion of a materia medica condensed and purified by the exclusion of repeated or valueless symptoms would further advance our art of drug treatment and confer lasting benefits on the profession of medicine. Homœopaths are fitted, and should be eager to begin and continue the labor of reconstruction in this department, a work certain to be done (in different ways, perhaps) by others if long neglected by them; for a knowledge of the action of drugs obtained by test upon the healthy has come into medicine to stay so long as these substances are used in combatting disease. I earnestly hope that a movement may be inaugurated in this society during the year which will presage material progress in both *revision* and in the *proving* of drugs.

In building up and sustaining the institutions of our school in this city this society may well double and redouble her efforts. All, without exception, might be made more efficient and attain greater prominence and usefulness through the regular and systematic influence of this body of practitioners.

New York is rapidly becoming a great medical centre. Practically to-day, with her outlying dependent habitations of people, she is in population and commercial importance the second city of the world, and in her destiny will become the first city of the globe. Schools of medicine flourish in the midst of great and growing populations, and here are being laid the foundations of institutions for teaching the science and art of medicine worthy of a prophetic future. It is an honor to know that the homœopathic schools in this city deserve well of time. They have not been followers, but leaders, in the direction of a higher standard of medical education. We, as a resident organization of homœopathic physicians, should never rest content, I be-

lieve, until all our teaching institutions occupy positions of independence, provided with every equipment and facility, not only to instruct, but to construct, to carry on original investigation in every department necessary to the advance of medicine. Then might we expect to see produced and perfected a materia medica scarcely attainable in any other way. Then might the institutions themselves become greater centres of learning for our school the world over, pregnant with blessings to human kind.

I would suggest the propriety of the committee on "Public Institutions" reporting to this society from time to time the state of our educational institutions, as well as on the more truly public institutions of charity.

The future of homœopathy is a well worn theme, which, in my judgment, concerns us less than her present state, and would not concern us directly at all at this time, were it not that our school is asked by some within our ranks, and by others without, to mortgage the name to the point of extinction, and for what? Not to sustain truth, but for the memory of tradition, when medicine was a united profession. The *plea* is that homœopathy is a stumbling-block in the path of progress—but the *proof!!!* Who among them all has given any, or who can? Homœopathy has won her place by open and honest effort, the best attainable education and training in all branches of the healing art and by a sincere adherence to principles hidden from no one. She has lived down persecution, ridicule and intolerance without exercising them towards others. She stands vindicated before the greatest and ever-present tribunal, "public opinion," and is approved and patronized by people of the best average intelligence and culture. In pursuing her consistent course homœopathy has abrogated *nothing*—nothing that any physician may claim as an inheritance from the past. Homœopathic physicians have never left the medical profession—never proposed to leave it. From the eminent expounder of the principles of "Similia" to this time, none have renounced the right or privilege to make use of principles or agents known to ancient or modern medicine. It is a source of pride rather than accusation that homœopaths make use of all reasonable means to relieve the sick, means which, properly regulated, normally contribute to health, best termed physiological (not drug) therapeutics, and at times drugs in material doses to remove original or incidental causes of disease or pain. But in the systematic employment of drugs (poisons capable of causing illness as well as of curing a disease) we have contended for the great benefit of a distinct principle, and the advantage to the sick of the administration of the least possible quantity of a drug to effect a cure.

Our school has welcomed every advance in the domain of medicine, and hence cannot be an obstruction to its onward course. Moreover, the single rule of drug selection developed and demonstrated as one of the foundation principles of homœopathy is becoming indelibly stamped (however imperfectly or under what guise) on the therapeutics of general medicine nearly the world over. The extent of this appropriation will be apparent to any one familiar with drug pathogenesis on examination of recent works on therapeutics. From this it would appear that homœopathy is in advance and *leading* the rest of the profession in this direction, and *not* in the way. At no time in the history of our school has she occupied a more honorable and independent position than to-day. Honorable in her course and in her willingness to have her verified truths become the property of the whole profession (even without credit, if that suits the morality of our friends of the majority), as has always been the case; independent in the knowledge that within her ranks are skillful general practitioners and able exponents of every specialty, and on every hand accumulated evidence of work done beyond adverse comparison.

The late Matthew Arnold, in speaking of American cities, said, with his usual British directness, that he did not like Chicago, it was "too beastly prosperous." Possibly the dislike of homœopathy in professional circles in recent years may be, in a measure, due to the prosperity and growth of her institutions, which, like the development of that Queen City of the West, "damned with faint praise" by our English philosopher, has been real and substantial, though perhaps surprising. The whole history of medicine (outside of homœopathy) stands arrayed against the stability of any distinctive principle in drug therapeutics. In the repetition of history homœopathy has for years been expected to fall, until her material prosperity scattered such hopes and expectations. Intolerance has taken off his hat to Tolerance, and now the end of homœopathy (as a name for a set of well defined principles) is sought in a union of the profession on a negative basis of agreeing to disagree.

I do not question the personal sincerity or high purpose of those who advocate a union of the profession, but I do believe that present union is neither possible nor wise. When we contemplate the incomplete work before the homœopathic school in the department of therapeutics, without which other departments of medicine could not flourish, because they could not meet the emergencies of civilized life; when we consider the attitude of the general profession—gradually extending the application of the law of similars in drug selection as (to them) an empirical discovery, seemingly ashamed to acknowl-

edge the source of its growth and ignoring the conditions necessary to its scientific application and best results, still exemplifying in practice that the laws of race and type of disease are superior to the laws of the individual as indications for treatment; when we remember that to-day the only basis for a union of the schools of medicine is by practically conceding that the differences relating to the most important and useful department (to humanity) are dead issues, to be relegated to the dusty shelves of medical history, there to remain, or to be taken down and replaced, at the pleasure of the greatest number—when we recall all these things and more, who can say that coalition under such circumstances and conditions is likely to lead to other than disappointment and a final re-separation as a natural sequence? Permanent unity of the profession is not possible without confidence and an impartial estimate of motive. These are not probable without congruity in aims and action.

Though harmonious and profitable union in organization does not appear possible in the present attitude of the two schools, it is almost imperative that there should be unity of action in certain directions. The standing and influence of this society gives weight to any action it may take concerning the general well-being of the people of our city or state. Through our committee on "Public Health" we should take cognizance of all matters of importance pertaining to localized or general sanitation, especially as they affect the habitations of the poor, who are unable to help themselves. In most instances movements to urge the need and manner of correcting such evils would be most effective if coincident and in concord with action by other organizations of physicians.

Of greater moment and more widespread interest to the public and to the profession is concerted action by the latter looking to the elevation and maintenance of a uniform legal standard of qualification to practice medicine in this State. To longer delay urging the enactment of a suitable medical law to this end not only invites greater burdens for all, but is discreditable to the profession in this, the most prominent in the family of States. Our city is not alone oppressed by pauper emigrants unfit to cope with the difficulties of existence here in the humbler walks of life; but the profession of medicine is weighted with paupers in medical knowledge from abroad, who, unable to gain entrance into the ranks of the profession in their own countries, find an easy admission here. The dangers from the continued assimilation of ignorance and weak morals into the medical body, whether from sources within the limits of our own country or from without, cannot be too strongly emphasized. Overcrowding

of the profession with unqualified persons undermines her position as a "learned profession," makes her following more a trade, and defrauds both her recipients and her votaries. Happily, the people (as is often the case) appreciate the need of reform to a greater degree than do the whole profession; and I believe there is no reasonable doubt that the law-makers who represent the will of the inhabitants of our commonwealth would place upon our statute books a suitable provision for the regulation of entrance on the practice of medicine, which was favored by the united influence and action of both schools of medicine. Our school, as representing a minority of the profession, may or may not hold the "balance of power," but it would be difficult certainly to establish a law which we could show would be likely to impair the just rights and privileges of a portion of the profession. At such times, while our efforts might prevent detrimental legislation, they would not promote advancement. Instead of action to arrest what we deem a wrong movement at its culmination, we should, I believe, endeavor to assist, at the inception of a movement we can approve, or oppose one we can but condemn. At all events, we should show our willingness to do this, and place the responsibility of accepting or rejecting our aid with the majority. The subject is fraught with such momentous results to the future of medical advancement and practice in our community that I deem it worthy of your serious consideration. I would therefore suggest the advisability of instructing our "Committee on Legislation" to employ legal advice, if needed, and to propose a conference with the representatives of our sister society of the older school, with the object of formulating a law which, if enacted, would be just to all and oppress none. It is so well known among us what the requirements of our school are, that it would be superfluous to discuss the features of any proposed law in this address. That may be safely, I believe, left to the committee.

Ladies and Gentlemen, members of this society, we inaugurate to-night another year of society work, to fulfill as best we may our duty to a profession whose range of vision contemplates the whole constitution of man from the possibility of life to the certainty of death. There can be no wider field of usefulness. There is no more honorable calling. Our opportunities are many; our time is limited. Therefore, every one should contribute to the work before us. No one realizes more than myself how inadequate are the words I have uttered on the subjects brought before you. In serving you as President for the ensuing year I know I shall have your sympathy and indulgence. I most earnestly bespeak your active co-operation.

ORIGINAL ARTICLE IN SURGERY.

OSTEO-SARCOMA—A CASE SHOWING THE GOOD RESULT OF EXCISION OF THE LOWER JAW NEARLY THREE YEARS AFTER THE OPERATION, WITH AN ILLUSTRATION.

By SIDNEY F. WILCOX, M.D.,

New York City.

CHRISTOPHER HEATH defines *Osteo-Sarcoma* and *Osteo-Chondro-Sarcoma* as terms implying "the occurrence of ossification in tumors containing sarcomatous elements, and include the cases hitherto described as 'osteoid cancer.'" (Encyclopædia of Surgery, Vol. V., p. 540.)

C. Macnamara ("Diseases of Bone," pp. 254–5) says: "In practice we find that the osteo-sarcomatous tumors often grow in, and not infrequently expand, the cancellated extremities of long bones, probably because the round cells of the medulla are most plentiful in this locality. These morbid growths may spring from the periosteum, and this structure, again, contains a great number of the round cells derived from the same source as those found in the medulla, and liable, therefore, to take on similar abnormal action.

"If we keep these ideas regarding the nature of these osteo-sarcomas steadily in view, it is by no means difficult to comprehend how it happens that they contain bone cartilage, or fibro-cellular structures in various forms and modifications, these being accidental, attending the perverted growth of the medulla. We may also, perhaps, thus comprehend the clinical history of the osteo-sarcoma; for the elements of which these tumors are composed vary according to the inherited tendency of its cells, or of their surroundings; but it is still the outcome of an altered growth in the medulla, and therefore no more infective to other structures than bone is. This leads to another practical consideration with reference to this part of our subject. "Osteo-sarcomas, as a rule, do not spread from one part of the body to another by infection or propagation; but the disease originating in a faulty condition of the fixed cells in certain elementary structures, is co-extensive with the number of cells in the body capable of originating this peculiar transformation. The affection may, therefore, be local or general. It is utterly impossible for us beforehand to form a prognosis on this point. We can, however, assert that, as a rule, there is infinitely more likelihood of a sarcoma which has grown slowly being localized to the spot in which it has formed, than one which has grown rapidly." Further on he continues: "I do not

think even rapidly growing and vascular sarcomas (generally myeloid) are usully disseminated by means of the blood to the lungs and other organs. Still it would be foolish to deny the possibility of the disease spreading in this way, especially as we know how freely the open venous sinuses of the medulla of bone take up pus and other such materials, forming, in fact, a channel through which organic particles can pass to any other part of the body, and so broken down or softening sarcoma may be carried by the circulating fluid to distant organs. Yet I have known so many instances where nothing of the kind has occurred, that I am disposed, with the evidence at present in my possession, to hold to the ideas above inculcated.

"It is obvious, therefore, that an osteo-sarcoma, unless it be a rapidly growing one, may be regarded for surgical purposes as a local disease; but it is right to err rather on the safe side in operating for the removal of such tumors. Thus, in osteo-sarcoma of the foreasm, if you cannot excise the morbid growth with a portion of the bone from which it grows, amputate in one case through the elbow, in the other through the shoulder-joint."

I have quoted at length from this high authority merely to give the clinical bearings of the subject. Not being a microscopist or histologist myself, I have not attempted to go into the minute pathological anatomy of the subject.

As I understand the matter, these sarcomas stand on the borderland between the malignant and innocent tumors, with a greater tendency to malignancy.

Accepting the opinion of Mr. Macnamara as to the local nature of the disease, the prognosis after extirpation depends entirely upon the thoroughness of its removal. The situation of the growth has much to do with this.

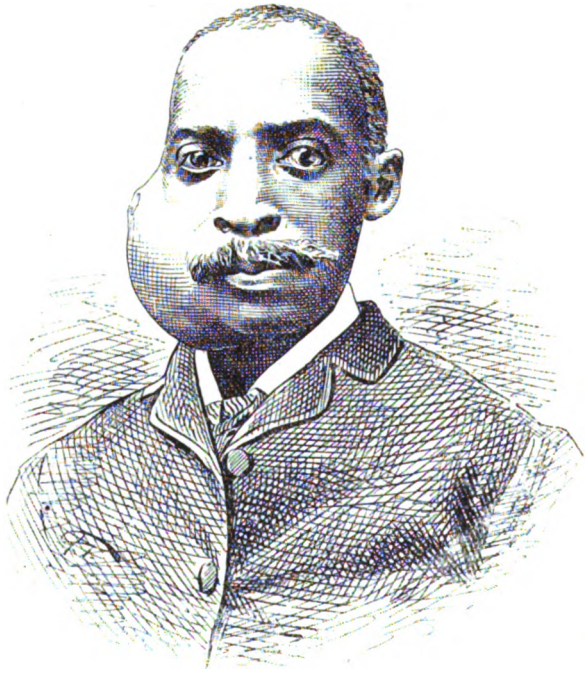
For instance, in September, 1885, I removed a large sarcoma involving the condyles and lower end of the femur by amputation through the upper half of the thigh. Although the patient was in a very much exhausted condition, and the growth of the tumor had been rapid, yet the wound healed practically by first intention, and the patient has gained in health and strength, and when last heard from, about a year afterwards, was going about apparently well and with no sign of recurrence.

The amputation of a limb is quite a different matter from the excision of the jaws for sarcomatous growths. The former is a comparatively simple operation which may be completed in a few minutes and without hemorrhage. The latter is a formidable operation, lasting from one to three hours and involving tremendous hemorrhage

from the many enlarged blood-vessels, besides the danger of wounding the large vessels of the neck when the tumor is on the lower jaw and extends for any distance downward.

The length of time required in stopping the hemorrhage allows less time for carrying out details, and then, too, the proximity to large vessels and nerves, and even the brain itself, sometimes limits the operation, so that one is likely to not so thoroughly remove the entire growth as when it is on some part which can be amputated.

Still, the great proportion, if not all, of this tissue, may be destroyed by the cautery and slough away.



One thing is surprising, and that is how comparatively little the patients seem to suffer from shock and pain after operations which look so severe. Even though the pulse becomes rapid and very weak, the patients seem to rally quickly, and do not, as a rule, seem to suffer greatly from pain.

The case which I here record had a pulse of 170 when the operation was completed.

James S——, colored. Admitted to the Hahnemann Hospital April 13th, 1886, during my term of service. Age, forty-six; oc-

cupation, janitor; birth-place, United States; married; hereditary influence, negative; habits good.

Previous diseases, none, except has had neuralgia on left side of face for several years.

History.—For several years past face has swelled on left side during winter, and gone down in summer. Eight months ago commenced to swell, with great pain; three or four months before had teeth extracted; a root was broken off and left in the jaw; face swelled rapidly. In January, 1886, commenced to discharge in mouth.

The discharge was bloody; continued until about March, when face began to swell more rapidly, and discharge became yellow, offensive and profuse. Had steady burning pain in the tumor from time of first appearance of tumor until discharge commenced. Little pain at present; health and strength greatly affected.

Physical examination.—Tumor extended upward to upper border of zygomatic and malar processes, forward to angle of mouth, downward to opposite middle of thyroid cartilage, and horizontally backward, pushing back the sterno-cleido-mastoid muscle, putting it on the stretch.

The motions of the jaw were greatly interfered with; so much so, in fact, that he was unable to take sufficient nourishment to keep up his strength.

The operation was performed at the hospital on the day after his entrance, April 14th, 1886, and required three hours for its completion.

An incision was made beginning at the middle of the lower lip, and carried down under the chin and lower surface of the tumor on a level with the thyroid cartilage, then up along the ramus of the jaw to opposite the auditory meatus, and the flap turned up.

The jaw was then sawed through at the symphysis and the muscles connecting it with that side of the tongue divided. An assistant was then obliged to hold the tongue forward, because after its attachments had been divided it showed a constant tendency to fall back into the pharynx and obstruct the breathing. With a pair of lion-jawed forceps the end of the bone was grasped and drawn outward, and the mass gradually dissected out, partly by enucleation and partly by cutting with the knife and scissors. The hemorrhage was tremendous, and a great number of enlarged vessels, including the external jugular vein, were ligated.

The only way in which the dissection could be carried on with safety was to catch up a portion of the tissue with forceps and then cut it. The jaw was disarticulated at the junction with the temporal, and the greater portion of the tumor finally removed *en masse*. A portion which extended up under the malar bone could not be easily removed by the knife, and was destroyed by the thermo-cautery.

The flap was then brought down and fastened by nineteen sutures and three hare-lip pins.

When the wound had been dressed and the patient put to bed his pulse was 170 per minute.

The following is an abstract of the hospital record:

April 14th (day of operation).—7.30 P. M. Temperature, 99⅘°; pulse, 160. Ten P. M. Temperature, 100⅘°; pulse, 136. Slept well at intervals all night. Took four ounces milk.

April 15th.—Seven A. M. Temperature, 99¼°; pulse, 125. 6.30 P. M. Temperature, 99⅘°; pulse, 120. Took nine ounces milk in all during the day. Has slept most of the day "very comfortably," and sat up in bed and assisted to wash out his mouth with calendula and water. This was done three times during the day. Much mucus (saliva) runs from his mouth. Swallows with difficulty.

April 16th.—Seven A. M. Temperature, 99⅘°; pulse, 118. Seven P. M. Temperature, 100°; pulse not recorded. Took milk in small quantities at intervals, and asked for oranges, which he sucked. He rinsed out his mouth about once in two hours. Slept comfortably at night.

April 17th.—Seven A. M. Temperature, 100⅜°; pulse, 116. Seven P. M. Temperature, 100⅛°; pulse, 117. Slept a good deal during the day. Took tea and milk in small quantities.

April 18th.—Had a comfortable night. Seven A. M. Temperature, 99⅜°; pulse, 112 Seven P. M. Temperature, 99⅕°; pulse, 104. Dressing changed.

April 19th.—Seven A. M. Temperature, 99⅜°; pulse, 112. Six P. M. Temperature, 100; pulse, 118. Beef tea, eggnogg and tea. Taken very little. Sat in a chair all day and felt comfortable.

April 20th.—Seven A. M Temperature, 98⅜°; pulse, 110. Seven P. M. Temperature, 98⅗°; pulse, 100. Only about three ounces milk and brandy taken to-day. In bed nearly all day.

April 21st.—Seven A. M. Temperature, 99°; pulse, ——. Seven P. M. Temperature, 99⅕°; pulse, 106. Has taken eggnogg and about a pint of milk. Has been up and dressed, but feels weak.

From this time he got along very well, gaining strength and subsisting on soft diet. At the end of two weeks the sutures and pins were removed, and it was found that on account of the removal of the one side of the jaw the other half had swung around towards the injured side, making a great redundancy of tissue in the lower lip. This was corrected by removing a V-shaped piece, with the base about three-fourths of an inch in width.

He reacted well from this second operation, and "ate a good supper." The patient left the hospital on May 6th, three weeks from the first operation, with both wounds entirely healed, with the exception of a small salivary fistula.

The medical treatment in this case was entirely homœopathic, not a single dose of morphia or of any other anodyne being administered.

It is now nearly three years since the above recorded operation was performed. There was, about two months after the operation, an appearance of recurrence. The face on that side became much swollen and hard, but this disappeared under such remedies as ars. jod. and calc. jod.

He is now well, with the exception of the small salivary fistula, which gives him so little trouble that he does not care to have it closed up.

He works daily at his business, which is that of engineer in one of the large up-town apartment houses, and is apparently in excellent health.

Sections from the tumor were examined microscopically by Dr. Fred. S. Fulton, who found it to be a round-celled sarcoma, and of the variety usually supposed to have a tendency to rapid recurrence. The whole tumor seems to be an expansion of the bone, it having bony walls inclosing a cavity.

I offer this case to show how much more may be accomplished by a radical operation sometimes than one would have any reason to hope.

Last year I excised nearly one-half of the lower jaw of a woman from whom I had removed an epithelioma of the tongue two years previously.

In this case the tumor was attached to the jaw, as I found afterwards on examination, but did not expand the bone, as in the other case, although the contiguous bone was diseased. This was much more malignant in character than the other case and the patient died within a few months after of recurrence in the neck and floor of the mouth. No microscopical examination was made.

NEW OPERATION IN EMPYEMA.—Subbotin, in the *Vrach*, gives an account of the operation as follows: The patient having been chloroformed, an incision was made along the seventh rib, which was then stripped of its periosteum and excised to the extent of seven or eight centimetres. An extensive opening was here made into the pleural cavity. After the pus had been evacuated, the cavity was carefully cleansed and the opening well covered with gauze, and a gauze compress applied. An incision was then made along the border of the pectoralis major, about five centimetres in length, exposing the sixth, fifth and fourth ribs, and these were cut away with forceps, the periosteum not being left, until the ribs became movable. Another incision was then made in the line of the posterior fold of the axilla, exposing the same ribs, which were again divided as before; the wounds were then sutured and dressed with gauze, a large, thick pad of the same being applied outside with a good compress bandage applied round the thorax. The upper wounds were kept from communication with the empyema. When, after a few days, the intrathoracic wound was dressed, a drainage-tube was put in. The case recovered, but three months after, there was still a small sinus which continued to discharge. The advantages claimed for this operation are: the small raw surface which is left in contact with the purulent matter, and the firm but movable portion of the thoracic wall, which can be pressed inward by bandaging, thus diminishing the size of the cavity.—*The Lancet*, Dec. 15th, 1888.

EDITORIAL DEPARTMENT.

LEGISLATION IN THE INSTITUTE.

WE would direct attention to a letter under "Correspondence," in this number, which seeks to meet the comment made in our editorial of November, 1888, entitled "Is Homœopathy a Distinctive Organization?" The writer, it will be noticed, does not touch upon the main topics of the editorial, which were, that support of homœopathy as an organization, embodying a distinctive purpose in medicine and the profession, is an essential criterion of a just definition of the term, homœopathic, as applied to journals; and, that the American Institute of Homœopathy travestied its name and its aim by declaring a journal, antagonizing both its name and its aim, to be a supporter of homœopathy, organically considered. It is evident that our correspondent showed discretion in avoiding these, the true points of the question at issue.

After attentive examination of the "access of information" given in the defense, we see no error in our statement of facts to correct except that the day upon which the action of 1888 was supposed to have been taken, was the fourth, not the fifth, or last day of the session, as we stated; but this correction, instead of detracting from the force of our statement, shows that the haste manifested is the more to be deplored. Another day remaining for fair notice to the opposition, there was no pressure for time and full opportunity for

deliberate movement. A further correction, not pointed out in the "access of information," should be noted. The official stenographer of the general sessions of the Institute was not present: the gentleman to whom the mover addressed his request was but a reporter for the press or on his own account. The meeting was without Secretary, Secretary *pro tem.*, or official stenographer, and was blindly not a meeting in the legal sense. As our correspondent practically confesses, the action was concerted, and so "snap" (to borrow a word from the mover of the previous motion which our correspondent's motion so nicely followed) that the legality of the organization of the meeting is open to the gravest question. In view of these facts and of the further fact, that the barest fraction of the Institute was present, special pleading cannot make the method of procedure appear less than worthy of blame in Seniors and ex-Presidents of the Institute, to whom the members have the right to look for example in the most scrupulously deliberative legislative method. We must reiterate that the movement, as carried on, open to the construction of being factional and in the interest of an individual Senior and journal, apparently seeking to enact for rather than to mould the intelligent opinion of a majority which would command the permanent support of members absent as well as present, hasty, ill-timed, inconsiderate of the opposition, and concerning a representative question of serious moment to the "beloved cause," whichever way decided, is open to stricture, whether regarded in the light of impulse or deliberation: granting the best of motives, it was unbecoming the high standing of ex-Presidents in the Institute.

In this connection, we beg to remind our correspondent, whom we believe to be deserving of high personal esteem, that men as members of a deliberative assembly and men as physicians and gentlemen in their private relations, should not be confounded in construing public criticism. Claiming an imputed stain upon honor as men and physicians does not appear like a legitimate inference from our remark, which dealt only with relations in the Institute. Its use by our critic may be excused as a rhetorical diversion from the point in discussion, or as the product of an imagination too excited to construe by context and general tenor of comment. We may

also remark that concocters of "snap" and "conspirators" do not exactly rank in the same category.

Upon the question of interpretation of the resolution of supposed reversal, it is only necessary to say that a resolution is to be construed, not by what it does not say, but by the language of it. The resolution, without preamble, said only that the journal should be restored to the list of homœopathic journals, nothing about the haste attributed to the action of the previous year. It was unfortunate that the mover should have omitted his real meaning, to be brought out only as an after-clap under the fire of criticism. Had it not been for the homœopathic press, the world would have gone on thinking that the Institute had vouched for the good homœopathic standing of a disintegrator of organic homœopathy, and this after it had not reported to the Institute for years and, instead of a courteous protest against an unjust ruling of the Institute, had induced the Staff of a presumably homœopathic hospital to refuse a report of its year's work as a punishment of the Institute's audacity.

Coming now to the methods of 1887, we find that our correspondent overlooks the essential issue. The conditions of 1887 were not the same as in 1888. In 1887, there had been no previous action of the Institute except through an uninstructed committee: the motion was made immediately after the report on homœopathic literature; there had not been nor was there any concerting of plans to carry it; there was no reason to suppose that it should offend any considerable minority or majority of the Institute; it stigmatized neither anything nor anybody; it was met by unanimous approval; it merely struck a journal from the list of recognized exponents of the cause; it was entirely in accord with the spirit of the resolutions adopted upon the President's address, resolutions which affirmed that the charge that "homœopathists are blameworthy for consorting under a denominational name, thus constituting a "sect," is a flimsy pretext, and an insufficient excuse for refusing to extend to them the usual courtesies of the profession." Moreover, there was enough discrimination then as there ought to be now, to see that journals and members have not the same rights before the Institute; that a journal, being impersonal and having no other existence than that of public record, is not enti-

tled to the same right of jury trial, and is presumably well enough known to be judged without a complicated process of inquiry; that being listed at the discretion of a Committee, the Institute ought to have equally ample discretion in instructing that Committee; that men as members and men as journalists are separate individualities, having no just claim in common to the same kind of consideration and treatment from the Institute. If charges had been presented against a member because of his editorial utterances, then our correspondent's demand for trial, accorded to accused members, would be logical; but, inasmuch as the journal in question is the joint organ of two men, one not a member but connected with the organized opposition to homœopathy, we fail to appreciate the sentimentality about summary dealing with "one, among others, who had been for forty years one of its staunchest members and who had battled so long and so ably for its best interests." We have no intention now to enter into a critical analysis of that member's staunchness, or to balance accounts between him and homœopathy; it is enough to say that for five years and more the description does not answer to the facts, but the extravagance may be forgiven, in the light shed upon the "real kernel" in the letter.

We must again beg to remind our critic that the question of the Institute's listing journals as homœopathic is not whether the Institute has jurisdiction over the affairs of journals, or whether it vouches for their every utterance, but whether it has *any* responsibility. The common-sense of mankind traces responsibility from agents to principals, particularly when principals definitively instruct agents; and this common-sense interpretation the Institute cannot escape, whether it claims or disclaims responsibility for its Committees. When it furnishes information, that information must be about something, and that something is about homœopathy, and it is that homœopathy which is vouched for. Journals listed are thereby entitled to claim that they are recognized, upon the authority of the Institute, as homœopathic representatives; journals not listed are not recommended to the profession and the public as exponents of the purpose and policy in homœopathic organization; the "beloved cause" is thereby relieved of the danger of being sponsor for its own misrep-

resentation. And remembering that the power of our press, both in forwarding the interests of the school and educating opinion, far transcends that of the Institute, or even of our Colleges, it is a high function of the Institute to exert its influence upon the press by the legitimate forces within its control and sphere. Those forces do not lie in censorship, properly speaking, and do not touch upon the liberty of the press; they do lie in the sphere of leading just opinion within the profession—the fountain-source of the life and power of the press. In the case in question, the practical effect of the action intended but not lawfully effected, was to bolster up the waning influence of a journal whose teaching is subversive of the future existence of the national and all other Societies of homœopathy, of homœopathic colleges, hospitals and institutions of every kind, and eventually of the principle of similars itself. In other words, the movers took a hand in averting the just fate awaiting an individual journal; not only adopted an errant and unrepentant child, for the first time, but coddled it upon the public stage to our discredit. For if it was not intended to endorse the journal, why did the companion-mover with our correspondent write a letter of sympathy to that journal, telling how far he had traveled to right a wrong, exhibiting the bars he had put up to embarrass the Institute in future proceedings, charging the "snap" upon others which he then himself employed, and assuring the editor and his public how much the mover prized his journal? And why did our correspondent hasten to report to the journal his resolution not then recorded in the proceedings of the Institute?

We trust that no apology is needed for thus dealing at length with what our critic calls legislation on an individual matter, but which was never personal until the movers of 1888 intruded the personal element into the question. Of individual matters, it may be said, that they often represent fundamental principles and the broadest lines of policy. In our judgment this is not only one of those representative questions, but the pressing topic of the time. The changing front of the antagonists of homœopathy make it of vital importance that perceptions should be clarified upon the great questions of what constitutes the essence of the "beloved cause," and how and in what spirit the cause shall be advanced. The cause is not, as we be-

lieve, the subordinate questions of dose, or potency, or dynamization, or alternation, or mixing, or whether the practitioner shall always find in his individual equipment a similar for every emergency in practice; it is certainly not the question whether the physician is the less of a physician for being homœopathic. As we understand it, the essence of the cause is the principle of similars, committed to an organic union of avowed supporters, whose duty it is to fix it in its place in medicine where it shall stand forever. This union is pushing the opposition to the wall upon the associated questions of individual liberty in practice and freedom of consultation as against the tyrannical dictation of medical societies; and now the consequences to the profession for dividing the profession is an ugly problem for them to face before the law-making power. Hence, their condescending advances in an attitude of sufferance, with the odious charge of trading upon a name upon their lips, and a disdainful smile wreathing their features while they propose to unite the profession by inducing homœopathy to prostrate itself in the dust that they may walk over its body to take possession of its emoluments. At a time when the name homœopathy is being recognized as a badge of honor; when it stands for more in therapeutics than ever in the past; when its followers are conquering a candid understanding of their motives and attainments as men and physicians; when they are getting their colleges, hospitals and institutions in which to develop their use of their distinctive principle on a broader and more scientific scale; just when we are attaining adequate means of advancing our science which, if it be true at all, has far more to discover than has yet been learned, great as the latter is, we are asked to cramp and even resign these advantages; and why? because a sect calls us a sect, and because we designate our societies and institutions by the title which expresses their leading motive and function. And when the claim made for the term "physician," as restrictively applied by our opponents, that it covers *all* methods of treatment, is not true in fact; when there is no true appreciation in their ranks of the homœopathic method as the leading principle, not only in the use, but in the discovery of the curative power in drugs; when the sole offensiveness of homœopathy lies in our opponents' offensive construction of the term, in the truth of history and the favor of the people, we are told

that we should unite the profession by disuniting ourselves. Union by obliterating homœopathy and its promoters is the motto of the old school; disunion of homœopathy by obliterating its name of honor, its self-respect and its purpose is the motto of the abettors of the old school in our own ranks. That our body should encourage these abettors to live upon our patronage while they antagonize our societies, pervert our institutions to personal uses, and wriggle before the community and the profession with double face, for the ends of personal ambition, is surely a misfortune and a monstrous folly. It is to be hoped that the gentlemen who have aided their cause through mistaking disavowal for persecution, and laxity for liberality, will after another year's deliberation attain juster conceptions of the really baleful effects of their overzealous partisanship, and right the beloved cause by placing it above all personal considerations. For we doubt not but that they truly love it, and were led into headlong methods for a deluded end by those private and personal emotions which so often incite, even the best of men, to public action for individuals in the feeling that they thereby better serve a cause.

In closing our columns, which we do now, to further controversy, we desire to say that the occasion has seemed to demand stricture to the end that attention and opinion should be focused upon the question. Our leading objects have been to point out the following evident propositions: 1) that the Senate of Seniors should be kept removed from all suspicion of concerting, either formally or informally, the politics of the Institute; 2) that legislative resolutions should not be put to vote during the meeting of their introduction, but should be made the special order of a specified time at a subsequent meeting, the proposed resolutions and time of action being bulletined; 3) that the meeting early Thursday morning, of the session of 1888, being without a recording officer either permanent or *pro tem.*, was of an informal character and has no binding force upon the Institute; 4) that the Senate of Seniors has constitutionally no jurisdiction over affairs relating to journals; 5) that principles of scientific tolerance and of loyalty to organizations should not be confounded; 6) that the Institute has some responsibility in listing journals; 7) that the word homœopathic covers support of both the distinctive science and the distinctive organization of homœopathy.

THE CORONER SYSTEM.

THE office of Coroner, at one time eminently respectable and at all times important in its medico-legal relations, in many States, for various reasons, occupies an anomalous position in the public estimation. The present system is ours by virtue of inheritance. It has been handed down from generation to generation since the time of Alfred. At first an office of repute, held only by knights and gentlemen, it gradually lost in reputation, and has but recently regained some of its former dignity. The American laws bearing on the subject are in preparation and scope, with some slight modification, practically the same as the old English code of time-honored custom. Unfortunately it has been made a political office, and the party in power too frequently bestows it as reward for services rendered the party without much regard for personal fitness or previous training. Then, too, there is in the public mind a very vague notion of the qualifications demanded by the office. A doctor who knows a little law, or a lawyer with a smattering of medicine, or a man with a medley of both medicine and legal knowledge, may each be deemed well qualified for the place. From these causes it has come to pass that for a long time the office of Coroner has been generally filled with incompetent men, and has occasioned much ridicule and many abuses. In many cases persons are selected who know nothing of either law or medicine. In most of the States the coroners, aided by a special jury, hold inquests and return verdicts. The remuneration of coroners is in the shape of fees for services rendered. This system, faulty as it is, would undoubtedly work much more satisfactorily were it not for the fact that the trail of the political serpent is over it all. The recipient of the office, receiving it as a gift from his party, views his position as a purely personal matter. He virtually denies that the public have any rights he is bound to respect. Ignoring his public obligations, he energetically busies himself to increase his fees by holding as many inquests as possible, regardless of the necessity or reasonableness of such action. The slightest pretext often serves to cause a brutal invasion of homes already sadly afflicted by death. But the Coroner, as a "practical" politician, must make his office pay

all he can by any possibility squeeze out of it. In some sections of this State the abuses have become so intolerable that measures were taken for relief from the rapacious officials. Inquests became so numerous, costly and useless that the people rebelled. Both the professions of law and medicine have protested in vain against this extraordinary and absurd condition of affairs. In a few States public sentiment has been so aroused that the coroner system has been abolished. Massachusetts in 1877 passed a summary law abolishing the office of coroner. A new office, that of "medical examiner," was created, and the number limited. These examiners are all to be medical men, and upon due notification are to view and report upon dead bodies, holding autopsies and special inquiries when needful. Under this law the expense has been greatly lessened and justice better promoted. The system seems to meet with very general approval, and has the hearty support of the medical profession. An important feature is that when necessary the public prosecutor and the primary courts take part in the proceedings. This enlists both legal and medical talent, both of which are imperatively needed in cases of moment. In Connecticut, since 1883, a lawyer is elected as coroner in each county, and a medical examiner for each town. Rhode Island has adopted a law similar to that of Massachusetts. Both of these States are well satisfied with the change from the old methods. Where the office of coroner is retained it seems clear that he should preferably belong to the legal profession. The methods of inquiry followed are in the main judicial. Medical testimony, if desired, can be furnished by medical experts. But perhaps the better way is to provide by law for the attendance of both when required. In every case a fixed salary should be substituted for the fee system now in vogue. When the amount of remuneration depends directly upon fees the result is unfortunate. Mercenary officers abuse their power, and conscientious ones are often exposed to unjust suspicion and obloquy. Finally, the office should be entirely removed from the domain of politics, and appointments should be made on the basis of fitness and needed qualifications, and not at the dictation of some party "boss." Have not homœopathic societies a duty to perform in this matter? If so, would it not be well to discharge it?

COMMENTS.

A DANGEROUS BILL.—Under this caption the *Omaha Daily Republican* of January 6th, 1889, discusses the merits of a bill prepared by a committee of the Nebraska State Medical Society for presentation to the State Legislature at the present session. In brief, this bill provides that a State Board of seven allopaths be appointed; that this Board shall examine every person commencing the practice of medicine in Nebraska; that every physician now in practice in the State shall be examined; and provided fine and imprisonment for any person who shall practice medicine in any of its branches in this State under cover of a diploma gained unlawfully. There is no attempt to conceal the real purpose of the bill. These allopathic heresy hunters, learning nothing by experience, and ignorant of medical history, defying public sentiment, propose to extinguish homœopathy in Nebraska. With a slight verbal alteration, the famous line descriptive of the Bourbon family will apply to our allopathic friends, "They never learn anything because they forget everything." It would be well for these unwisely belligerent doctors of Nebraska to read carefully Dr. St. John Roosa's recent address before the New York Academy of Medicine. We will quote one sentence: "Heresy hunting is sometimes successful, but when the regular medical profession of New York undertook the work of exterminating the followers of Hahnemann, they probably had little idea of what was before them." Says the *Republican*: "From the source from which it emanates it is apparent that the object of the bill is to exclude from the practice of medicine all who are not members of the State Medical Society, or who do not subscribe to the tenets of that particular school of practice. If this bill, as it stands, should become a law, it would work irreparable injury and injustice to a large portion of the best class of citizens and a very large proportion of the heaviest tax-payers in the State. The whole aim and object is to exclude all physicians—no matter what their qualifications may be—who are not of their so-called 'regular' school." The *Omaha Herald* says: "It seems almost incredible that such intolerance can be even suggested in the United States of America, and particularly in one of its young Western States." The *Surgical Record*, a new homœopathic bi-monthly of great promise, editorially expresses no doubt of the overwhelming defeat of the old school bill. The bill of the Homœopathic Society, which grants fair play to all, is much more likely to be passed by the Legislature.

THE WORK OF THE INSTITUTE.—The general Secretary of the American Institute of Homœopathy has issued a preliminary circular, which, while of interest to the profession at large, is more especially designed for the benefit "of bureau members and committeemen." The forty-second annual session of the Institute will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the "twin cities," St. Paul and Minneapolis, beginning Monday evening, June 24th, and continuing until Friday night, June 28th, 1889. Dr. Dudley reports that some of the bureaus have fully matured their plans

and have their work well under way, but regret that some have as yet made no sign. The suggestion that copies of papers to be read should be sent to those who are to participate in the discussion is an excellent one. Often the most valuable part of a sectional meeting is the time given to discussion. Practical points, omitted in the paper, are then given by men of wide experience, and details of treatment are fully brought out; a previous reading of the paper presented would certainly aid in giving directness and value to the debate. Every year some sectional meeting is reported by disgusted attending members as a dismal and exasperating failure. Papers few and poor; discussion absolutely nil. What is more annoying than the conviction, rudely thrust upon one at a bureau meeting, that the members of that committee have shirked their duty, and that, therefore, there is nothing of value to listen to? The dissatisfied auditor goes away with an individual consciousness that he has in some way been defrauded. And so he has. For that which was implicitly promised by the Institute has been denied. In place of the cream of medical learning he is offered skim milk, sometimes very much watered. The character of the work done by any bureau depends upon its individual members, and the value of the Institute depends upon the work of the bureaux. No man has a right to accept a place on a committee or bureau unless he expects to perform well his part. No sectional meeting is ever neglected where members have the name of doing good work. Let every bureau arouse to its full duty and be prepared in June to give its best work and thought, and let those not on committees decide now that they will attend and shape their work so they may be able to reach the Institute on the first day and remain till the last.

THE SOUTHERN ASSOCIATION.—The Louisville meeting of the Southern Society was very satisfactory. The attendance was large and a number of new members were admitted. The next meeting will be at Memphis, November, 1889. A marked feature of the session was the evening public lecture. Two evenings were given up to the general public; at the first, homœopathy was thoroughly and lucidly explained, and the second, a lecture was delivered upon "The Hygiene of the Nursery." Hitherto it has been seldom that a homœopathic organization has ever offered to instruct the laity in any way. Addresses on hygiene and kindred topics have been left to the allopaths to deliver. This blunder of the new school has not only enabled its rivals to gain a certain reputation before the public, but it has operated to deprive it of a prestige that it might easily have secured. The Southern Association has taken a wise step; one that must inevitably lead to definite and desirable results. It has set an example for all homœopathic societies to follow. It is not enough for a medical society of any weight to meet merely for mutual improvement; it must also recognize its public duties and give instruction for the general good.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

At a meeting of the Therapeutic Society, December 22d, 1888, Dr. Allen read a portion of a letter from Dr. W. T. Laird, of Watertown, N. Y.: "The symptoms in Mrs. B.'s case were as follows: *Neuralgia*, involving principally the *supra-orbital* and *infra-orbital* regions, but at times extending over the whole head. The pain was described as a heavy pressure from within outward, aggravation from motion, partial relief from hot applications, affected parts sore and very sensitive to pressure, motion of eyeballs painful, heaviness of the lids, attacks return periodically every noon and last from five to seven hours. These symptoms had persisted for two weeks, and were gradually increasing in severity in spite of *bell.*, *gelsem.*, *merc.*, *magn. phos.* and several other remedies. *Cedron.*, 3d, was given in the evening immediately after a severe attack. On the next day the pain appeared at 2 P. M., and lasted four hours, but was less severe than usual. It then disappeared permanently."

Dr. Allen had also found *cedron.* of great value in *chills and fever*, characterized by neuralgia about head and eyes, especially if the paroxysm is ushered in by severe supra or infra-orbital neuralgia.

In *chronic malarial poisoning*, characterized by jaundice, with vomiting, diarrhœa, soreness of liver, *cornus circ.* (and flor.). In India *alstonia* is used for the same condition (dysentery; also dysentery from drinking bad water).

Dr. Houghton: *Picrate of ammonia* is also used in India for these conditions. He had used it himself.

Dr. Vehslage reported a case of *nocturnal enuresis* of five years' standing in a young woman of seventeen. *Pulsatilla* was prescribed on the well known indications, and the trouble only recurred once in that week. A year afterward she said there had been no further return.

Dr. O'Connor asked for reports of the action of *sticta* in *rheumatic soreness of the palate muscles*, following severe influenza. He had used it on Dr. Dunham's indication, and sometimes with good effect. In one case *ambra* relieved. Dr. Allen added for this *wyethia*, *sanguinaria* and *nitric acid.*

Dr. Allen called attention to the effect of a remedy in changing part of the morbid condition. He had a case with frequent small evacuations, like scraped raw beef with slimy mucus, great pain and straining. At last,

after *colocynth*, the pains were lessened, but the stools became involuntary (could not get to the closet quick enough, or on attempting to urinate), the stools still remaining slimy and red. The condition was a result of taking cold. *Aloes*, 7th, acted just like castor oil—purged and griped, but changed the whole character of the stool to perfectly natural. Four doses only were taken; the patient became perfectly well, remaining only weak.

Dr. Clark had found *aloes*, 6th, to cause an aggravation in one case, while the 30th cured. In another case, *aloes*, 30th, cured without agg.

Dr. Allen has a patient who cannot take cod liver oil. Under its use she feels as though she were stepping high with every step; her head swims and she is unsteady in walking. Even when Dr. Dunham prescribed cod liver oil to this same patient years ago the effect was the same.

Dr. MacBride was reminded of the effects of *duboisia* on patients some years ago. Under its influence patient would in stepping over some slight obstacle raise the foot and leg very high. The effect was observed in a number of cases.

Dr. Allen reported the following symptoms noted after *petroselinum*: Frequent desire to urinate, great increase of urine, general excitement, extreme nervousness, as if he had been drinking, vertigo, pain in left testicle, palpitation. *Petroselinum* relieved the feeling of congestion in prostate, soreness on urinating, tension and stricture (in a case of *prostatitis*).

Binoxide of manganese, in a case of *amenorrhœa*, produced every time it was taken the feeling of a tight band about head, with throbbing through temples. Could feel it beat to touch.

Chin. sulph., 7th, given for spinal irritation, caused *vesicular eruption* on back of left hand, across fingers. Two doses do it, then cease to help back. Patient finds by experience that it is better to take doses seldom (single). The mother also gets from same remedy the same irritant effect.

Dr. Houghton: Case of *suppuration* of *middle ear*. Itching all over back, agg. at first by scratching, but the itching changed its place. *Mezer.*, 200th, cured.

Dr. Allen: Case with rheumatoid pains, with numbness in toes and fingers, amelioration in wet weather. *Nux* given steadily for some time relieved.

Dr. MacBride overcomes *spasm of accommodation* by *sulphate of duboisia*. It must be given for some time, weeks in some cases. Weak accommodation, with bleparitis, has been relieved by the same drug.

Dr. Houghton: Case of *weakness of accommodation* (premature presbyopia) cured by *pulsatilla*, 3d.

Dr. Allen: Intense congestion of pelvic viscera, heat could be felt through the clothing, delayed menstruation. Cured by *aur. mur.*

Meeting January 12th, 1889.—Dr. Houghton: *Calc. phos.* in *ear disease*. The discharge is more mucous than purulent, thus resembling *kali bich.*, but has never seen the latter cure a case of ear disease.

Child, aged five months; poorly nourished. Suppuration of middle ear, left, then right. The child was cross; discharge offensive, without any pain apparently; offensive, dark diarrhœa. The trouble came on

with teething. The child had a pinched look, and there was but little hope of raising it. *Calc. hypophosph.*, 6th, was prescribed. The discharge stopped inside of a week, and in ten weeks the child was fat and flourishing.

Dr. MacBride: Case of *middle ear disease.* Patient picked the outer ear, and *erysipelas* set up. It spread across face to other ear, then down to chin, and up to forehead, then all over head and down back to between shoulders. Temperature, 103° F. *Belladonna* was given, and on the sixth day the case was apparently well. On the third day after, patient still taking *bellad.*, picking the face set up a recurrence of the trouble, and this time there was restlessness, with dread of death. Temperature, 102.5° F. As the relapse came while the patient was still taking belladonna, it seemed foolish to continue this remedy, and as the mental symptoms were so strongly in favor of *acon.* this drug was given. The effect was immediate. The temp. went down to 96° F., and stayed there for twenty-four hours, and the erysipelas stopped at once.

Sulphate of eserine in *spasm* of the *accommodation.* V.=$\frac{20}{80}$, apparent M. $\frac{1}{8}$, with—$\frac{1}{6}$, V.=$\frac{20}{40}$. After five days' use of the eserine there was HM.=$\frac{1}{14}$.

Dr. Houghton: Case of a school-teacher, aged forty-three. Frequent urging to pass water, worse towards morning. She had a constant pressing down within the pelvis. Cured by *lil. tig.*, 3d.

Dr. MacBride: One drop of $\frac{1}{10}$th solution of *hydrobromate of hyoscyamine* dropped in one eye of an old man for iritis. In less than two minutes he became unconscious, and remained so for over an hour. On coming to he was delirious, his wanderings being of a ludicrous character. He couldn't walk home; had to stay a day in the hospital. *Duboisia, hyoscyamine* and such drugs act badly on old people. In the practice of the late Dr. Liebold a very minute quantity of the crystalline homatropine applied to the conjunctiva caused unconsciousness in a few minutes. She was so for twelve hours, the battery having to be used to bring her to.

Dr. Houghton: A small crystal of *ethylate of sodium* placed in a crack in an *epithelial growth* (epithelioma?) desiccated it, destroying the circulation. Around the base was an areola of injection, and in a few days the mass could be crumbled with the fingers. The drug thus applied is very severe in its action.

Dr. Palmer: *Tickling* in the end of *left Eustachian tube* (pharynx). Relieved by *coccus cacti*, 1st. Dr. Houghton finds *nux vom.* and *causticum* of great value in such cases.

Dr. Leal thought of *wyethia.* He remembers Dr. Hasbrouck's indication for this drug: sensation of a lump in posterior nares, usually associated with dryness.

Meeting January 19th, 1889.—Dr. Allen gave an indication from the experience of Dr. McVickar. An *orange-colored discharge* from the *nose* in severe colds, especially from right nostril, means, in Dr. McV.'s opinion, abscess of the antrum, and is cured by *puls.*, 3d. The discharge is said to smell like an old horse blanket.

Dr. O'Connor had seen in twenty-five years three or four cases of severe cold in head, in which, towards the close, there was a discharge of

lemon-colored, transparent, gelatinous substance. The mass at first came away suddenly as if from a closed cavity, and the nostril which had before this been somewhat obstructed was then free. The discharge would continue for a day or two. The only remedy producing anything similar is, as far as he knows, *lycop.*, but he has given it without effect.

Another practical experience of Dr. McVickar is the use of *iodide of iron* in *acute parenchymatous nephritis*. He, when in practice, considered it a specific, and used it in full doses.

Dr. Deschere: Case of *acute rheumatism*, with intense *hyperæsthesia*, aggravated by motion or even the idea of motion. Temperature, 104° F. Her bed felt too hard. Arnica was given without effect. Then *ferrum phos.*, 6th, in water, a dose every hour at first, cured.

Dr. Clark: A man who weighed six months ago 180 pounds has been suffering for that time with repeated vomiting of a brownish fluid, accompanied by severe pain. The aggravation was on lying down, when all he had eaten would come up, accompanied by gas, with feeling of great distress. He now weighs 136 pounds. *Lyc.* was of no service, but within the last two weeks *carbo veg.* seems to keep the symptoms away.

Dr. Allen: Case of persistent cough. Larynx, on examination, is simply congested. The cough is a short, dry hack. Aggravated when talking, when tired and in a hot room. *Nat. arsen.* was of no service. Then it was discovered that the cough was also caused by inhaling. *Bromine*, 6th, was prescribed, and the patient is nearly well.

Dr. Clark: Case of a lady who has been under many physicians in this country and in Europe without avail. For eight years, since an attack of scarlet fever, regularly every six months, there is *ulceration around* the *roots* of the *finger-nails*, which eventually fall off, and when they grow again are corrugated. There was painful soreness of the ends of the fingers—of the whole phalanx, in fact. *Arnica*, 3d and 30th, given daily for six months, cured.

Dr. Allen reported a remarkable cure by *merc.* *Chronic bronchitis*, with feeling of dryness and heat of mouth, and constipation; free, loose expectoration, aggravated at night; throat always burned; on coughing, pain from front of chest to beneath left shoulder-blade; perspiration on slightest effort. *Merc.*, 7th, cured all except the burning under sternum. Then came on salivation, and with its disappearance the case was cured.

Dr. Allen: Diarrhœa, with burning up and down descending colon, with constant desire for stool. Cured by sulphur, 7th.

Dr. Clark wants to know whether any one can confirm the symptom, "chilliness in rectum before stool," as given by Dr. Bell in his monograph on Diarrhœa. Where did the symptom originate?

Dr. Allen inquired if any one had seen injurious results from the use of vaseline externally. Dr. MacBride had known it to produce conjunctivitis when applied to the edges of the lids for blepharitis. Dr. O'Connor had seen dermatitis follow its local use, and thought that as there is now a white vaseline the makers are perhaps less careful in the manufacture of the yellow or ordinary kind.

CORRESPONDENCE.

THAT RESOLUTION OF 1888.

INDIANAPOLIS, *December 8th, 1888.*

Editors of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY:

Your editorial in the November number of the NORTH AMERICAN, entitled, "Is Homœopathy a Distinctive Organization?" is so erroneous in some of its statements, so unfair in some of its imputations, and, withal, so much in a fog concerning the true relation of the Institute to the question at issue, as to demand correction, refutation and an access of information.

In your discussion of the action of the Institute in rescinding the *Times* resolution of 1887, you said that the step was taken ill-advisedly, inconsiderately, irregularly, precipitately and by "reprehensible" methods, "unworthy of the Institute and the standing of the gentlemen who engineered the movement." These are serious charges, and cannot be allowed to pass unnoticed.

Inasmuch as I had the honor of introducing the aforesaid resolution, I crave brief, but *prominent*, space in your JOURNAL for their refutation.

After having hastily and precipitately voted in the affirmative on the *Times* resolution of 1887, without having received "preliminary notice of the action proposed to be taken," and consequently without a moment's consideration; and after having carefully reconsidered my own part therein for one whole year, witnessing the baleful effects of the said resolution to our beloved cause throughout that time, I came to the Institute in '88, determined to do all in my power to nullify the mischief of that unfortunate stampede. Accordingly, on the *fourth* (not the "*last*") day of the session, in the only hour of the day set apart for the transaction of general business, with the duly elected President in the chair and the official stenographer at his post; and after the transaction of other items of business, and after, too, having compared my views with the views of several other members of my own *grade* (for I do not belong to the Senate of Seniors), including the President himself, I offered the resolution printed in the transactions, ***which I requested the stenographer to take from my lips as offered, and which, in response to my inquiry in open meeting, he replied he had done.***

Having voted for the resolution of '87 I thought then, and still think, that I had the parliamentary and moral (?) right, under the above circumstances, to move its reconsideration in '88.

I thought then, and continue to think, that I did this in an unobjectionable way, entirely in accord with Institute and parliamentary rules, and that my honor as man and physician has not necessarily been stained thereby.

As to the part acted by the Senate of Seniors in the handling of this subject I had nothing to do. I knew nothing of their deliberations and had not heard their resolutions until they were offered in the meeting.

But I have no doubt they were conceived in a spirit of candor, and brought forward with the loyal purpose only of conserving the best interests of homœopathy.

At any rate, it is but generous to accord them—the seventeen oldest and best members of the Institute present and acting—absolute honesty of purpose, until you convict to the contrary. The "methods," then, were not "unworthy of the gentlemen who engineered the movement."

As to the absence of secretaries and other late-rising (9.30 A. M.) members of the Institute, I have little to say. If they were not present it was not because bolts had been turned to prevent them. But certainly their tardy movements should not be used as testimony to prove that honorable seniors and others—punctually at their posts in Institute work for years and decades—had acted the part of conspirators in effecting the repeal of a resolution that they deemed unwise and harmful. But enough; here we touch the only kernel there is in the case.

Did the Institute do itself credit in passing that resolution in 1887? Most assuredly not!

By that act it came down from its dignified censorship and level-headed management of national affairs, to administer upon an individual matter in a most unseemly way. If it had been clearly established that the Institute should take the *Times* into custody, then there should have been some deliberate consideration of the question at issue.

The accused should have been cited to appear before the tribunal and show cause why the proposed action should not be taken to defend itself in the trial by jury. There should have been, by the Senate of Seniors or by some competent committee appointed for the special purpose, a candid hearing of both sides, a judicial examination into the merits of the case, an able discussion of the question in all its bearings, before final action was taken. I say all this should have been carefully determined *behind the scenes*, and not on the public stage, to be blazoned the world over to our discredit. Certainly the Institute should have seriously thought of what it was about when it dealt summarily with one, among others, who had been for forty years one of its stanchest members, and who had battled so long and so ably for its best interests.

But was the Institute in its corporate capacity called upon to consider the question at all? Let us see.

So far as I can learn, the Institute has never placed the seal of its approval upon the journals, big or little, that have essayed to speak for homœopathy or upon matters pertaining thereto. It has never exercised its censorship in any way as to their fitness or unfitness as organs of the cause.

These various periodicals, good, bad and indifferent—for some of them are nothing more than college or trade circulars—have never come before the bar of the Institute, passing rigid requirements and being admitted finally to the high plane of the "list" of which we hear so much. No! there is not one of them that can in any sense be considered a child of the Institute, even by adoption.

The Institute, therefore, has no more jurisdiction over the affairs of any one of them, than it has over the utterances and movements of any one of the 10,000 physicians in this country who prefer to practice homœopathy outside its gates.

This "list" of journals, like the lists of colleges, hospitals, dispensaries, societies, clubs and practitioners of homœopathy in the United States, was made up by the chairman of the Bureau of Registration and Statistics, for purposes of information solely, and has been offered from year to year as a part of his report upon the statistics of homœopathy. Does this report, able as it is, bind the Institute to adopt, endorse or defend, or in any way become responsibe for, the actions or utterances of the things, animate or inanimate, which it tabulates? Preposterous!

It had an eye to this sort of thing and defined its position thereon very early in its career. On the 4th of June, 1857, it resolved: "That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of committees by accepting and publishing such reports with the proceedings."

Clearly the Institute did an inexpedient thing in 1887, when it so far forgot its traditional usages as to go beyond its realm to stigmatize, and, therefore, to signalize, what to very many seemed to be the apostasy of an old-time friend.

And it did itself great credit in 1888, when it showed that it had the nerve to acknowledge the previous error by resolving to rescind the action of 1887, and thereafter to *attend to its own business*, leaving outside matters to the fates that await them. By this act it did not in any sense "declare the *Times* to be homœopathic." It said nothing whatever touching the orthodoxy of the *Times*. It said that the former action was inconsiderate, hasty, and ought not to have been taken. It merely left the *Times*, without assent or dissent, where it was found when the Institute assembled in 1887. In its companion resolutions it said to all complainants: Bring your grievances forward in a proper manner and they will be rigidly and decorously attended to, without, perhaps, as much *publicity* as some might desire, but still sufficiently effective and open to answer the purpose.

O. S. RUNNELS.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

THE 32d annual meeting was held December 13th, 1888, Vice-President B. G. Clark in the chair. The Committee on Drug Proving, Dr. M. Deschere, Chairman, presented a paper on "Drug Action in the Human Organism," and a few points on "Dose and Dilution" by Dr. Henry von Musits.

Committee on Legislation, Dr. Geo. M. Dillow, Chairman, reported that it is very likely that during the coming winter an effort will be made to pass a bill providing for a single Board of State Examiners.

Dr. Roosa, in his address, advocated that the examinations for license to practice medicine should be on all branches excepting therapeutics.

Committee on Public Health, Dr. Henry Houghton, Chairman, presented a paper entitled "Lakes and Ponds of Central Park; Have they a Detrimental Influence on the Public Health?"

Dr. Schley, in opening the discussion, said: I infer from Dr. Houghton's report that some of the ponds are stagnant until the water reaches a certain height. This is particularly the case with the lake at Fifty-ninth Street. During the last few years I have had a number of patients living in apartment houses on Fifty-ninth Street and others in the immediate vicinity on Fifth Avenue. Their houses had the best of plumbing, so it would seem that the lake was responsible for most of the cases. The danger is not to those who simply ride through the park in their carriages, but to those who live in the vicinity the year round, but particularly in the spring and summer.

Dr. Houghton: When the new aqueduct is finished this difficulty will be removed, because there will be sufficient water to flush the ponds and fill the drains. In 1884 and 1885, when the work was done at the lower part of the park, the ponds were connected with the sewer on Fifty-ninth Street and the improvement has been decided. There is more or less water which is stagnant. The small ponds they are compelled to cleanse mechanically.

Dr. Clark: There is no current in the pond on the west side, but does it not empty in the one at 110th Street?

Dr. Schley: This subject was brought to my notice by a very observant patient who lives near the Fifty-ninth Street entrance. It was his custom to walk about this part of the park very frequently and in these walks struck up an acquaintance with the policemen stationed at the entrance at Fifty-ninth Street and Fifth Avenue. He noticed that after a man had served there a little time he would begin to look sick, and finally would be replaced by a new man. From him he would learn that his predecessor was laid up with intermittent fever. This experience was repeated several times. People living near the park are very prone to intermittent fever, and I think the present condition of the ponds is deleterious to the public health.

Dr. Dillow: We cannot get at the effects of the ponds until we learn whether the policemen stationed near the ponds are more affected than others stationed elsewhere in the park. It is well known that the entire region above Fifty-ninth Street is more malarious than that below this street. Green scum on the water does not necessarily indicate malarial germs.

Dr. Schley: In order to get at the question intelligently the ponds ought to be inspected. You ought to be able to see a depth of two feet at least if the water is fresh, but at these ponds it is only possible to see about three inches.

Dr. Houghton: In following out this line of inquiry it would be well to consider the sources of supply up in the country districts. The infection may come from there. While visiting Brewsters last fall, before the rainy season had set in, I noticed the reservoirs there were covered by this green scum—fresh water algæ. It is a well established fact that some of the sewerage from the villages and factories along the route empty into the Croton water supply, hence it is reasonable to suppose infection might arise in this way.

The problem of purification of tainted water supply has been studied and certain conclusions reached concerning flowing water, but the conditions are not just the same in this case.

This question was before the old school society, who came to the conclusion that the water contained less organic matter than that of any city in the world.

The population of New York will soon be most dense below Thirty-fourth Street, as it is now below Houston Street, and the authorities will have to face the same difficulty twenty-five years hence that they do to-day.

Dr. Tytler: Previous to and during 1872 we had considerable intermittent fever above the park. In 1873 sewers were put in, even in very sparsely inhabited streets, and the land drained, though the ponds remained untouched for several years afterward, but the intermittent fever was immediately arrested. I would offer the suggestion, that possibly the park lands are not properly drained, and so help to produce the malarial influence.

The Committee on Public Institutions presented a report, and later the following resolution was unanimously adopted:

Resolved, That the Secretary is hereby instructed to ascertain whether the refusal of the Medical Board of the Ward's Island Homœopathic Hospital to render a report to the American Institute of Homœopathy of the work done in that hospital during the year 1887, was in obedience to the will of the majority of the members of the Medical Board of said hospital.

The Treasurer, Dr. S. H. Vehslage, reported a balance on hand of $131.11.

Dr. A. B. Norton, Secretary in his report stated that the average attendance for the year had been 55—the largest, 116; the smallest, 28. That for three successive years the report of the Committee on Materia Medica had brought out the largest attendance of any regular meeting of the year.

The roll shows 189 active, 11 honorary and 5 corresponding members.

Thirty-nine papers were presented during the year.

The following officers were then elected: President, Dr. H. M. Dearborn; Vice-President, Dr. J. T. O'Connor; Secretary, Dr. A. B. Norton; Treasurer, Dr. C. S. Macy; Librarian, Dr. Chas. McDowell; Censors, Drs. Wilcox, Leal, Dillow, Strong and Clark.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

THE 237th regular meeting was held October 9th, 1888, President J. L. Moffat in the chair. The Bureau of Surgery, etc., H. M. Lewis, M.D., Chairman, reported.

Dr. H. D. Schenck presented a paper upon "Spasm of the Auricular Muscles." Dr. W. W. Blackman reported a case of Nephro-lithotomy, and presented the enlarged kidney and the calculi found post-mortem. Dr. H. M. Lewis presented a case of Calculi Renum, with specimens of the large calculi found in both kidneys. Dr. N. Robinson presented a paper upon "The Surgical Statistics at the Brooklyn Homœopathic Hospital for the Past Ten Years."

Dr. Jeffrey: My opinion has always been that ether, and not chloroform, is best where there is any lesion of the kidneys. I do not give chloroform when the urine is albuminous. Is Dr. Lewis' experience the reverse?

Dr. Lewis: Authorities state that ether paralyzes the kidneys, and that chloroform is much safer in these conditions, and this has been my experience. The case I just reported was beyond the help of surgery, no operation being practicable, because both kidneys were involved.

Dr. N. Robinson: The patient took the ether very quietly and without effort. Dr. Emmet first pointed out the danger of using ether in acute or chronic renal disease. Drs. Gerster, Millard and others have since ad-

vanced the same views. Chloroform is only contra-indicated by a weak heart, whether from nervous fear or any other cause.

Dr. Lewis: I made a short and simple operation for stone in the bladder on a patient a few years since, where ether was given and no urine was secreted afterward. She died in three or four days in coma from the paralysis, produced, I believe, by the ether.

Dr. Blackman: My case was given an anæsthetic I often use, composed of equal parts of chloroform and ether, with ten per cent. of alcohol added.

Dr. J. L. Moffat: Does Dr. Blackman think his case could have been saved if laparotomy had been early performed?

Dr. Blackman: An operation was refused over a year ago. His chances of recovering after a laparotomy at that time were undoubtedly good. He was then much stronger, and the kidney was smaller, so that it might possibly have been removed through the back, which was not possible at the time of the operation. There was no hectic fever to indicate suppuration at any time. His temperature was normal three days after the operation.

Dr. Lewis: In these cases it is not the stones that kill, but the suppuration and exhaustion accompanying them. In the case I reported the stone had been in the kidneys for many years probably, yet the symptoms were such that no one had ever suspected such a condition.

Dr. J. L. Moffat: Was a record made of the total solids and the specific gravity of the urine in Dr. Blackman's case? I rely very much upon these points in urinary examinations.

Dr. Blackman: The urine was normal a few days after the operation, when he passed about thirty-two ounces in twenty-four hours. The right kidney was doing all the work. The specific gravity and total solids were normal.

Dr. Jeffery: What has been the usage in regard to antiseptic treatment in the hospital?

Dr. Lewis: The matter is left to each operator, but we have gone through the whole range of antisepticism. The success of late years has not been due to Listerism. Bichloride of mercury is not used much at present, on account of its destructiveness to our instruments. Cleanliness is the only thing used.

Dr. Willis: We all agree on the necessity of cleanliness of the operator, his assistants and his instruments, and the operations of Tait and others have shown that this is the only thing necessary as regards laparotomy.

Dr. Jeffery: Much attention was paid to antiseptics in some operations I reported a few months since. Dr. Tait's position was then represented by members as directly opposed to the methods I used. I have since learned that Dr. Tait always carbolizes his instruments before operating.

Dr. Willis: This kind of antisepticism was recognized long before Listerism was thought of, and is pretty universally recognized as a safe expedient.

Dr. J. L. Moffat: True "Listerism" is not used at present, I understand. The tendency now seems to be toward asepticism rather than antisepticism.

Dr. Lewis: Our patients in the hospital die from something more tangible than germs. In most cases some of the organs are found in an advanced state of disease. Only two or three cases have died in the hospital from septicæmia.

Dr. N. Robinson: The cases I have observed at the hospital have varied so much in their results under antiseptic treatment that no reliable data can be drawn from them. Some treated with the bichloride of mercury

irrigation and thorough antiseptic dressing suppurated profusely; others did not. A boy who was badly injured by a dynamite explosion, losing both hands, seemed about to go into a collapse on the operating table, and his wounds were dressed in the quickest manner with some marine lint, that he might not die on the table. He rallied, and with this simple dressing the wounds healed by first intention. Other cases of the same kind might be cited.

RECORD OF MEDICAL PROGRESS.

DISINFECTION AND HARDENING OF RUBBER DRAINAGE-TUBES.—It is well known that rubber tubes preserved in antiseptic fluids become too soft. Dr. Javarro recommends that they be placed in concentrated sulphuric acid for five minutes, then washed in seventy-five per cent. alcohol, and afterwards kept in the usual preserving fluids. If too hard they can be readily softened by working them with the fingers.—*Centralblatt f. Chirurg.*, No. 33, 1888. O'C.

BENEFICIAL INFLUENCE OF PREGNANCY UPON THE SYMPTOMS OF BASEDOW'S DISEASE.—Souza-Leite reports, in *Progrès Médicale*, No. 35, 1888, a case of Basedow's disease in which, four years after the appearance of the first symptoms, a remarkable improvement in the cardiac manifestations and the tremor, with decided lessening of exophthalmos and of the enlarged thyroid, occurred. He considers these notable ameliorations in this disease, in which improvement is rare, to be due to the influence of pregnancy. The patient is in the sixth month. Charcot had, in 1856, called attention to the beneficial influence of pregnancy upon this disease. O'C.

INJURIES OF SPINAL CORD.—Mr. William Thorburn, in the *Brit. Med. Jour.*, of Dec. 22d, 1888, concludes, from observations on about 350 railway accidents and fifty spinal injuries, due to various causes, which he has seen, that wherever *spinal* symptoms are present some gross injury could be postulated—fracture, hæmatomyelia, meningeal hemorrhage, myelitis, meningitis or sprain with pressure on certain nerve-roots—and he has never, he says, been obliged to fall back upon the unknown "molecular" changes supposed to constitute concussion. He believes, therefore, that observation will enable us to detect many cases of imposture, in which the symptoms are irreconcilable with any definitely localizable lesion.

TOXIC SYMPTOMS OF SULPHONAL.—This new and extensively used hypnotic has some disadvantages which are now being discovered. Dr. Schotten, of Cassel, writes to *Therapeutische Monatschefte*, December, 1888, that the two most striking results of the over-action of sulphonal are, first, a condition of fatigue, objective and subjective; it comes on after several days' use of the drug, and lasts for about four days. Next, a morbilli-like exanthem, which appeared four days after stopping the drug, and with its outbreak the nervous symptoms (fatigue) disappeared. The author describes as very remarkable the similarity of the eruption to that of measles, its late appearance, and its relation in point of time to the general symptoms of intoxication, which disappeared at once on the outbreak of the eruption. It would be worth while to use the drug in a dilution in measles; it is readily soluble in alcohol, and attenuations can be thus made. O'C.

EFFECT OF GLYCERINE ON THE QUANTITY OF SECRETION POURED INTO THE VAGINA.—Dr. Herman, in a paper read before the Obstetrical Society of London (see *The Lancet*, Dec. 15th, 1888), reported the results obtained by experiments made to determine the correctness of the view that the local use of glycerine causes a flow of fluid from the vagina. The observations were made with cotton-wool plugs soaked in glycerine, and with pessaries made of gelatine and glycerine. The amount of glycerine inserted into the vagina was weighed, the discharge from the vagina was weighed, and the amount of vaginal discharge from the same patient when glycerine was not used was also ascertained by weight. The following conclusions were reached: (1) That when the secretions poured into the vagina are not abundant, the local use of glycerine increases them; (2) that when the secretions poured into the vagina are already abundant, the local use of glycerine does not increase them.

CASE OF POISONING BY VANILLA, BY DR. KAPKE, POSEN.—A family of eight members was suddenly taken sick in the early hours of morning, after retiring the evening before as well as ever. They all suffered from severe vomiting, excessive purging, spasmodic pains about navel, cool extremities and forehead, and small, slightly accelerated pulse. In all of them the cause was found in a kind of cake with vanilla sauce, of which all partook more or less heartily at supper. The poison of Vanilla lies *upon* the bean, consisting of long, white, shining, crystallized needles. They are known as vanilline or vanilla-camphor, which produce choleraic symptoms when taken in too large a dose. Small doses hydrate of chloral soon removed the pain; only a little weariness remained for a day or two. Cases of poisoning by vanilla ice are more frequently recorded, and though often ascribed to the sudden chilliness of the stomach produced by the ice, we know now better, and ascribe the dangerous symptoms to vanilla-camphor.—*Med. Centr. Zeit.*, 30, 1888. S. L.

ABSOLUTE MILK DIET IN CARDIAC DISEASES, BY DR. HOGERSTEDT, DORPAT.—The splendid results which Karell achieved in Petersburg led to its adoption in Dorpat, after the failure of the usual treatment. Let us cite one case: A woman suffering for nine years from stenosis ostii atrio-ventrical sinisto, entered the hospital in a nearly dying state. Nutrition at a low ebb, sallow, sunken features, œdema pedum, frequent and anxious respiration, liver and spleen enlarged; urine scanty, dark, specific gravity 1.026, many urates and some albumin, decubitus. All drugs and usual diet stopped. She received every two and a half hours a tablespoonful of milk, in the days following the same dose one and a half, one, one-half, one-quarter hours, so that the daily portion increased in twenty-four hours from 140 cubic metres to 1130. She received then every half hour half a cup of milk. Improvement steady, diuresis increased with cessation of albuminuria. Every trial with other food brought on aggravation. After four weeks all symptoms of disturbed compensation had disappeared, circulation more as it ought to be. Milk diet must be applied methodically, and it is of the utmost importance to begin with very small doses, and the patient must be kept strictly in bed. With rest such small doses suffice, they are digested, nourish the patient, and relieve all symptoms of stagnation.—*Wien. Med. Bl.*, 15, 1888. S. L.

ANOTHER ANTIPYRETIC.—Dr. Dreschfeld has recently reported his experience with pyrodin, a new antipyretic, whose active constituent is said to be acetylphenylhydrazin. It is a powder, slightly soluble in water, has a disagreeable taste, and causes neither nausea nor vomiting. It acts more rapidly and powerfully than antipyrin, antifebrin or phenacetin. Fever is reduced in a few hours, and the temperature remains at the lower

point for from six to eight hours. This reduction is at first followed by an increase, which is, however, replaced by a second fall, so that during twenty-four hours only one dose of the remedy is needed. The fall in temperature is accompanied by sweating, without collapse or chill having been noted, although in some cases the lowering of temperature has amounted to 7.2° F. The remedy has been of great service in pneumonia, typhus and scarlet fever; even in typhoid the antipyretic properties of the drug were evident, although here there was occasionally a slight toxic action after a few doses. Even in non-infectious inflammatory processes, such as peritonitis, the antipyretic power was exhibited. In migraine its influence is as good as that of antipyrine. Given in doses of from seven to twelve grains, pyrodin produces toxic symptoms consisting of jaundice depending upon an initial hæmoglobinæmia, as can be proven by experiments on rabbits. The dose of pyrodin is four grains in children, seven and a half to twelve grains in adults.— *Wiener Med. Wochenschrift*, No. 48.

O'C.

A NEW METHOD OF OPHTHALMOSCOPIC EXAMINATION.—Bellarminow, of St. Petersburg, in a preliminary report to *Berliner Klinische Wochenschrift*, No. 49, 1888, describes a method, of extreme simplicity, of examining the interior of the eye. The eye is first cocainized with a few drops of a two per cent. solution. A plane glass disc, with parallel surfaces, is carefully applied to the corneal surface. By capillary attraction the moisture upon the cornea spreads between the latter and the glass plate, and thus over a more or less extensive area the curvature of the cornea is neutralized. The eye is made by this means strongly hypermetropic, so that rays of light from the fundus emerge widely divergent. The eye is illuminated by day-light reflected from a plane mirror. With a dilated pupil, especially in cats and horses, the details of the fundus can be observed by diffuse day-light. At night a lamp with a reflector is sufficient, or, better, an ordinary mirror, no central aperture being necessary, as the mirror is to be held laterally from the eye of the observer. In the above way the details of the fundus can be made out at the ordinary reading distance, not only by the examiner, but also by two or three observers standing near him. The image is erect and is viewed binocularly. The enlargement of the image is not great, but this is compensated for by the large field within view. In a communication to *Therapeutische Monatschrifte*, December, 1888, Bellarminow adds: "In strongly pigmented eyes a concave mirror increases the illumination. Even after repeated examinations in this way no irritant action upon the cornea has been observed. One advantage of this method is that morbid changes in the anterior chamber and in the media of the eye can be more readily detected than by other methods.

O'C.

ON DYSPEPSIA OF NURSLINGS AND THE ETIOLOGY OF GREEN DIARRHŒA.—At the meeting of the Académie de Médicine, May 17th, Hayem remarked that, though muriatic acid is by far the best remedy in the treatment of dyspepsia of nurslings, and for their green passages, he gave it up on account of the inconstant action of that acid, and uses now lactic acid in a two per cent. solution, a teaspoonful a quarter of an hour after nursing. Such a dose is repeated five to eight times in twenty-four hours, so that the babe gets about 0.40 to 0.60 daily. Under its influence vomiting ceases, the number of stools decreases and the yellow color again prevails, and a cure is brought about in a few days. He also observed that when a child suffering from such a green diarrhœa was admitted into the hospital, a little epidemic soon made its appearance in that ward, and it was necessary to have all the soiled linen immediately removed from the ward and disinfected in a one per cent. solution of corrosive mercury.

We deal here with an infectious disease, whose agent was discovered by Hayem, and his interne, Larage, to be a morphologically and biologically well characterized bacillus. Hayem supposes that this bacillus is introduced into the stomach by the food, but under normal relation finds the soil uncongenial for its development; but as soon as the contents of the stomach are changed by the dyspepsia, the bacillus, without losing a particle of its vegetative power, can pass into the intestinal canal, where it meets a neutral or alkaline soil, favoring its development. The lactic acid, by removing the dyspepsia and acidulating the contents of the stomach, and thus destroying the bacillus, effects a cure, and is preferable to other disinfectants, as naphthaline, iodoform, sulphur, mercury and calomel.—*Wiener Med. Presse.* S. L.

WASHING OUT THE ORGANISM IN CASES OF POISONING, BY PROFESSOR C. SANGUIRICO.—It is well known that (1) all noxious or innocent bodies taken up by the organism are eliminated through the kidneys; (2) that the vascular system possesses the quality of becoming expanded by fluids injected in a quantity of about eight per cent. of the total weight of the organism, though neither local nor general changes are observed; (3) such an injection of indifferent fluids produces a considerable increase of vascular pressure, which ceases immediately when the elimination of the superfluous fluid injected into the circulation begins, which takes place through the natural channels, especially through the kidneys. Relying on these physiologico-pathological principles, I tried to find out by experiments whether fatally poisoned animals may be saved from perishing when a rapid elimination of the poison is produced by thus increasing the secretion of the kidneys. Favorable results were obtained with alcohol, strychnine, chloral-hydrate and aconitinum nitricum, but it failed with morphine, curarin and hypnon. I looked first for the minimal quantity of poison necessary to kill the animal. The fatal doses mostly stand in a certain proportion to the weight of the animal (rabbit, dog). I then poisoned the animal with a quantity slightly larger than that minimum, and injected immediately in the jugular vein a normal solution of sodium chloride (0.75 per cent.) in relation to eight per cent. of the animal, where the poison acts rapidly, as in strychnine or aconitine, or waited until the first symptoms of intoxication appeared (alcohol, chloral), when the injection was made. The results were always the same. After a shorter or longer interval copious micturition set in and the animals were saved. With the aconitinum nitricum copious micturition did not always set in, then the symptoms of poisoning kept on and the animals perished, or they recovered as soon as the scanty operation became copious. In examining the urine of the animals which were experimented upon, the poison used could always be detected. Perfect anuria was the result when the poison used was curarin, morphine and hypnon, even then when the quantity injected amounted to ten per cent. of the weight of the animal. Professor Sanguirico intends to continue these interesting experiments on animals, particularly as it might be possible to save thus also a human life.—*Centralbl. der Med. Wissenschaften.* S. L.

VALVULAR DISEASE OF THE HEART FROM OVER-STRAIN.—Professor Roy and Mr. Adami read before the Cambridge Medical Society a communication on the above subject (see *The Lancet*, Dec. 15th, 1888). The work of the heart can be considered as resulting from two factors: The pressure against which the heart contracts, and the quantity of blood thrown out in a given time; the product gives the work done stated in form of mechanical units. They increased the pressure by narrowing the aorta, and measured the increase by an accurate gauge. It was found that the degree to which the pressure could be raised varied in

different animals and with the cardiac nutrition at the time. When overstrain is thus produced, both ventricles become greatly distended; and when narrowing becomes extreme a regurgitant wave may be seen moving from the heart, at each systole, along the systemic veins. On killing the animal after such an experiment, the valves are found to present certain changes. These consist in either œdema, or ecchymoses with or without roughening of the surface of the flaps. In the mitral valve, which is most usually affected, these changes are most marked at, and, as a rule, confined to, the free margin of the cusps. In the aortic valve, the next most frequently implicated, the change is of the nature of an œdematous thickening at the insertion of the flaps into the aortic wall. As regards the amount of blood passing through the heart, it was found that wide variations of the work done by the heart result from changes in the amount of blood entering it. In the healthy dog it was shown conclusively that vessels in form of capillary loops are present only along the line of insertion of the valves, the greater portion of the flaps, as also the chordæ tendinæ, being without vascular supply. The nutrition of the valves in health is therefore dependent largely on the lymphatics. The epithelium of the valves is of two kinds. The greater part consists of flat cells, with more or less wavy outline. These differ in size at different parts of the valves and between them are to be seen "pseudo-stomata." Besides these are found on the surface of the normal valves a number of more granular cells, resembling the latter in outline, though sometimes smaller. These cells evidently correspond to those described by Ranvier and others as being situated at openings through the endothelial layer into the subjacent lymph-canalicular system. By their power of contraction and expansion they may be supposed to influence the quantity and possibly the quality of the fluid which passes them by the pseudo-stomata to carry on the nutrition of the valves. The authors conclude that the new formation of fibrous tissue in the valves of the heart as a result of overstrain, and which is the commonest cause of stenosis of the mitral and aortic orifices, ought not to be called chronic interstitial endocarditis, and suggest the term "valvular pachynsis," as being a less misleading term.

THE SYMPTOMS OF COCAINE POISONING.—The records of toxicology are of great value in studying the action of drugs notwithstanding the general character of the symptoms. The advances in neurological knowledge give new value to what were formerly considered insignificant symptoms, so that poisoning cases observed in later days are taken with greater care and become more valuable to the homœopathic therapeutist. A case of severe poisoning by cocaine is reported by Friedrich Hænel of Dresden (*Berliner Klinische Wochenschrift*, No. 44, 1888). In February of the present year a dentist made an injection of .1125 gram of cocaine into the gum of a nineteen-year-old girl of strong physique but somewhat chlorotic. She had, according to her own statement, been unable to take food for two days and had not slept for two nights on account of severe toothache. The tooth was extracted without pain and the mouth washed out, but this was done almost mechanically, for she became very pale and then went into convulsions interrupted by short remissions. Amyl nitrite was at once given by inhalation, and cold applications made to the head, but without apparent help. When seen, the patient was without consciousness and without reaction to irritants; groaning and with cyanotic countenance. The whole body, trunk and extremities, were in convulsions, with intermissions becoming more frequent and continuing longer. This condition lasted five hours. The facial muscles were not involved. The pupils were moderately dilated and without reaction. There was no exophthalmos. Skin warm and dry and the temperature taken near the

end of this stage was 100. 7 F. in the axilla. Respirations 44. After the cessation of the spasms the patient lay for two hours longer unconscious. On coming to, she was unable to stand; could only bend over; was unable to raise her arms or to grasp with her hand. There were intense photophobia, decreased sensibility of the skin, anæsthesia of the mucous membrane of the nose and mouth, complete loss of taste and smell, dryness and burning of the throat, violent choking. Pulse 132, respirations 28. Then came on cardialgia, slight at first, but excessive during the next day. With this there was retention of urine for twenty-four hours, which after the first discharge, small in amount of concentrated urine, became normal. There were sleeplessness for thirty hours and loss of appetite for four days. While the other symptoms disappeared after two or three days—only after forty hours was she able to walk and then with trembling knees—the cardialgia continued for six days. No permanent ill effects have been noticed. Except for a broken leg and slight anæmia the girl has always been well and denies positively that she has ever had convulsions. The heart and other internal organs are healthy. The menstrual condition normal.

The phenomena in this case find analogy and explanation in the results obtained by experiment on the lower animals. In the latter there have been observed disorders of sensibility increasing to general anæsthesia, loss of consciousness. Epileptiform convulsions which are of cortical origin and dependent upon vasomotor spasm and anæmia of the brain, great increase of blood pressure and accelerations of the heart's contractions, which, as Dardufy has shown, is not due to vagus paralysis, but to irritation of the accelaterator mechanism, and, further, decrease of the mucous secretion. Considerable influence upon renal activity has been noted from mere lessening of secretion to compete anuria followed by a marked increase. O'C.

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

The Clinical Record is a somewhat diminutive monthly published by W. A. Chatterton, Chicago, Ill. It will be made up entirely of selections from homœopathic literature.

HOSPITAL COLLECTIONS.—It is beyond doubt that the fund for the hospitals will be larger this year than last. This is due to banking houses and corporations increasing their subscriptions. The fund will reach between $51,000 and $52,000.

MRS. HARRISON, wife of General Benjamin Harrison, of Indiana, during the residence of her husband in Washington, was one of the directors of the National Homœopathic Hospital, and is an earnest friend of homœopathy.—*Era.*

DR. ALLEN'S HAND-BOOK.—The publishers announce that the Handbook of Materia Medica and Homœopathic Therapeutics is in the hands of the printers and will be issued next spring. This work has been under way ever since the completion of the encyclopedia and has required an unusual amount of labor. Its publication will be awaited with interest.

THE ROCHESTER HOSPITAL.—The friends of homœopathy are wide awake in Rochester. A board of lady managers has been appointed to assist the Board of Directors already chosen. These ladies and gentlemen are among the most wealthy and influential in Rochester. Quite a large sum of money has been already subscribed and the future of the hospital seems assured.

SOCIETY ITEM.—At the regular monthly meeting of the New York Society for Medico-Scientific Investigation, held Tuesday, January 8th, some papers were read a trifle out of the usual line. J. A. Browning, A.M., gave "Some Recent Observations and Conclusions in Hypnotism," and Max F. Hein, M.D., described "Hypnotism in its Relation to General Medicine."

JACKSONVILLE REMEMBERS.—The citizens of Jacksonville have presented Dr. Joseph Y. Porter, one of the volunteer physicians, a handsome testimonial in the shape of a massive and heavy gold repeater and chain. The watch was suitably inscribed, and the letter "P," encrusted with diamonds, adorned the outside. One of the charms was in the shape of a life preserver, while the bar of the chain is in the shape of an anchor. The testimonial cost over $1,000.

ANOTHER FAILURE.—The Homœopathic Aid Association, that started off with so much promise as a successful assessment insurance society, has, we learn from Dr. Duncan, been compelled to suspend. The first assessment after eighteen months of existence developed the fact that about seventy-five per cent. were members only in name. The unexpected demise of the Homœopathic Mutual Life and adverse legislation are given as the chief causes of this suspension.

ABANDONMENT OF INTUBATION.—It is stated that Professor Thiersch, of Leipzig, has given intubation in diphtheritic laryngitis a thorough trial, extending over a period of some months, but with no results, so that he has resumed his former treatment—tracheotomy—with which his percentage of recoveries is about fifty. He ascribes his lack of success, as compared with American surgeons, in the matter of intubation, to a different type of the disease, thinking that in his cases the membrane is thicker and tougher and the constitutional symptoms severer.

THE ILLINOIS ASSOCIATION.—The preliminary announcement of the Illinois Homœopathic Medical Association reflects great credit on Secretary A. B. Späch, M.D., by its neatness of form and business-like arrangement. Under the head of "Special Announcements" it is remarked that "The Bureau of Sanitary Science and Hygiene' has been given greater prominence in order of precedence. This is in accordance with the expressed opinions of members, who consider that in times past this bureau has been neglected." The Illinois Society has certainly made a commendable change, and its action in this regard may be profitably followed by many other homœopathic societies who have too long neglected this important bureau. The Society meets at Sterling, Ill., Tuesday and Wednesday, May 14th and 15th, 1889.

OBITUARY—DR. PRATT.—William Madison Pratt, M.D., aged fifty-seven, died at his residence, 699 Madison Avenue, Tuesday, January 1st, after an illness of eighteen months. Dr. Pratt was born in Fabius, Onondaga County, in 1831, and received his earlier education at Pompey Academy and at the Eclectic Institute at Hiram, Ohio. In 1854 he entered the office of Dr. Lewis McCarty, of Throopville, and in 1858 he began to

study with Dr. J. T. Evans, in this city. Graduated from the New York Medical College in 1861, he at once entered upon the practice of his profession, and since then, until his illness began, was a very active and successful practitioner. He was a member of several medical societies, was Secretary of the New York Medical Club, and Alumnus Trustee of the New York Homœopathic Medical College and Hospital. Dr. Pratt had many sterling qualities that rendered his friendship of value. His death is sincerely deplored by all who knew him. He leaves a widow, two sons and two daughters.

VISITING LISTS.—In the Orphans' Court, on Saturday last, Judge Penrose filed an adjudication in the estate of Joseph Perry, who was found dead in his home on Locust Street, from cold or starvation, in January of last year, and who left an estate valued at upwards of $80,000. The only claim against the estate presented in court was one by Dr. Joseph W. Brooks for $3,370, for medical services rendered deceased at $10 per visit. The doctor's book was offered as evidence in support of the claim, but its entries were of such a character—for instance, a figure 1 under a certain date—that they would have required testimony to explain their meaning. Upon this point Judge Penrose said: "Books of this kind, it has been repeatedly held, are not competent evidence to establish a decedent's estate, and it is time the physicians of this city found this fact out. Where both parties are alive the case is different, as the physician can then be a witness in his own behalf; but where the mouth of one party is closed in death, the law closes that of the other, also." Under all the light which the testimony threw upon this claim, Judge Furguson awarded to Dr. Brooks $400, adding that if any injustice were done Dr. Brooks by that award, he could only blame himself for not having his books in such a shape that they could be admitted in evidence.

THE WESTBORO ASYLUM.—The *Springfield Republican*, in an editorial on the work of this institution, after noticing the fact that of those admitted as patients during the first two years, less than half were for the first time taken to a hospital, while nearly 300 were taken directly to Westboro from other hospitals, says: "It is a well known fact that few recoveries occur among the chronic insane; those who have been a long time in that State are much less likely to recover than those more recently attacked. The chances were, therefore, that the new hospital would have fewer recoveries to report than several of the old ones, in proportion to the number under treatment. Yet among 750 persons under treatment up to October 1st, 1888, at Westboro, 133, or more than one-sixth, were put down as recovered; while at Danvers, among 1,500, hardly more than 140 recovered, and at Taunton, out of 1,150, only 109, and at Worcester, among 1,400, only 155. . . . In another respect the Westboro report is peculiar, the work in pathology which it details, and the operations, successful or otherwise, performed there. This new State hospital seems to be the only one in which pathological work is now made public and that in which it is pursued with the most zeal." This is a pretty good report, much too good to suit our allopathic brethren. If the Michigan homœopaths had been alive they might now have had a hospital with a report equally as good.

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ORIGINAL ARTICLES IN MEDICINE.

SECTARIANISM IN MEDICINE.*

By WILLIAM TOD HELMUTH, M.D., LL.D.

New York.

I AM a sectarian in religion; by creed a Protestant, and yet I hope a Christian.

I am a sectarian in politics; by creed a Republican, and yet I hope an American citizen.

I am a sectarian in medicine; by creed a Homœopath, and yet I hope a physician.

In religion my peculiar belief in points of doctrine and other theological minutiæ does not debar me from all the rights of christianity.

The direction of my suffrage does not prevent me from availing myself of all the privileges accorded by the Constitution to a citizen of the United States.

The manner in which I prescribe my medicines for the sick, confided to my care, does not or cannot eject me beyond the pale of the medical profession, with all that thereunto belongs.

These avowals are made without any idea of advancing personal beliefs; they are intended to be purely illustrative of conditions which surround every thinking man in the community, and because in medicine alone can be found the thaumaturgical illustration of a fanaticism which would disown a brother, *because he is sectarian.*

Sectarianism, ladies and gentlemen, is the offspring of originality, and in many cases the guardian of progress. It has cast down the idols of Paganism; it has overthrown a beautiful but heathen myth-

* Presidential Address delivered at the annual meeting of the Homœopathic Medical Society of the State of New York, Feb. 12th, 1889.

ology, and sent the sun of Christianity to brighten and redeem the world. It has made this country, in all its magnificence, what it represents to-day before the nations of the earth, and it has already begun a revolution in the medicine of the nineteenth century which is palpable to every one who can discern the signs of the times, and of which the end is not yet.

We must, however, discriminate between sectarianism and fanaticism; for, in the latter, tyranny always forms an important element, and tyranny brooks no opposition and renders argument a torment; it commands all men to bow down before its idols and would crucify every dissenting spirit.

But you are told to-day, that because the homœopathists are "*sectarian*" they can have no fellowship with the so-called regular practising physicians of this country.

Dr. Austin Flint, a man in authority, plainly says: "If the homœopathic practitioners abandon their organization and the name, provided they have received a regular medical education, there need be no restrictions in consultation, other than those belonging to other portions of the code." (*N. Y. Medical Journal*, April 7th, 1883.) Similar conditions of renunciation were demanded of the early Christians before they were cast into the arena to fight with the beasts at Ephesus. Such revocation of belief Tertullus, in his oration before Festus, would have exacted from Paul, when he was accused of belonging to the hated *sect* of the Nazarenes, and is exactly what England demanded of our colonies, when they decided to abide by the newly-formed Constitution of the United States.

It is not necessary here to refer to those early centuries when, in "Antioch the Beautiful," the name "Christian" was given to the followers of Christ, or to those troublous times later in the world's great history, when Luther defied the supremacy of the Pope by burning the papal bull before the gates of Wittemberg: nor yet again still later, when this country declared itself a free and independent nation —asserting, in the words of the great Jefferson, that "all government derives its just powers from the consent of the governed."

These are all established historical facts in the professions of theology and law. But in the profession of medicine there remains yet to be recorded the manner and the forces which combined to render the homœopaths *sectarian*—this being the great obstacle now urged against the followers of Hahnemann. To do this satisfactorily the fact must be acknowledged that at present there exists an old and a new school of medicine. The former is august, ancient and honorable, having enrolled within its archives the names of some of the

noblest and most earnest men of the times in which they lived; single-eyed and humane, walking with rectitude in the paths they believed to be true; clinging with tenacity to their traditional notions; watching with suspicious eyes the advance of any new doctrine tending to conflict with the established precepts of their school, and resenting with animosity any breakage of its written or unwritten laws. On the other hand there is a NEW SCHOOL of medicine, of which we claim to be members, and of which this Society is one of the exponents—young and energetic, that, instead of resting its practice on the traditional medicine of experience, has a scientific law to guide its therapeutics; that has been bold enough to face a storm of persecution and abuse—which, indeed, was to have been expected from its ancient and vindictive mother; and now, as our colonists of old believed in a new Constitution and declared themselves independent, fought for the principles they professed, and have acquired a recognized position among the nations of the earth; so this new school, now passing through its ordeal of trial and persecution, has acquired a status as a system of medicine which cannot be overthrown; sectarian, if you will, but honestly and honorably sectarian in every particular. Do not understand me to imply, by these words, that the homœopathic school is perfect, or that those who believe and practice according to the formula *similia similibus curantur* are by any means superior, as a class, to those who deny its verity. There exists to-day, as much bigotry and intolerance in the one school as in the other (considering the difference in age and the comparative numbers of each). There is as much jealousy and rivalry; there are proportionately as many good and bad men in the one school as in the other, simply because we are all of the stock of Adam—*human*. The difference between the schools lies here. The new school professes to follow, *whenever it is practicable*, a method of cure based upon a certain law which we claim renders its practice scientific; the old school, follows the experience of its great men, which necessarily produces a practice often successful but nevertheless variable and uncertain, for the deductions from experience differ in different minds.

It is on this account—I mean the belief in the formula of similars—that we are termed "sectarian" by the majority of physicians, who appear to forget the process by which this sectarianism, if it be such, was created, and which has now grown to such gigantic proportions that it can never be overthrown; it stands forever on the rock of truth.

Let me review a few historical truths, and you will pardon me if in doing this I draw from my own experience, giving *facts* which no

man dare gainsay, for, after all, the time has come for the production of the truth ; truth that cannot be denied, or, if denied, can readily be proven.

Thirty-five years ago the homœopathic system of medicine was considered, both by the old school and by the majority of the people, as the most rampant system of quackery and humbug in existence. A perusal of the allopathic literature of that period will amply verify the assertion. If any enterprising medical gentleman would overrun the "back numbers" of the leading medical journals of this country and of Europe of the period of which I speak, and collate the articles —contributed and editorial—which stamped in the most offensive manner everything pertaining to homœopathy, a book could be compiled that would astound the rising generation of doctors of both schools ; it would be composed of dire anathemas against the system; predictions of its immediate dissolution (forecasts of a similar character are occasionally made even now); libellous attacks upon Hahnemann and upon those who believed in his doctrine ; arithmetical calculations to show that it would require a billion of worlds like ours to make a thirtieth potency—in bulk ; outrageous mis-statements regarding the dosage question ; flaming reports of medical societies wherein were chronicled the expulsions of those members who believed in homœopathy; of actual murder attributed to members of the new school, and a host of side slurs and sneers which would render such a book interesting and humorous to us, but I am sure would be absolutely humiliating to many of the most prominent and right-minded men of the old school. In the year 1850 I began to copy from the pages of one medical journal alone—and that one the most prominent in the world at that time—the most vituperative of these articles ; I felt sure they would be of use to me if I lived. I was but a boy then, and long has the book been closed. Most of the authors who penned these rhetorical persiflages are no more (God rest their souls), but their words are still in existence ; I bring them forward at this juncture to make a first link in the chain of facts to show *why we are and who made us sectarian.* I can only introduce a few expressions from some of these articles, as time and space forbid any extensive notice. For instance, in the *London Lancet*, July, 1851, is an article entitled "*Homœopathic Wrath,*" in which an abominable story is told of "a globulist" who sold his principles for money. In the same journal, September, 1850, the editorial reads, "We are told that the *homœopathic quackery* is advancing in Spain, that the inroads of "*the homœopathic tribe*" are great. In the January number, 1851, is an article headed "*Quackery Rampant,*" in which appears the following: "The

last *monstrosity, homœopathy, the most absurd of all*, has acquired an importance, temporary as it must be for many reasons, one of the many, we regret to say, which has originated in certain *dishonest members of our own profession.* These men (homœopathists), unable from their *shallow capacities* and acquirements to fight *fairly* and to compete manfully with their brethren, have shrunk, as it were, behind the hedge and *turned assassins to obtain a livelihood.* Yet, not content with practising *a quackery, the absurdity of which has no parallel in history, these renegades* lose no opportunity in placing their daggers in the reputation of legitimate medicine. . . . But *the delusion* will fail, as all such *delusions* must; *another form of quackery* will rise, and a globulist, if in a few years such can be found, may be exhibited, as was the metallic tracter, as a curiosity."

In the same journal for January, 1851, is a communication on the London Homœopathic Hospital by one Thomas Ballard. It begins, "Sir: Observing that you invite the contribution of facts respecting *the huge system of imposture called homœopathy*," and after a lot of nonsense, ends as follows: "In case of death occurring in this institution would it not be proper that the *Coroner should inquire* whether all due means have been employed to prolong life; and if found to be otherwise, would not someone *be guilty of manslaughter, or at the least of passive murder?*" What an outrageous inuendo is here expressed.

In the same journal, November, 1850, can be found a long and vituperative article, headed *Frauds of Homœopathy*, in which we are called "*Craven Knaves*," "*Medical renegades who prostitute the title of M.D.*," "The disciples of Hahnemann, the father of homœopathic lies," who is called our "*mendacious master Hahnemann*," and abounding in such epithets as these "*the lies of homœopathy*," "*huge system of imposture*," "*the odious system of quackery*," etc., etc.

In the same journal, July, 1851, homœopathy, after being called "*Quackery*," and its upholders dubbed "*the semi-insane followers of Hahnemann*," is explained. The "*disgusting and loathesome features of globulism*" are pointed out, as well as its "*fraud and humbug.*"

In the same number of the same journal, July, 1851, is an editorial headed "The Edinburgh College of Physicians." It may be well here to remark that it was about this time that Professor Henderson, holding then the Chair of Pathology in the University of Edinburgh, espoused homœopathy, and the medical press of the country was aroused to such a pitch of frenzy that no words could be too opprobrious; no language too vile; no insinuations too base; no imputations too severe for those who believed in, or even had a ten-

dency toward homœopathy. It was, indeed, laughable to see how anger obscured the otherwise good judgment of the editorial chair. It was considered impossible that a man should continue to teach pathology, as he had most successfully for twenty-five years, after he had changed his ideas of therapeutics. The celebrated Professor Simpson then published his book entitled, "Homœopathy; its Tenets and Tendencies, Theoretical, Theological and Therapeutical" (*decidedly T. T.*), which brought forth Henderson's masterly reply, which passed through a couple of editions in as many months. Then the Edinburgh College fulminated its wrath against homœopathy; and the *Lancet*, in an editorial, ran a-muck with depreciatory and defamatory adjectives, and slanged with all its might and main everything and everybody homœopathic. Such sentences as these occur: "It is, we believe, well understood to be the purpose of the northern college to proceed against all such persons as may show themselves slow *to understand what honor and truth require of them.* . . . They will be *plainly and forcibly ejected.* Nor will those be spared who, in weak compliance with aristocratic caprice, and in order *to steal a march upon their more sturdy and honest competitors*, so far forget what is due to their *education, their position* and *their duty to their patients* as to countenance and meet in consultation *that pseudo medical tribe* who, under the *gabardine of homœopathy*, wait upon the weakness and stoop to the humors of the pampered men and women of the upper ranks of society. . . . We have in this metropolis (London), to a still greater extent than in Edinburgh, our *impostors*, and we regret to say our false brothers, who do us more injury than the *quacks*. Were the homœopaths invariably left in the difficulties into which their presumption and their *dishonesty* frequently lead them, their credit with the public would long ago have been destroyed. But when physicians of *hitherto good name consent to meet such men, and thus vouch for the propriety of their proceedings, they are vastly aided in their scandalous and nefarious trade.* . . . *The monstrous alliance* now proceeding between regulars and quacks might surely deserve the exertion of collegiate authority. What is to be done with Dr. Henderson, the homœopathic professor of pathology in the University of Edinburgh, to the *condign disgrace of the University and every other professor, be it spoken?*" "What sort of pathology does this man teach? etc., etc., etc." It is needless to carry these quotations further, or to allude to many similar occurrences in this country. I could tell of so-called "homœopathic homicides;" of the attempted wholesale expulsion of at least sixty members from one society at one time, the offending cause being nothing but a differ-

ence in therapeutic belief. I could tell even of students refusing to hear an old, eloquent and learned divine deliver a valedictory address at a public commencement, because he was known to be favorable to "the schism."

I well recollect that my preceptor, Dr. Wm. S. Helmuth, holding the Chair of Theory and Practice of Medicine in the Homœopathic Medical College of Pennsylvania, a man of high honor and a modest, though constant, student, a graduate of the University of Pennsylvania in 1822–1823, had been convinced by practical experiments upon himself of the truth of the homœopathic law, and had adopted it in his practice. Many of his friends were professors in the Medical Colleges of Philadelphia; and I remember the feelings of pain with which he would relate, day after day, the outrageous discourtesies to which he was subjected. His early associates, men he had known for years, avoided him, and he was tabooed both social and professional intercourse. I well remember that in those days there were monthly professional social gatherings, called "Wistar parties," originated by Caspar Wistar, the celebrated anatomist (and I believe they are continued to this day), which were held in high repute by the profession. The cards of invitation (I can see them now) were peculiar in their engraving. These, which I used to see frequently upon his table, stopped as if by magic, when it became known that he had become a homœopathist. In other words, he was cast out as a renegade and a miscreant.

Professional and social ostracism by the old school was the lot of every homœopathist, and from the more rabid the most odious epithets and insinuations were unsparingly applied. This animosity was carried to such an extent—in Philadelphia, at least—that the oldest and best ties of friendship were severed; and as lately in England a respectable and honest old school practitioner was turned upon by nine "regulars," and placed under the ban of excommunication, because he had dared to prescribe, according to the principles of his own school, in an institution to which were attached homœopathic practitioners, so in this country whole families were parted because a relation saw fit to call upon or was interested in a homœopathic practitioner. No homœopathist, avowed or even suspected, was allowed a place in the medical societies to which (bear in mind) *he belonged.* No homœopathist was permitted to darken the doors of a hospital; no homœopathic communication on any subject was allowed to appear in a medical journal. Nay, students, wishing to study according to the old school tenets, could not matriculate if the preceptor was *suspected* of being even tinged with the heresy.

The introductory lectures in the medical colleges in Philadelphia, where I lived at that time, sneered at us; the students jeered at us; not only thus, but were actually ashamed of being seen in company with us by any old-school doctor. They were the physicians, we the charlatans; they the regulars, we the irregulars; they the doctors, we the quacks; they the wise men, and we the fools; they the honest men, and we the knaves. I am putting this strongly, but I am telling what I know, and am telling it for a purpose. Those gentlemen who are ten years my seniors in the profession, could tell you more. A wound may heal, forgiveness may be perfect, as it is, so far as I am concerned, but the cicatrix is there; it stays till death, it cannot be forgotten, and will contract in bad weather.

Under these circumstances, what were the homœopathists to do? Were they, believing honestly in what they professed, to bow down before the majority and actually become the knaves, or the frauds their enemies represented them? Were they, believing one thing, to be dishonest enough to practice another, or were they forced, actually driven, pushed to the extremity by the cry of "no quarter," extermination and disgrace, to join themselves together—to do as did the early Christians of the catacombs, become a sect. *And so they did*, and so, through no fault of their own, do they remain to this day.

Driven then by this relentless persecution, was it wonderful that a disposition to retaliation and a complete revulsion of feeling was developed among the earlier homœopathists? was it a wonder that these old-school men—and they were all old-school men—graduated from the best colleges in America and in Europe, who had been driven to the wall because they had the courage of their convictions, when they found all colleges, hospitals, societies, journals, all the avenues of medical knowledge and medical experience, save, perhaps, individual reading, closed against them; when they discovered that men of less education and poorer qualifications sneered at them; when they, grown gray in the profession, and who had held responsible positions in the community, were snubbed by striplings, the ink on whose diplomas was scarcely dry, and the discourtesy approved by the mass of the majority, that these men fought, and fought hard—for they were no cowards—for the principles they professed? Was it wonderful, I say, that they gave too wide a range to the formula, believed too implicitly in the curability of all diseases, and were tempted to allow symptomatology to absorb all the other collateral branches of medicine—to abjure all that was good as well as bad in the old school, and, knowing from their own experience the uncertainty and changeability of its therapeutics, to cast it

out as a blot upon the escutcheon of medicine and have done with it forever? At the times of which I speak I have heard an educated homœopathic physician—a man of high honor and sensitive in the extreme—who had been stung to the quick by the social and professional scorn of his brethren, state that he considered it an actual disgrace to have in his library any allopathic literature whatever. And so, on both sides the breach between the schools widened, and so the homœopathists in the United States became *sectarian*.

How this was accomplished in this State is well told by Dr. D. B. St. John Roosa in the anniversary discourse delivered before the New York Academy of Medicine last November. Speaking of the high position occupied by medicine before the tirade against homœopathy began, he says: "But not content with its high position as recognized by the political power of the commonwealth, the medical profession undertook to repress opinion on practice as to the treatment of diseases. The heresy was not as to the ascertained facts in anatomy and physiology, it was not a question as to how the human body was constituted, as to what was the structure of the heart or liver, but as to what drugs were to be given in cases of ascertained disease, and as to what was the principle upon which they acted—heresy, in short, on subjects, however it may have been fifty years ago, *in which there is no orthodoxy now.* These new heretics were not like the Thomsonians, uneducated men, but trained in the same schools as other members of the profession in good and regular standing in the county societies and under the protection of the law. In 1842, in the pasturages of Orange County, the fight waxed so warm that the county society forbade a homœopathic physician from practising within its jurisdiction. *This fatal step caused the persecuted sect* to appeal to the Legislature, which not only deprived the county societies from preventing those to whom they objected from practising, but also allowed anybody to practice who chose to call himself a physician."

And so in this Commonwealth we became the new-school sect, in opposition to the old-school sect, and so we remain to this day. But as time passed, as the predictions (some of which I have already noted) of our downfall and decay were unrealized; as knowledge infused dignity into the new school; when epidemics of severe character tested the truth of the doctrine of Hahnemann; when the people began to observe the results of the practice; when colleges were organized and hospitals erected; periodicals issued and books published; when various legislative bodies granted charters to educational and charitable enterprises, the advanced men of the old school began to look more dispassionately into the workings of the "sec-

tarians," and the new school acknowledged the greatness and the majesty of medicine, as a whole, and that a mere knowledge of therapeutics did not constitute the entire qualifications of the practitioner.

But it was a difficult matter immediately after the heat of controversy for either side to make any advancement toward unity. It was surely the position of those who had been so vilely treated to await patiently some sort of acknowledgement of the grievous wrongs that had been done; and now it has come, only in its beginning, to be sure, slowly and imperceptibly, but certainly, nevertheless.

The arrogant assumption, the bitter invective, the bigoted intolerance, the persistent ridicule which soiled the pages of magazines that chronicled, under the same covers, the work of great men in every department of medicine, have died away; a few embers of the persecuting fire occasionally flash into an evanescent flame, but no harm is done. The old school no longer sets itself up as a mystical medical cultus, to deviate from the laws of which is death or banishment, for it has discovered that at present, at least, no orthodoxy exists in medicine; at this moment it is suffering from mental indigestion. The good old dose of medical ethics, once supposed so useful in purifying and preserving from contamination the body politic, has proved a source of continued irritation to its advanced and educated medical stomach, and symptoms both novel and strange are in a continued state of development, which indicate to the careful prognosticator, who has silently watched the evolutions which have been taking place in the medical body, that some of the old acrid and nauseating components of the ethical pill must be omitted, or that old physic will die, leaving behind two sons—*Old Code*, who was acquainted with Hippocrates, and who moves encumbered still with a coat of antiquated mail; and *New Code*, who is acquainted with Hahnemann, and who sincerely laments the injudicious persecutions showered by his elder brother upon the homœopaths.

The aspect of the times bears witness to these facts. The former so-called quackery has been raised in the estimation of a *certain portion* of the old school to a respectable position, and is acknowledged as *one* of the means by which disease may be cured. Hahnemann himself, even in the eyes of those who materially differ from his views, is ranked as one of the reformers in medicine.

Last June, Sir Wm. Stokes, in delivering the Cavendish lecture, "On the Altered Relations of Surgery to Medicine," used the following significant language in reference to the varied methods of curing disease: "I allude more particularly to the foundation and

advocacy of varied systems which prevailed at different eras, as for example, the dogmatists, eclectics, the methodists, astrologists and alchemists." Mark, if you please, in this company homœopathy is not named. At the period to which I have alluded in the early part of this address the followers of Hahnemann were classed with the astrologists and soothsayers of old. "And," continues Sir William, "in later times to *the schools* of Cullen, Brown, Broussais and Hahnemann." Surely this places the founder of homœopathy in a position and in a company to be respected. He is "quack" no more; he is the founder of a school of medicine.

Dr. St. John Roosa, in his address last November, says: "Shall we say that a medical man is unfit for professional association because he brings himself to believe that scarlatina can be checked by infinitesmal doses of belladonna, or that quinine or antipyrine will cut off typhoid fever, or that electricity will cure cataract, or sulphide of calcium will abort inflammation, any one of which opinions is resolutely held by well educated and experienced men and as firmly denied by others. *It is impossible to deal seriously with those who would drive out men from a learned profession, not because their attainments are insufficient, or their moral character defective, but because they are believed to hold erroneous notions in the Materia Medica and in Therapeutics.*" Could more liberal, upright or manly statements than these, made as they are by one of the most illustrious men in this State, be brought to convince us of the altered position of at least a portion of the old school?

Dr. Kenneth Millican, a distinguished old-school surgeon, whose stubborn refusal to be boycotted by his colleagues, gave rise to the now celebrated *odium medicum* controversy, thus writes: "When first the doctrine, or rather the therapeutic rule, 'let likes be cured by likes,' was enunciated by Hahnemann, it was received by the medical profession at large with derision and scouted as an axiomatic absurdity. . . . . But now all that is changed. We, of the *regular* profession, admit that there are individual cases where a drug which, in the healthy body, in large doses will produce certain symptoms, will in small doses cure similar symptoms arising from the disease. . . . . The difference becomes no longer one of the first principles, no longer one of kind, but one of degree, consequently there is no predetermined impossibility of an honest agreement in consultation as to the drug indicated in a given case."

Regarding this very same controversy, the London *Times* (January 20th, 1888), whose columns had been always closed to the homœopaths, after publishing the extensive correspondence of both parties, in a final editorial, which I wish I could read to you entire, says:

"We pointed out that it is a mistake to fling charges of knavery and folly, either alternatively or cumulatively, at men taught by the same teachers, trained at the same schools, and declared qualified practitioners of medicine by the same authorities as themselves. To call a man a fool, who holds exactly the same diploma as the men who abuse him, merely because he differs upon some medical subtlety which laymen are told they cannot form any opinion about, has the effect of filling the lay mind with distrust of the very certificates upon the strength of which the doctors challenge our confidence." It would be hardly fair to occupy your attention with more quotations to prove how time has changed the sentiments of many *individual gentlemen* of the old school and completely altered public opinion.

To complete these proofs, however, I must for a moment call attention to one most important fact, and that is, the recommendation of drugs homœopathic to disease in homœopathic doses, to be found in the advanced old-school text-books.

Lauder Brunton, Bartholow, Phillips, Jacobi and others make no hesitation in recommending such medicines in minute doses for certain diseases. To my mind it is of *the smallest possible import*, whether these gentlemen of the allopathic sect make acknowledgment of the sources from which they derive the knowledge of the drugs they so confidently recommend. *They* know where they got it. *We* know where they got it. It was dug from the homœopathic materia medica, "on the sly" (if I may be pardoned the expression), and the homœopathy they teach is perceptible at the first reading, explain it as they may. Let such authors appropriate for the present all they desire; we can afford it. Let them prescribe merc., cor. and colocynth for dysentery; ipecac for vomiting; pulsatilla for orchitis; nux vomica for dyspepsia; arnica for bruises; sulphide of calcium for abscess, aconite for pneumonia and bi-chloride of mercury for diphtheria.

Still more: let them have these medicines prepared in attenuated doses called "*parvules*," or triturated and moulded into tablets called "*triturates*," or done up in what are known as "*dosimetric granules*," packed in diminutive vials, arranged side by side in morocco cases, each bottle resembling each other in size, color, form and contents, to be carried in the old-school pocket, dispensed at the bedside by old school doctors, for the welfare of the old school patient. It is an improvement over the saddle bag and big bottle treatment of a past generation. It is really not only homœopathic therapeutics, but homœopathic posology as well. It extends the belief in homœopathy and the patients thank God for the change.

While these remarkable transformations have been taking place in the old school, it would be unfair to its members and to ourselves to omit mention of the singular mutations which have occurred among the homœopaths. There exists at present at least two distinct sects in the school. There are those who, while they believe implicitly in the formula *similia similibus curantur*, as covering the widest field in therapeutics, are of opinion that it cannot always be applied, first, because the materia medica is imperfect; and, second, because our knowledge of it is often insufficient; who believe that there are methods of curing disease other than the homœopathic; who consider it necessary for the physician to understand as perfectly as the short span of his life will permit the varied collateral branches of medical science; who believe the dose to be a secondary consideration and not an essential; who, while they revere Hahnemann as a scientist and a scholar and as the founder of a distinct school of medicine, do not coincide with many of his ideas; who regard the welfare of the sick and the alleviation of suffering above mere adherence to a principle, and hesitate not if they are unable to find the similimum to prescribe what best they can obtain from the experience of any other school.

There is another sect, the Hahnemann Homœopaths, who believe in the universality of the homœopathic law, and in its never-failing application; who are of opinion that it is the only law to be followed in the treatment of disease, and that all other methods must be abjured; that palliation, other than on the principle of similars, is wrong and prejudicial to the patient; who regard the question of dose as an integral part of homœopathy; who believe in the development of the medicinal or curative virtues of a drug, by trituration or succussion up to the highest possible potencies; who look with disfavor upon the alternation of remedies; and some of whom, I think not all, regard the single dose of a remedy prescribed for the totality of the symptoms sufficient to cure the ailment for which it is prescribed.

It will be seen from the above that I have endeavored, as dispassionately as I am able, to describe the general beliefs of the parties as a whole, and that that of the Hahnemann Homœopaths is vested in the master Hahnemann and all of his teachings, while that of the homœopath is vested in the formula which Hahnemann discovered. It is to the teaching and practice of the latter class that the changed attitude of the old school toward the new is chiefly to be ascribed.

Both of these sects are, no doubt, honest in their convictions, and we are bound, as fellow members of this society, to respect each other's convictions; but, after all, when we come to look minutely

into the matter, the difference between us (I belong to the *former* sect) is more in degree than in kind, save in regard to the question of dosage. The fundamental principle at the bottom is the law of similars, the one party, however, giving it a wider scope than the former. One declares that it embraces the entire field of therapeutics, while the other contends that at the present time it can only be applied to a portion thereof. So far as the principle of dosage is concerned, I am of opinion that there is no law regarding it. The question of posology must forever remain a matter of experience, judgment and skill.

There are no two temperaments exactly alike; there are no two constitutions exactly alike. One man can take a refreshing exercise which would disable another. Some articles of food are prejudicial to one person and beneficial to another, and therefore I rest content with the words of Hahnemann, and let us take them to heart. He says, on page 79 of his Organon: "The first and *sole* duty of the physician is to restore health to the sick. This is the true art of healing"; and on page 203, "The question that now suggests itself is to discover what may be the degree of minuteness of the dose best calculated to render the salutary effects intended to be produced certain and gentle, that is, to say how far the dose of a homœopathic remedy in any given case of disease ought to be reduced in order to derive from it the best possible cure." His next words are important. "It may be readily conceived that no *theoretical conjecture* will furnish an answer to this problem, and that it *is not by such means we can establish, in respect to each individual medicine, the quantity of the dose that suffices to produce the homœopathic effect and accomplish a prompt and gentle cure. No reasonings, however ingenious, will avail in this instance.* It is by *pure experiments, only, and precise observations that this object can be attained.*" . . .

Let us, therefore, have recorded for present instruction and future reference the name of the drug that cures. That is sufficient for me, and if the posological mention is distasteful to either party, let the potency be left out altogether. It is homœopathy and not posology that this society advocates, and as in the latter every man must act from his own experiments, pray allow him so to do. Let us remember, as old Epictetus says: Every matter has two handles by which it can be grasped. The homœopathist seizes one handle of the posological balloon with a grasp of iron and strives to set it free, damning the Hahnemannian because he uses the high potencies, calling him a spiritualist and an exclusionist, forgetting that the Hahnemannian has hold of the other handle, endeavoring to send the inflated bubble his own way, while he damns the rationalist, and calls him a radical and

a mongrel. And while thus they tug, they shout in chorus the lines of the *good old hymn*, with but a word of alteration,

"That dose, though all hell shall endeavor to shake,
I will never, no never, no never forsake."

Why, gentlemen, omit the dosage question entirely; let it not once be named among you. To my mind it is so small when compared to the great problems in medicine, the advances in surgery, the wide fields of bacteriology, the newly-discovered regions in gynecology and obstetrics, the improvements in our materia medica, the medico-political questions of the times and the advances in hygiene and therapeutics, that it ought not, in the state meetings, to be discussed at all. Every man after a few years' practice must decide the question as Hahnemann says—by his own experience; and so let him, and while he does so, let him allow to every other man a similar prerogative.

These are the metamorphoses which the past thirty years have brought about in the two schools of medicine, and from a careful consideration of the history of the times, I am of opinion that we must yet remain homœopaths. Until the old school of medicine allows us to exercise our own judgment in therapeutics, gives us free access to its medical societies without demanding retractions, grants us a proper position in the army and navy of our country, it still forces upon us that sectarianism which it affects to despise, and of which it is such a sad example. That some of its members, a great minority, would allow us these our proper rights I have no doubt, but that by far the greater portion would violently oppose such recognition, can easily be proven by any medical gentleman of this society, any professor in any homœopathic college, any one of you who is upon the staff of a homœopathic hospital or connected with a homœopathic journal, applying for membership to an allopathic organization of any kind. The plan was tried in New York City, and we all know the conditions of renunciation imposed.

If we relinquish homœopathy, if we shut up our hospitals, close our colleges, wipe out our journals, disband our societies, burn our books and destroy our materia medica, an affiliation may then be tolerated. I ask you, gentlemen of this society, can this be done?

It is from a knowledge of these facts that the homœopathists of this state, with such preponderance of conflicting opinion against them, and with the remains of the great antagonism still hanging heavy to the skirts of the allopathic sectarians, while there still exists in certain sections of the country sufficient bigotry, intolerance and cowardice to allow an entire medical faculty of the old school to

countenance and uphold a dastardly attack of nearly two hundred students upon one single homœopath, and his forcible ejection into the street, for no other reason than his belief in homœopathy; when the feeling runs still so strong against our school that a member of a state society rises in his place and, without remonstrance or rebuke, declares that the homœopathists are "murderers and worse than murderers," and "that every homœopath should be hung until he was dead three times." When these things still exist we cannot trust our graduates to the mercies of a single board of medical examiners, even if there be a separate examiner in therapeutics and materia medica for each school. To omit examinations on these two important factors of medical proficiency (by far the most intimately connected with the public good) would, it appears to me, nullify the object for which the board is proposed. The simplest and best method, as there are two distinct schools recognized by the legislature, is to petition for a board entirely composed of homœopathic physicians; as we have our own hospitals, colleges and societies, let us have, at least for the present, our own examining board; then all objections regarding fairness, political interests, etc., will be removed, and much unnecessary controversy avoided.

An independent examination is alway desirable; the college that fears it is the college that is conscious of its inherent weakness. As Dr. Roosa well says: If such requirements are necessary for the treatment of the paupers in hospitals, for the sailors and soldiers of the United States, why should they be withheld from the law-abiding citizen? The New York Homœopathic College for years has adopted this independent method of ascertaining the qualifications of her graduates by the appointment of a Board of Censors, composed of upright and honorable men in the profession, who are in no way connected with the institution, and are given the power to reject any candidate over the heads of the faculty, if not satisfied with his medical acquirements. These examinations by a state board should be strict, but fair, not entered upon to display the knowledge of the questioner, but to draw out the learning of the student, always remembering that the very difference of position between the two (the one assured, the other uncertain) is sufficient to rattle the brains of very well qualified young men.

In the remarks, to which you have so kindly listened, I have endeavored to point out the position of homœopathy as it stands to-day, to show that the homœopaths became sectarian through the persecution of the old school, which by this very persecution established its own sectarianism; that the violence of the opposition is in a measure sub-

siding on the one side, while momentous changes have taken place on the other, but that still renunciation of our position is as yet publicly demanded before unity can be effected, and that, therefore, until there can be a more liberal spirit manifested by our allopathic friends (enemies no more), we must continue to be a Homœopathic Society. If this is sectarianism you will readily see that it is neither dishonorable nor disgraceful. True sectarianism is compatible with the highest degree of learning; while it is firm for the preservation of its rights, it has the greatest toleration for the opinions of others. In fact, I might say that, throughout all the world, in theology and in medicine, sectarianism is "the authorized expression of doctrine, the definite intellectual expression of belief." I hold that if sectarianism had been a bar to its progress, medicine to-day would be an incongruous mass of poorly ascertained facts; for, from the time that the sons of Hippocrates founded the dogmatists, to the period when the allopathic sect forced the homœopaths to become sectarian, the history of medicine is the history of sects, all having more or less influence upon the progress of medical science; nay, more, the majority of the illustrious leaders in medicine (not surgery) whose names have descended to our own times as acknowledged fathers in medicine were sectarians.

Draco founded the *Dogmatists*, Seraphion, of Alexandria, originated the *Empirics*, while at Laodicea, Thermison divided the doctrines of the two and developed the *Methodics*. To Aretæus, of Cappadocia, the *Pneumatists* owed their origin, while through the exertions of Archigenes the *Eclectics* rose to prominence. Galen was a terrible sectarian, and Paracelsus, who burnt his books, originated the first sect of "*Chemists*." The *Humoralists* were succeeded by the *Vitalists* and the *Solidists*. Stahl, with his anima, founded the *Spiritualists*; Hoffman was a sectarian; Van Helmont was a sectarian; Boerhaave was a sectarian; Cullen, Brown and Sydenham, all founded or modified a system of their own, and consequently were sectarian. We honor their immortal names to-day. They will exist while medicine has a history.

But since Galen's time, the man who has exerted the most profound influence in the profession, whose doctrine and whose practice have left an indelible impress on the medicine of this century, whose position as a reformer, now gradually being recognized by the medical world, will yet shine refulgent among the brightest stars in the history of medicine is Samuel Hahnemann, the discoverer and the enunciator of the law "*Similia similibus curantur.*"

The area that medicine covers to-day is so immense that its contemplation alone is a matter of time and difficulty. Its tentacles extend in every direction, and draw into it, either immediately or remotely, so many abstract sciences, that the thoughtful scholar must stand amazed at the boundless realms before him. Both as a science and an art its antiquity unfolds the wisdom and learning of centuries, and its archives are ablaze with the names of the illustrious men of past and present generations. But its dignity and its beauty rest not either in the magnitude of its proportions, its antiquity or the immensity of its knowledge; above all these, and shining through the vista of the ages, shedding a benignant light over all systems, all controversies, and all schools that have existed, purifying the errors, which have been many, and illuminating the good, which has been great, is that grand catholicity of purpose which, from the time of Hippocrates to the present, has focused all its efforts upon one great object, one almost divine purpose—the relief from suffering of that being whom God created in His own image.

So long, my friends, as strong minds, minds that reason for themselves, exist in the medical, or in any other profession, there will be a difference of opinion regarding uncertain and variable points of doctrine. It has been the history of the past, it is the history of the present, and it will be the history of the future.

Unity between the schools, as they exist to-day, can never be accomplished by legislation; it can never be brought about by controversy, and still less by the abnegation of a name; but it can be developed by that high degree of knowledge, that cultivation of the mental faculties, which, in its perfection, is able to eliminate self from science and can allow each school to *freely and frankly acknowledge the good existing in the other.* Then, both possessing that unity of purpose, which has always formed an integral part of the medical profession, each will grant to the other the unrestrained right to accomplish the great end as conscience and experience may dictate; and a harmony will result, which will not only redound to the honor of the profession, but for the good of suffering humanity.

NEW MICROBE.—The Pasteur Institute claims to have discovered the bacillus which causes diphtheria. The new microbe is said to be not quite as long as the Koch bacillus, but larger, and has the extremities rounded. Its color is light gray, and it multiplies rapidly. If it be true that M. Pasteur has found the microbe of diphtheria, is he able to cure the disease any more surely or quickly?

ANTIPYRIN CLINICALLY HOMŒOPATHIC.

By W. M. DECKER, M.D.,

Kingston, N. Y.

LAST October I published a paper in THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, on "*Antipyrin Homœopathically Considered.*" That paper contained a grouping of symptoms produced on the human organism by *antipyrin*, in large doses, and from accidental provings; and it also set forth, or pointed out, the apparent sphere of the drug from a homœopathic standpoint. The paper closed with a case of coryza cured with *antipyrin* the 1c. Since that time I have been using *antipyrin* according to the rule of similars, guided by the pathogenesis above referred to, and along the lines previously indicated. I can say, that thus far the drug has worked well in homœopathic harness. In my hands it has repeatedly proved a prompt remedy in coryza, when indicated. The symptoms, which lead me to select it in coryza, are *frequent sneezing with profuse watery discharge, and burning in the nose.* In two cases the coryza was cured so promptly that the patients thought the cold had been stopped too soon, though no ill effects followed the sudden cure.

One of the cases was peculiar. The subject was a male, æt. 45. He would retire for the night in usual health, and after sleeping for an indefinite time wake up and suddenly break out in a profuse perspiration; and simultaneously a profuse coryza would appear, accompanied by almost constant sneezing, burning in the nose, and a watery discharge so profuse as to wet two or three handkerchiefs in a short time. This man was provided with *antipyrin* the 1c., and his next attack was immediately arrested by a few doses of the remedy. The above attacks were common with the patient, and, he says, his relief was unprecedented. He thought the remedy acted too quick.

I can report two cases of chronic catarrhal asthma benefited by *antipyrin.* These patients are brothers. One has catarrh of the trachea with frothy, stringy expectoration; the other has catarrh of the small bronchial tubes, with small rales, and a thick, heavy, yellow expectoration in the morning. In both the dyspnœa is worse from unusual exertion, haste, or exercise, and when the wind is north-east or south. Their breathing is easiest when the wind is north-west or west, and the most difficult when it is north-east. These cases have been much benefited by *antipyrin* in small doses—the fraction of a grain. *Antipyrin* is given for dyspnœa, on which it has a marked influence. Its influence on catarrh in the bronchial tubes may be as great as in the upper air passages; but I have not relied upon it here because of

more confidence in other remedies, and they have been given in alternation with it. These cases are still under treatment and are gradually improving.

In a case of hot-flashes, attending the menopause, *antipyrin* lessened the frequency of the flashes, but it did not cure them. The drug was given in the 1c.; had it been given higher or lower it might have acted better; but in the potency named, it served me better than several other remedies selected with considerable care.

The other day, in consultation, I saw a case of laryngismus stridulus in a lady 60 years of age. She had made desperate efforts in rescuing some children from a burning building, and the hot air and smoke which she inhaled, and the exposure in the night air of winter brought on the attack. This patient had a large goitre, and, when a child, had been subject to spasmodic croup. Her breathing was very laborious and noisy. The sawing respiration was well marked. We stood between *iodine* and *bromine* for a prescription, but selected the latter. (She had taken *aconite* and *spongia*.) Subsequently I thought of *antipyrin*, and was sorry I had not suggested it. That night a messenger came for me in great haste, and stated that she could not live until morning. I gave her *antipyrin* on sugar-tablets, one tablet every fifteen minutes, and she was promptly relieved. The next morning the attending physician was curious to know what remedy I gave that woman last night. His mind was relieved. The following day she expectorated a cast from the upper portion of the trachea, which, the attending physician said, was like the membrane of membranous croup. I did not see it. She had no fever. The woman made a prompt recovery from the time of taking the *antipyrin*.

Since treating this case I was pleased to see in THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, for January, 1889, under the head of *Record of Medical Progress*, the following: "Mr. Montague Perceval reports in the *Lancet*, November 17th, the results of the use of *antipyrin* in twenty-four cases of laryngismus stridulus. Two-grain doses were given every hour, and relief followed in every case but one, where the dose had to be raised to five grains."

I wish to call attention to the difference in the dose used in Perceval's cases and that of my own. Perceval administered two grains of *antipyrin* every hour in all of his cases except one, which received five grains every hour. My case, which was probably as severe as any that Perceval treated, was promptly relieved with attenuated doses. I medicated a two-drachm vial of sugar-tablets with a dilution of *antipyrin* equal to 3-64 of a grain to a drop, and the tablets received six or eight drops. She took one tablet every fifteen minutes,

so, that had she taken all of them, she would only have received 24-64 of a grain, or reduced, 3/8 of a grain, the total amount possible for her to take. But she was relieved before taking that amount. It seems, therefore, that *antipyrin* cures laryngismus stridulus either in attenuated or unattenuated doses. Which dose acts the most promptly I am unable to state, for I have not Perceval's cases at hand for comparison.

It is possible that grain doses of *antipyrin* may control laryngismus stridulus in a way similar to large doses of *veratrum viride* in pneumonia. The Old School give *veratrum v.* in pneumonia to check the heart's action, and so retard the circulation, and in this way the congested lungs are relieved so long as the *veratrum* controls the heart. The New School gives the same remedy, for the same disease, in minute doses (1c.), and it relieves the congestion without depressing or retarding the heart's action.

It is known that *antipyrin* in large doses greatly lessens the reflex action of the cerebro-spinal axis, and, in this way, it probably relieves laryngismus stridulus, in doses of two grains, administered every hour. But in minute doses (3-64 of a grain to a drop) it cures the same disease without suspending or impairing the cerebro-spinal function.

It is probable that *antipyrin*, in two-grain doses or more, relieves spasms wherever existing, whether in the larynx, bronchial tubes, cervix-uteri, or intestine, by its power to diminish the reflex excitability of the cerebro-spinal axis. Used in this way it ought to relieve tetanus. But when used according to the law of similars and administered in small doses, it does the same thing, at least in some of the spasmodic disorders.

I have just gotten through with a case which I was never able to diagnose satisfactorily to myself. It may have been intestinal indigestion, or spasmodic stricture of the intestine, or something else, but I treated it successfully. The patient, a lady, was æt. 80 years. She had enjoyed good health up to last summer; then was taken with severe pain in the left inferior and outer infra-scapular region. The pain came on suddenly and in paroxysms, and was relieved by pressure and rubbing. It always came in the same locality, and did not radiate or dart in any direction. It would leave as suddenly as it came. At times it was so severe as to require *morphine*. The pain was often spoken of as burning, and sometimes it was attended by a sensation as though something was passing that point. The condition of the bowels influenced the pain. It was usually worse after stool. Her bowels were irregular, but not much constipated, as a rule. The

stool was small, uniform, and about the size of the ring-finger. It was an under-size stool; color, ashy, which indicated a liver difficulty; but the size of the stool pointed to stricture. When the bowels were regular she had less pain. At one time her stools were regular and loose for a week or more, and then she was absolutely free of pain. This also pointed to stricture. The tongue was slightly coated, appetite poor, but there was no nausea or tenderness. There was more or less flatulence, but no tympanites.

As to treatment. The bowels were regulated, diet restricted, and the indicated remedies prescribed. The pain became less frequent, and not as severe as a rule; but it still continued to appear at times with severity. Her appetite returned, her tongue cleared, but the pain would not out. At this point in the case *antipyrin* was prescribed. A two-drachm vial of the dilution (before named) of *antipyrin* was placed in the hands of the patient, and she was directed to tip the vial to her tongue twice in succession every fifteen minutes whenever the pain should occur. This relieved her promptly, and thus I managed until the case was dismissed.

INOCULATION OF ERYSIPELAS AS A CURE OF CARCINOMA.

By HENRY C. JEFFERDS, M.D.,
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IN the November number of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY was published the report of a case of carcinoma of the breast which was cured by the intervention of erysipelas.

In closing this very interesting paper Dr. Mohr said: "Would one be justified in inoculating a patient suffering from cancer, where operative measures were contra-indicated, with virus of erysipelas, to bring about a possible obliteration of the neoplasm?"

This question is one of much importance, and worthy of more consideration than a mere passing notice; and since no one has ventured to offer his personal experience in similar cases, possibly because no one of the readers of this magazine has had such experience, it may be worth while to answer this question with the experience of the profession in Europe.

During the past year P. Bruns has collected and published the reports of twenty-two cases of tumors completely or partially healed by erysipelas.

These reports include cases of sarcoma, melano-sarcoma, carcinoma, epithelioma, keloid and lymphoma, which had been observed and reported by such men as Busch, Biedert, Fehleisen and Bruns.

Of five cases of sarcoma three were completely and permanently cured, while the others became much smaller, but again increased in size.

Six cases in which the diagnosis between sarcoma and carcinoma was not made, and three cases of epithelial carcinoma, decreased in size, but again increased.

Two cases of cicatricial keloid and one of lymphoma were completely cured.

In these cases the infection of erysipelas was accidental, but Fehleisen inoculated five cases with partial success.

Unfortunately I have the full report of only one of these twenty-two cases, but this report is so complete and so conclusive an answer to Dr. Mohr's question that it is well worth a careful study.

This report, which was made in 1884 by O. Janicke, the experimenter, and by A. Neisser, who made the microscopic examination, is of a woman forty years of age, who, from a previous condition of excellent health, developed a rapidly growing carcinoma of the left breast, which was removed in October, 1882.

Two months later there was a recurrence of the tumor, which grew with great rapidity, and was so diffuse, involving both pectoral and axillary regions, that removal was impossible.

In April the pain was excessive, and the growth became so extensive that in the axilla and on the arm from the clavicle to the sulcus of the biceps, the vessels and nerves were exposed.

Inoculation of erysipelas was determined upon, and some of the poison, cultivated in the usual way upon gelatine, was obtained.

On the 20th of May the skin above the carcinoma was scarified horizontally and vertically to the extent of four centimeters, and a bit of the poison as large as the head of a pin was rubbed on with the fingers.

On the evening of that day, seven hours after the inoculation, there was a chill, and the temperature rose to 104.3°

On the morning of the 21st the erysipelas covered the whole of the left pectoral region; temperature 105.1°; pulse rapid but strong; subjective condition bad; the infected part painful.

On the evening of that day the redness had extended to the right breast, the left axilla and shoulder; temperature 105.8°; pulse 116.

On the 21st, 22d and 23d the erysipelas extended rapidly to the whole of the left and half of the right arm, to both breasts, to the abdomen, over the neck and over part of the back. The temperature did not go below 104.7° and the pulse was above 120, being weak and irregular after the evening of the second day.

At the end of the fourth day there was collapse without the intervention of any other complication, followed by death, which was due to acute degeneration of the heart muscles, and not to constitutional weakness brought on by the cancer, for prior to the inoculation the general condition of the patient was very good and free from cancerous cachexia.

The changes which took place in the cancer during these four days were quite remarkable and of great interest.

As early as the second day a nodule the size of a hazelnut, which was below the clavicle, and probably belonged to a lymphatic gland, became softer and smaller, and on the fourth day had entirely disappeared.

A decrease in the whole carcinomatous growth could be recognized, the enormous hard mass became softer, and at the circumference the skin, which had previously been tightly stretched, could be laid in folds.

The post-mortem examination showed, in the places where there had been nodules, a layer of connective tissue infiltrated with serum. Cuts through the cancer to the ribs showed that the tissue was enormously infiltrated with serum, and correspondingly softened. In no part could pus or anything like it be found.

In concluding his part of the report Jänicke calls attention to the danger arising from erysipelas inoculation, and says: "Perhaps it is possible to produce inoculation, by means of a modified erysipelascoccus, like that which the erysipelas of rabbits provides, which is less severe in its action but yet powerful enough for the purpose."

Neisser's report of his microscopic examination is accompanied by three illustrations of sections of the tumor, and shows beyond a doubt the kind of tumor and the influence which the erysipelas had upon it.

The growth was a typical case of what is usually called a hard carcinoma, connective tissue cancer, or scirrhus,

A section was stained with Bismarck brown, and in those parts where there were fewest cancer-nests, and in which these nests appeared irregularly formed and much broken up, there could be seen, under a low power objective, very strongly colored dark-brown stripes and masses, whose position corresponded to the broad bands of connective tissue about the cancer-nests.

With low and medium power objectives were seen the very small but sharply defined round divisions of these stripes and masses, which divided into ramifications composed of the small points, and stretched out into the cancer mass in branches continually becoming smaller, till they were mere threads of points.

Near these dark colored stripes and masses, which have just been described, were those parts of the tumor in which the cancer-nests either could not be clearly seen or had entirely disappeared, but in which the peculiar formation of the broad bands of connective tissue, which seemed interwoven with each other, showed that here the cancer-nests, which originally existed, had disappeared from the spaces made by the connective tissue fibres.

Here and there were still plain signs of this previous tumor formation.

There were a few lymph corpuscles between the connective tissue fibres.

Another section was stained with Loeffler's methyl-blue, and examined under a high power objective, with oil immersion and diffuse light. By these means all those masses and stripes with ramifications which under lower powers were seen in large quantities, proved to be long rows of moderately large, sharply defined and deeply colored cocci, twining about one another in sinuous lines. Each mass of cocci was determined to be one long string of cocci twined in and out upon itself like a tangle of thread.

From the larger masses, which corresponded in position to the connective tissue fibres, fine threads pushed out on all sides into the cancer-nests, and it was plainly seen how the cocci first insinuated themselves between the cells and then twined about them until small masses were formed absolutely identical in size and position with the cancer cells.

The question as to whether or not the cocci lay in the cells or upon them could not be answered, nor was it possible to accurately determine the exact changes which had taken place in the cancer cells under the influence of the cocci.

The cells seemed paler and less distinctly outlined from each other, nor were they stained as plainly, so that perhaps the change is one of death by coagulation.

As to the micrococci themselves, they were of medium size and arranged like a chain twining upon itself, and in no place forming masses, except as this twining arrangement simulated a mass. In these chains the distance between the cocci was not always the same, in some places two being joined together so as to appear like a double coccus.

These facts showed most conclusively the invasion of the carcinoma by the micrococci, which first passed along the bands of connective tissue, then branched into the cancer-nests, and finally were propagated on the cancer cells themselves.

It was seen that the cancer-nests disappeared gradually corresponding to the extention of the micrococci, and that, too, without inflammatory change in the connective tissue, but through the direct action of the cocci in the nests.

As to the nature of the micrococci, they were undoubtedly erysipelas-cocci, corresponding in size and arrangement to the latest descriptions of Koch and Fehleisen, and, moreover, the clinical history showed an undoubted case of erysipelas.

In conclusion, Neisser uses this very pertinent sentence: "This case, on the one hand, teaches the danger of erysipelas inoculation, and on the other hand proves that without doubt cure of carcinoma is possible through erysipelas; for we saw the cancer-nests and cancer cells being destroyed by the erysipelas-cocci."

THE METHOD OF PASTEUR, OR ISOPATHY RE-INTRODUCED IN A NEW FORM.

By DR. BOJANUS, JR.,

Moscow, Russia.

(His own translation.)

Concluded from page 75.

LET us consider now the different conditions under which hydrophobia develops in man and animals, observed by different men of science whose testimony is worthy of faith.*

Madness is a disease peculiar to animals of the canine race—dogs, wolves, foxes, hyenas, jackals, cats, panthers and marders—but it may also pass over to horses, horn-cattle, goats, pigs, guinea-pigs, rabbits, antelopes. It consists in a functional derangement of the central nervous system without any evident anatomical alterations, and differs from other similar diseases by its *protracted* and varied periods of incubation (p. 506).

The period of incubation for mankind is different.

According to Hamilton and Thamayn:

In six per cent. of all the cases, thirteen to eighteen days.

In sixty per cent. of all the cases, eighteen to sixty days.

In thirty-four per cent. of all the cases, more than sixty days.

A period of less than fourteen days is very unusual; periods from three to six months are very frequent; periods of two or more years are extremely rare; those that are said to have lasted five to seven,

*Ziemssen: Handbuch der speciellen Pathologie und Therapie, Vol. III. Canine Madness, by Bollinger.

and even ten to twelve, years, are very dubious. As to the sex, women are less inclined to take the disease than men. For forty per cent. of women there are sixty per cent. men. The disposition to catch the infection varies according to age; by the report of Thamayn, out of 195 patients there were:

From the age of three to five—twelve.
" " " five to ten—twenty-seven.
" " " ten to twenty—sixty-two.
" " " twenty to forty—forty-nine.
" " " forty to sixty—thirty-six.
" " " sixty and more—nine.

The period of incubation for dogs is also different; in most cases it lasts from three to five weeks; periods from six to eight days are very rare. Haubner says that the disease breaks out in eighty-three cases out of a hundred, during a period of three months; there is but one per cent. of cases appearing after four months; the longest period observed has been eight months. The period of incubation for other domestic animals is two, five, seven, ten weeks, and even from nine to fifteen months. In an article published by Ph. Bauer, "About the Period of Incubation for Mankind in Hydrophobia," we find the latest statistics upon the subject.* The author mentions 537 cases where the period of incubation was known for certain; he excludes ten dubious cases and seven which appeared uncertain, as the period of incubation had lasted more than one year and a quarter; he discusses the remaining 510 cases, and shows the connection of the period of incubation with the age and sex of the patients, the locality of the wound, the species of rabid animal, and the treatment of the wound; he even went so far as to seek for a connection between the period of incubation and the term of the disease.

For the 510 cases the average for the period of incubation has been seventy-two days; in reference to sex, for 288 male patients, an average of eighty days; for eighty-seven females, an average of sixty-five days. In reference to age, fifty-seven days for 120 patients aged from two to fourteen, 77.5 days for 182 patients aged from fifteen to forty, seventy days for forty-five patients aged from fifty-one to seventy-eight. Bouley has also observed a period of incubation of forty-four days in 166 cases, where the patients were under twenty and seventy-five days for persons above twenty. The striking difference in the period of incubation according to the age of the patients may perhaps be explained by the locality of the wound, as children

* Ueber die Incubationsdauer der Wuthkrankheit bei den Menschen. Münchener Mediz. Wochenschrift, 1886. No. 36.

are mostly bitten in the face. The period of incubation for wounds in the head is fifty-five days; for the superior extremities, 81.5 days; for the lower extremities, seventy-four days. The author refers to the observations of Bollinger concerning the degree of danger, according to the different localities injured by a mad animal. The mortal issue for wounds in the face is ninety per cent.; hands, sixty-three per cent.; lower limbs, twenty-eight per cent.; upper limbs, hands excluded, twenty per cent. The danger is always heightened when the injured part of the body has been uncovered.

The species to which the rabid animal belongs is equally of great importance as to the length of the period of incubation; the average period after the bite of mad wolves is thirty-nine days, after the bite of mad dogs seventy-three and a half days, and that of cats eighty. The author has not succeeded in discovering whether the period of incubation has any reference to the treatment of the wound, or any connection with the term of the disease.

2. The disposition of animals to catch the infection is also very different. Hertwig gives the example of thirty dogs. Some had been inoculated with the saliva of mad animals, others simply bitten; out of the whole number eleven only caught the infection (thirty-seven per cent.), nineteen remained in perfect health. Youatt asserts that, out of three dogs bitten by a mad dog, two catch the infection. In the veterinary school at Berlin, during a lapse of four years (1823 to 1827) 137 dogs bitten by rabid animals were under treatment, and only six died. An infection is not always taken, though every chance may be given; this is a positive fact, though its causes remain unexplained. Hertwig's celebrated pug was inoculated nine times during the lapse of three years, without any results.

3. The symptoms of the disease are very uncertain; no accurate picture can be drawn; everything depends upon the species of the animal, its age, sex, constitution, degree of nutrition. Hertwig says that he cannot trace two cases alike; this is why it is so difficult to be certain whether an animal is mad or not. The symptoms by which the common people, and even doctors and veterinary surgeons, are usually guided, cannot be trusted.

Bollinger says: "The false opinions circulating among the public and doctors nowadays are such as existed 2,000 years ago; they are all founded on prejudice; the description of a mad animal as it is usually represented is exactly similar to the type described by the most ancient authors—red eyes, foam at the mouth, a drooping tail and a hanging tongue, are considered characteristics of a mad dog."

Greve, a very acute observer, asserts that out of twenty dogs declared mad, two or three only really suffer from the disease. Faber proved that out of 862 dogs declared mad, and sent to the veterinary school of Vienna during a period of four years (1826 to 1830), only thirty-one were really mad. This proves how easy it is to be mistaken in the diagnosis. "It is very difficult," says Bollinger, "to draw any satisfactory conclusions from the results of autopsy, as they are generally negative. The symptoms of the animal when alive ought to be carefully studied and taken into account in the statement of the anatomical diagnosis. If the symptoms during life have not been attentively noticed, I deny the opinion of Bruckmüller, who says that no dog can be declared mad if remains of normal food are still found in its stomach, or chymus in the small intestine. Hyperæmia of the mucous membranes of the mouth and throat, heterogeneous indigestible matters in the stomach, bloody excoriations on its mucous membranes, are the symptoms by which real madness may be recognized by autopsy."

4. The forms of the disease are also very different; experience has proved that two distinct forms of disease may proceed from the same infection—rage and melancholy or quiet madness; out of a hundred cases fifteen or twenty per cent. belong to the latter form of disease. If we take into due consideration all that has been said above about the variety and different conditions of the disease, we are bound to admit that the therapeutical difficulties are not easily surmounted, and though animals stand on a lower degree of development than man, their individuality plays an equally important part, and this fact ought to be kept in mind. The symptoms of the disease in man are as varied as in animals; the limits of this article will not permit of a description in full details, but we will point to some of the symptoms.

Dogs do not suffer from hydrophobia—it is very rarely that they have cramps when they swallow water—so that, strictly speaking, the name of the disease does not correspond with its symptoms. Man, on the contrary, suffers from repulsion to liquids and a complete impossibility to swallow; other certain symptoms failing, this is one of the principal indications for diagnosis (Bollinger, l. c.). Some patients are able to swallow liquids in large quantities, but this has been ever considered a sure symptom of approaching death. As a proof of the absence of anamnestic facts we point to another important circumstance: some diseases in the realm of psychosis (lyssophobia, hydrophobia imaginaria) and spinal diseases (hysteria, monomania, epilepsia, tetanus) are also accompanied by hydrophobic symptoms.

Another fact worthy of consideration in the analysis of the curative and preventive method of Pasteur is the difference in the disposition to catch an infection, which cannot be submitted to any positive rules. It has been proved statistically that not every animal bitten by a rabid beast catches the infection. According to the statistics of Thardieu, Thambay and Bouley, out of 855 men bitten by undoubtedly rabid animals, 299 caught the infection, a per cent. of thirty-five; if we take the whole number of cases, including doubtful ones, we have a number of 1,362, out of which 105 died; the per cent. of mortality is much more favorable, $7\frac{70}{100}$ or 8. (Bollinger).

Burning the wounds as a preservative is very important, and has a great influence on the per cent. of mortality. By the statistics of Bouley we see that out of 200 persons bitten by undoubtedly rabid animals, 134 had their wounds burned, 92 remained free from infection (sixty-nine per cent.), forty-two died (thirty-one per cent.). For those whose wounds had not been burned the per cent. of mortality is eighty-four.

Dr. Uffelmann mentions this as a circumstance worthy of note, but Dr. Gvozdeff is silent on the subject.

If our personal opinion is requested concerning the renowned method of Pasteur, we will give the following answer:

Every distinct being, man or animal, every individual, is the *object* to which we apply the knowledge collected on the vast field of medical science. Equality does not exist in Nature. Equality is an abstract mathematical notion. In Nature we only see similarity; therefore, our principal aim ought to be the study of the distinctions between the similarities of individual cases, so that our medical knowledge may be successfully and judiciously applied. The diseases and names of diseases such as are described in special pathologies are not to be found in Nature; they are ideals, which serve as our guides in diagnostics. If this is acknowledged as a fact, we are bound at the same time to admit the impossibility that every pathological process known in pathology by the name of typhus, inflammation of the lungs, etc., could be cured by one universal remedy, and that this specific remedy should prove equally beneficial in every separate individual case. This is the principle, which gives us the right to say, that the poison of the mad dog applied by the method of Pasteur may prove in *time* a useful preservative in *some* cases of hydrophobia, but *not in all;* we say *in time*, as the pathological experiments and practical observations have to be carried on farther before any positive or conclusive opinion has the right of being expressed.

In case any one thinks of accusing us of narrowness or partiality, we will be permitted to call attention to the history of vaccination. On the 14th of May, 1886, ninety years have elapsed since Jenner vaccinated for the first time with the virus of the cow-pox the infant James Philipp. Some time after the vaccination with the cow-pox the virus of the natural small-pox was inoculated into the child, and it remained free from infection. The whole world shouted in triumph at the great discovery ; the governments introduced obligatory vaccination all over the world ; and, nevertheless, at the present day, in England, in Jenner's own country, meetings gather to get free from the yoke imposed by the law. Why so ? Because the absolute preservative action of vaccination has proved to be an illusion. May not the same fate be some day awarded to the system of Pasteur ? Conclusions founded on experiments, though they may have the appearance of being positive, can always be treated with doubt and skepticism ; it is a right that cannot be taken away—the more so in medical science, whose aim is the preservation of health, the most precious boon given to man on earth. As a vindication of our doubts, we will mention the following interesting communications. Dr. Edward Abreu (A. Raiva, Relatoris appressentado a sua Excellencia a presidente do conselho de ministros e ministre do reino Concelheiro José Luciano de Castro) was sent by the ministerial department of Portugal to Paris expressly for the study of the method of Pasteur, and was ordered to send in a report communicating the results of his observations. Dr. Abreu fulfilled the mission with which he had been intrusted conscientiously and with great knowledge. Being himself a competent critic, he not only studied carefully every case of the patients brought to Paris, their mode of life before, during and after treatment, but endeavored to solve by his own personal experiments the question of the positive efficacy of Pasteur's method. The report is long ; the author studied the disease, its forms and symptoms, thoroughly. He also reports about statistics and administrative measures.

In view of the difficulty of translating the Portuguese language, we will limit our report of Dr. Abreu's work by only transmitting the essential results of his investigations and his conclusive opinion, which is quite positive. Although he expresses the highest respect for the genius of Pasteur, he does not find that his method has fulfilled the great expectations it had called forth.

1. In the memorable session of the 26th of October, 1885, Professor Vulpian said that, "Rabies, that dreadful disease in which all therapeutic remedies have remained impotent to this day, has at last

found its curative remedy." Dr. Abreu answers, that the only certain prophylactic measure is the destruction of the poison which has penetrated into a wound from the bite of a suspicious animal.

2. Dr. Abreu says in his report, that the advertisements in Paris in favor of Pasteur's method are very dangerous; that human rabies is a very rare disease, and occurs only in the localities where the administrative measures against mad dogs are neglected and not attended to accurately and severely. The statistics of the École Normale, greeted with such enthusiasm by the Academy of Science in Paris, are founded on an erroneous opinion.

3. Pasteur said, in the session of the 25th of February, 1884: "Give me the brain of a patient dead of rabies, and the brain of a healthy man; I take upon myself to prove, by the microscopic examination of the medulla oblongata, which is the diseased and which the healthy brain." "Where is the proof of this affirmation?" asks Dr. Abreu. "I do not know of any."

4. Pasteur said, at the meeting of the 19th of May, 1884: "By inoculating the blood of rabid animals, I have simplified vaccination and attained the complete insusceptibility of dogs to the poison." Dr. Abreu finds that Pasteur has in nowise proved his affirmation. All the proofs to this day have been exclusively founded on statistics: one inquires only after the number of patients who have been bitten. The public asks for statistics and statistics are given.

5. Dr. Abreu gives the following results of his experiments:

(1.) The period of incubation of paralytic rabies with rabbits is not constant.

(2.) The scientific foundation of Pasteur's system has not yet been sufficiently proved by his experiments on dogs.

(3.) That the cramps and convulsions of the trepanned and inoculated animals have no specific character, and only represent the general symptoms similar to the symptoms produced by any derangement of the nutritive and sensitive functions of the cortex of the brain. We meet here the same objections as those expressed by Dr. Uffelmann and several others, the same want of faith in the statistics of Pasteur. Dr. Ewsenko, in the session of the Moscow physicians, declared these statistics made up. Dr. Abreu is more polite in his expressions and says that, as the public requires statistics, they are given to the public; which means, in other words, that he considers them artificial concoctions. It is evident, that when different people, who have nothing in common, and are not even acquainted with each other, come to the same conclusions, guided, not by theory, but by practical observations, there must be some truth in their

opinions; this is the reason why the method of Pasteur must be treated with great caution, and it is yet too early to think of founding institutes, or even enlarging bacteriological stations; such expenses might be applied to more useful purposes. The second prover of Pasteur's system, whose investigations are worthy of faith and attention, is A. v. Frisch, in Vienna. He has published the results of his investigations in his work: "Die Behandlung der Wuthkrankheit eine Experimentale Kritik des Pasteurschen Verfahrens. Wien, Seidel." (Treatment of Rabies; an Experimental Critique of Pasteur's Method. Vienna, Seidel.) Professor Frisch studied Pasteur's method in Paris; Pasteur received him very cordially and placed at his disposal all necessary materials for his experiments; he even sent to Vienna two rabbits inoculated with the virus. These two animals and several cases of mad dogs, which occurred at Vienna at the same period, gave Professor Frisch the necessary materials for a series of critical experiments, which he carried out with the greatest care and circumspection.

He begins in his work by examining the statements of Pasteur and pointing to several inconsistencies and contradictions in his communications; then he passes to the description of Pasteur's method, founded on his own experiments. Professor Frisch finds the following weak points in the theory which serves as a basis to Pasteur's method of preservative inoculations:

It is well known that Pasteur makes his inoculations beginning with the weakest and rising gradually to the most powerful virus; he considers such a series of inoculations as a sufficient preservative to the constitution against the infection of rabies. If this be admitted as a fact beyond doubt (although the experiments of Dr. Frisch have not, by far, proved the certainty of the fact), the logical conclusion would be, that every man and every dog ought to be inoculated with the rabid virus, on the same principle as that of vaccination. But in the method of Pasteur the case is different; the series of preservative inoculations takes place after the man has been infected (bitten) by a rabid animal. The liquid used by Pasteur for the inoculations is composed of sterilized broth, in which are infused pieces of the spinal marrow of a dead rabid animal, dried in the air to different degrees, which render the virus more or less powerful; Pasteur believes that this liquid contains "the microbes de la rage," and some other stuff which has the peculiar quality of rendering the constitution invulnerable to the development of the supposed microbes. The microbe is gradually destroyed by the process of drying, but the hypothetic stuff preserves its power and prevents the development of

rabies. Such a hypothesis ought to have been founded on results obtained by the inoculation of rabies, and by preservative inoculations, tried on the same patient. Uffelmann has made the same observation about the omission of this principal experiment. Pasteur has never practiced any preservative inoculations on men, but, in a letter to Professor Frisch, he asserts having tried the experiment with success on twenty dogs. These experiments cannot be accepted as infallible, as it is difficult to ascertain how many dogs were liable to catch the infection or how many might have remained invulnerable. The surest means to solve the question would be inoculation of a powerful virus under the hard cortex of the brain after trepanning, to be undoubtedly sure that the animal is infected; it would be then proven if a series of inoculations by Pasteur's *intensive* or *weakened* method has the power of preventing the development of rabies. Pasteur made similar experiments on a very limited scale (four) and attained dubious results (succès partiel); two of the infected animals died of rabies on the 14th and 29th day after trepanning. Professor Frisch made a whole series of such experiments, with different modifications, and attained the following results:

Rabbits and dogs, infected after trepanning by inoculation of the virus of idiopathic rabies under the hard cortex of the brain, and submitted after that to a series of preservative inoculations by Pasteur's method (the brain dried from fifteen to one day, during ten days), all died of rabies. Experiments of inoculation of the infected animal in shorter intervals, with the omission of several intermediate degrees, led to the same negative results. Animals infected by subcutaneous inoculations of the virus of idiopathic rabies ($\frac{1}{8}$ to $\frac{1}{20}$ cctm.) and submitted after that to preservative inoculations, were saved when the inoculation took place twenty-four hours after infection, and died when the preservative inoculation was made five days after infection. The treatment recommended by Pasteur, after the introduction of the virus under the hard cortex of the brain (inoculations every two hours, the whole series completed in twenty-four hours, the series repeated two or three times), has led to the most unsatisfactory results in the treatment of dogs and rabbits. All the animals trepanned and treated by this method perished, without any exception; *and it has been proven that the brains of these animals, after the preservative inoculations, gave a much more powerful virus. The dogs and rabbits submitted to this intensive treatment, without having even been exposed to any other infection, accidental or prophylactic, perished, for the greater part, from rabies. The dogs proved less liable to infection than rabbits. In any case, the conclusion to be drawn is, that this method of inoculation is very dangerous for human patients.*

It is evident that the weaker virus has no preservative power against the more intensive, particularly when the inoculations follow each other very rapidly. Dogs that have been submitted to an intensive preservative inoculation have not proven entirely invulnerable to infection by inoculation under the hard cortex of the brain, or even subcutaneously.

Pasteur's method of treating human patients (when severely wounded in the face and other open parts of the body) has been slightly modified and applied by Dr. Frisch to animals, who had been prophylactically infected by subcutaneous inoculation of the virus of idiopathic rabies. In the majority of cases the treatment was a failure, and even quickened the development of the disease. The intensity of the poison was heightened in the brain. Dogs and rabbits submitted to the intensive preservative inoculations applied to human patients died of rabies without having been exposed to any other infection. Therefore this method of inoculation is equally dangerous for human patients.

Professor Frisch did not content himself with the above-mentioned investigations; he submitted other theories of Pasteur to a critical analysis, and proved them not always infallible and trustworthy.

The positive result of these investigations has proven that repeated inoculations of the virus under the hard cortex of the brain and its communication with the nerve-centres exert an important influence on the period of incubation in certain animals. The period grows irregular and is gradually shortened. The poison, introduced in different manners (inoculated under the hard cortex of the brain subcutaneously or introduced into the veins), causes death. The spinal cord, submitted to the process of drying with kali causticum at twenty per cent., loses its malignity after fourteen to eighteen days.

But the particles of the brain submitted to the drying process retain different degrees of virulence, and their action is therefore dubious.

Preservative inoculations followed by infection with fresh virus have given no satisfactory results to Professor Frisch. Animals infected by trepanning, after a phophylactic treatment of ten to eleven days with intensive virus, have all perished, without exception, from rabies. Some of the animals proved invulnerable after subcutaneous inoculation.

We will not enter into the details of the other experiments of Professor Frisch; we will only mention, that his opinion as to the statistics of Pasteur is, that they prove nothing either in his favor or against him. After having submitted all the proceedings of the cele-

brated Frenchman to a severe critical analysis, he concludes by saying that the services rendered to science by Pasteur will ever remain worthy of the highest respect. There is no doubt that the method of Pasteur for treating rabies by a series of preservative inoculations is an important scientific matter, and there is hope that the complete invulnerability of animals against rabies may be some day attained by following the path traced by Pasteur. But we run the risk, nevertheless, of falling into the mistake of applying to practice the enticing experiments of the laboratorium. The inoculation of rabies, if not applied to animals, but to human patients, has this drawback, that we are in nowise justified in making man the object of dubious and dangerous experiments.

AMBLYOPIA NICOTIANA.

By CHAS. C. BOYLE, M.D.,

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New York.

IT is difficult, in reporting cases of this form of amblyopia, to state positively that the loss of sight is due entirely to the use of tobacco, as it is, you might say, impossible to find a person who uses tobacco who does not consume more or less spirituous liquors; and it is only by considering each case carefully, together with the excessive use of one over the other, that we can form our conclusions as to which the defect of vision is due to.

Tobacco, like many other injurious articles, does not affect all alike; in fact, some are apparently unaffected by it in any way, while others are very susceptible to its influence, being poisoned by very small quantities. Dr. Hutchinson says, in his article on tobacco amaurosis, "that persons so affected are those who have had unusual difficulty in learning to smoke, and have throughout life displayed special susceptibility to its influence; and that also they have often been beyond the average liable to suffer from sea-sickness.

He also gives it as his opinion "that they will recover their sight if they give up its use, unless changes have gone on far enough to produce atrophy of the optic nerve." Its harmful influence is due to some idiosyncrasy of the patient, some pre-existing peculiarity in the nervous system of those thus affected. As a rule the failure of sight is gradual; indistinctness of vision and a constant mist before eyes are usually complained of. In most cases there is no headache, nor any

cerebral symptoms; frequently no ophthalmic signs in the beginning.

The most marked characteristic sign of amblyopia nicotiana is the central scotoma.

The following symptoms are also given as characteristic of this trouble:

1st. The loss of vision is progressive; the patient seeks advice only when the scotoma reaches the macula lutea.

2d. The scotoma often assumes an irregular pear shape; the large part always being at optic nerve and the narrow at the central region or macula lutea.

3d. The scotoma is always more dense at the side of spot of Marriotte and goes toward macula lutea.

4th. Under the influence of treatment the scotoma diminishes from macula lutea towards blind spot.

Hirschberg says that "the form of scotoma will permit you to differentiate this amblyopia from that produced by the abuse of alcohol."

"In the latter the scotoma is developed in the region of the macula first, while in the tobacco amblyopia it extends itself in a lengthened form from the blind spot towards the macula." "In cases where the two causes act together, the scotoma offers a mixture of the two special forms."

The localization of the trouble is admitted to be in the optic nerve, although at first the modifications shown by the ophthalmoscope are not pronounced, but subsequently, if the use of tobacco is continued, there will appear an atrophy of nerve, especially the external portion.

Leber believes it is due to a retrobulbar neuritis, which attacks the superficial fibres of the optic nerve near the sheath of the temporal region; these fibres bend in the retina to go horizontally to the outside of the macula.

The affection is generally bilateral. It is manifested by a central scotoma more or less absolute, without narrowing of visual field, neither for the sense of light nor for color. Again the scotoma is not always very pronounced, but is discovered easily by the change in the sense of colors; the color perception is altered at this part of the retina.

It becomes great enough sometimes to take the entire field of colors of the green and of the red, causing complete blindness for green and red.

This is an important fact in diagnosing the different causes of atrophy of the optic nerve, whether due to tobacco or some other trouble.

The examination of the visual field permits, then, alone of distinguishing the commencing atrophy, a strong point to make in practice.

In amblyopia nicotiana the central visual acuitic can descend to one-third, one-sixth or one-thirtieth from normal, but it is very rare that it goes on to amaurosis or complete atrophy, as it suffices to cease the use of tobacco to obtain a prompt amelioration and often complete cure.

From estimations of well-known authorities such as Hutchinson, Sichel and of Hirschberg, fifteen to twenty grammes of tobacco per day constitutes a toxic dose; therefore, a half dozen cigars of middling size can be smoked, without much inconvenience, a day. In my opinion, in allowing this quantity it is necessary to take into consideration the strength of the tobacco and the susceptibilities of the person smoking to its poisonous properties.

I will give histories of several cases of this form of amblyopia that have come under my notice:

One was that of a young man who came to me complaining of his sight failing in the right eye. Ophthalmoscopic examination showed an optic neuritis, which, from appearance and accompanying symptoms, such as pain on moving the eye and on pressing on the eye-ball, I diagnosed as retrobulbar. There was no cause to account for it except an excessive use of tobacco, he being in the habit of smoking three packages of cigarettes a day. He was under my care only a short time, therefore I was not able to follow up the case; but in the short time I saw him there was some improvement, and this occurred on his stopping the excessive smoking, limiting himself to only a few cigarettes a day: he would not stop entirely and drank moderately.

Another case was that of a young man whom I saw last year. He had marked atrophy of both optic nerves; vision very poor in both eyes; could only count fingers at two feet with one eye, and with the other could only see shadows of objects passing before the eye. His history was that of an excessive smoker, consuming over three papers of common smoking tobacco a day, which he was still doing when I saw him, not dreaming that it had anything to do with his loss of sight; he drank very little; no syphilitic history. I only saw him once and did not give him any encouragement, as I considered it had gone too far to expect much change for the better. I told him to stop smoking.

The next patient is one who consulted me for failing vision. History was that of an excessive smoker; pipe in mouth all the day and in the evening; in fact, I judged he was never without it, except at meals and in bed; he drank very little. Ophthalmoscope did not

show any pathological changes in optic nerve. Advised stopping the use of tobacco, which he only partially did; gave *nux vom.* internally; there was slight improvement—as much as could be expected, as he would not give up his pipe altogether.

The following case is that of a gentleman who had smoked all his life from six to ten cigars a day, but did not drink. He complained of failing of vision and numbness of left arm; was advised to give up smoking, which he did, with the disappearance of these unpleasant symptoms.

An interesting case has come under my care lately. It is that of a man who has always drunk more or less all his life, but has also used tobacco in great quantities, both in chewing and smoking; when told he must give it up he said it would be much harder than it was to stop drinking, which he had done a month before. He has noticed sight failing for some time, but more especially these last three months, accompanied by floating spots before eyes like "tea-leaves," he says. The ophthalmoscope shows nerve whiter than normal, vessels diminished in size and number, and under the disc is a slight atrophic condition of choroid. Rv. $= \frac{3}{200}$ Lv. $= \frac{10}{200}$. Glasses do not improve. The peripheral visual field contracted nearly one-half, and there is also a central scotoma for red; the outlines of scotoma being narrower at the point opposite to the macula lutea and larger at the part corresponding to the optic nerve. The patient complains of nothing except failure of vision; no syphilitic history. I gave him *nux vom.* I., and told him to stop his tobacco, which he did. Saw him again in four days, with vision improved and disappearance of the floating spots (muscæ volitantes). Rv. $= \frac{6}{200}$ Lv. $= \frac{14}{200}$.

In this last case alcohol undoubtedly had a great deal to do with his loss of vision, but I do not think it was the principal cause, as he had stopped its use for a month and still his sight was growing worse, and it was not until he gave up tobacco that improvement commenced. I give more credit to the latter than I do to the remedy given, as I do not believe there would have been any change under the remedy if he had kept up the exciting cause. In the other cases I do not consider that liquor was used in sufficient quantities to be taken into consideration as a cause of the amblyopia.

ORIGINAL ARTICLES IN SURGERY.

TUBO-OVARIOTOMY.*

By J. M. LEE, M.D.,

Rochester.

MRS. J., of Palmyra, N. Y., aged fifty years, came under my observation December 5th, 1886. She was married in 1857, and within four years gave birth to three children, one son and two daughters, one of whom died of phthisis pulmonalis in her eighteenth year. The patient, as a girl, was anæmic, and had frequent attacks of syncope. Her retarded menses, for which she had long been treated, did not appear until her eighteenth year. She was not well after marriage, and at the age of thirty weighed only eighty-six pounds, a decrease of one-quarter of her usual weight. This frightful emaciation, profuse night sweats and expectoration of bloody mucous led to the diagnosis of phthisis. Yet, at the time she came under my care, I was not able to elicit any physical signs which indicated that organic disease had ever existed in the lungs. The allopathic physician in charge employed cod-liver oil, and tonics freely, while croton oil was applied to the spine. I have no doubt but that the counter-irritation was the most efficient agent. It probably cured by removing the reflexes, which were mistaken for organic disease of the lungs. Be this as it may, she gained flesh rapidly, and within a few months weighed one hundred and forty pounds. She remained quite well until ten years ago, when she was again prostrated with nervous disease. This time a different train of symptoms developed. The function of the lungs was not markedly disturbed, but she had constant generalized headaches, a sensitive spine and unbearable pelvic pain. When she walked or stood erect for any considerable length of time she experienced a peculiar sensation of tension in the region of the left ovary. If she lay down with her legs extended this organ gave her severe pain, which made her faint and sick at the stomach. Pressure over the left ovary, even the act of defecation, always caused sickening pain, faintness and nausea. Although her symptoms were greatly aggravated for several days preceding the catamenia, as well as during the flow, her medical attendant (who applies the title of Mr. to homœopathic physicians), believed that her sufferings, as before, arose chiefly from spinal irritation; and in her treatment employed electricity, cups, issues and setons for several years. The counter-irritation afforded relief for a few days only; and,

* Read before the New York State Homœopathic Medical Society.

although the usual remedies were given, she gradually grew worse, until in 1886 she was completely prostrated for several months.

The disease not only made serious inroads upon her physical system, but her intellectual faculties were weakened, her moral sense was blunted, and she became forgetful, irritable, quarrelsome and greatly depressed. Letters written by her during these disturbed states show to what an alarming extent reason was impaired. Frequently a suicidal mania developed, and she had to be restrained from self-destruction. During one of these attacks she swallowed an ounce of laudanum, and a physician promptly antidoted its poisonous effects, much to her disgust.

In the month of May, 1887, the patient had right-sided facial paralysis, with marked numbness of the arms and legs.

For two years, previous to the time that she consulted me, she was treated by a skillful physician of our school, who not only carefully selected her remedies, but employed proper local treatment. She gained considerable flesh and strength, but her condition otherwise was not changed. The doctor realized the hopelessness of her case without more radical measures, and sent her to me for surgical treatment. The examination showed that the ovaries were prolapsed, and the left one lodged in the fold of the retroflexed uterus. This ovary was inflamed and so sensitive that the lightest pressure, or even the act of defecation, always caused faintness and sickening pain.

After careful consideration of the different phases of the disease, a laparotomy for the removal of the ovaries and tubes was decided upon as the only treatment which offered a reasonable chance of permanent relief. The patient and her friends believed death, as they expressed it, would be a happy relief from such suffering, and readily consented to have the operation performed, which was done at once. She recovered rapidly, and the effect was truly magical. As she passed out from under the anæsthetic, the right eyelid, which, owing to the paralysis, had not been closed for several weeks, except by the finger, was noticed to open and shut the same as the other. When consciousness was regained, she found that the numbness of the arm and leg had disappeared. Although the wound caused pain, she could lie in bed with her legs extended—a position which she had not been able to assume for years. The *melancholia*, with its appalling maniacal symptoms, vanished, and the patient remains well.

I leave the discussion of the reflexes, which played such an important part in this case, to the eminent surgeons and neurologists present.

TRAUMATIC SYNOVITIS OF THE KNEE JOINT.*

By DEWITT G. WILCOX, M.D.,

Buffalo.

A SEROUS membrane consists of a layer of epithelium supported on a structureless membrane called the basement membrane, beneath which lies a tract of connective areolar tissue. This connective tissue conveys the bloodvessels out of which the secretion is to be eliminated. Upon the synovial membrane are villous structures of varying size and length, somewhat resembling intestinal villi; formerly they were regarded as secreting glands, but are now found not to be proper secretory glands; they are abundantly supplied with bloodvessels, for each villus contains the convoluted twig of an artery.

The synovial membrane of the knee being more superficial and more extensive than is the same membrane of other joints, it is, therefore, more liable to traumatic influences.

The first stage of acute synovitis is hyperæmia, followed quickly by the secretion of synovial fluid. The hyperæmia is more marked when the tissue is lax or abundant. My observation has been that there is usually more pain and sensitiveness on the inner side of the joint just over the more prominent part of the tuberosity of the femur.

Following the hyperæmia and effusion is the enlargement of the villus-like projections of the membrane; at first this enlargement is due more particularly to the villi being soaked in the effused fluid, but after the inflammation has lasted for a time, they do really increase in size, and soon begin to invade the surface of the cartilage; at the same time there is great proliferation of tissue cells. This product is pushed into the joint cavity, rendering the fluid opalescent or milky. This fluid varies much in quantity and consistency, according as blood fibrin or cells of different sorts are mingled with it.

Frequently, if the fluid be rich in fibrin, it will coagulate on the surface of the membrane and cover it with a tough material, not unlike the false membranes of diseased mucous surfaces. I have seen one such case in an autopsy.

While this effusion remains in the cavity, there are other important changes taking place within the joint. There is thickening of, with effusion into, the surrounding tissues; these tissues will in time become infiltrated with either the serous or fibrinous constituents of the blood, so that not only the inside but also the outside of the joint becomes enlarged.

* Read before the New York State Homœopathic Medical Society.

I have found if there is great distension of the sac it will never regain its normal dimensions, leaving the knee weak and loose-jointed like a flail.

I have spoken thus minutely of the pathological anatomy in order that we may more clearly consider the treatment.

Under the head of treatment I will only give my clinical experience, gleaned more particularly from the care of a dozen or fifteen cases which have come up during the last two years.

During the first acute stages, while yet the hyperæmia is taking place, *aconite* and rest are most called for; when effusion begins and there is the sore, bruised feeling, or stinging, burning pain, *arnica* and *apis* are well indicated. At this stage the local applications are needed, and to my mind the hot fomentations of *arnica*, like the name of Abou Ben-Adhem, "lead all the rest."

Certainly the conditions in the majority of cases are such as to call for *arnica* within and without: a bruised feeling, sensitiveness of the joint, violent pain, fever and dry heat with serous effusion. As to the method of employment, I use one part of tincture of *arnica* to five parts of hot water, saturate a flannel cloth in the hot solution and apply to the joint, keeping this flannel covered with oiled silk. Change as often as is required to keep the knee warm.

To render the leg immobile, I prefer a McIntyre splint, as by that you can make some extension and at the same time keep the leg perfectly quiet. Any jointed knee splint with a foot-rest might be made to answer.

As to the value of other applications, I will only speak of the ice-bag and the cold water coil. The cold application I have found will, with sensitive patients, produce considerable shock. One lady patient, who had injured both knees, and to whom I applied the ice bags, was so influenced by the shock of the constant cold that she was faint all the time they were kept on. The hot arnica gave immediate relief. Without doubt there are cases wherein the cold will act better, but in my experience they never have done better, and but few as well as, than with the arnica.

Aspiration.—Do not understand me to say that the hot fomentation will, in all cases, cause absorption of the effused fluid; far from it, it may in the less severe cases, and, in the more severe, arrest further secretion; but, if at the end of a week, the joint is still distended with the effused serum, it is a wise practice to aspirate, lest by a too long stretching of the joint structures they remain weak, or you get distension by suppuration.

An easy and safe method of aspirating is to encase the knee in a rubber bandage, leaving an exposed surface on the inner side, just on a level with the upper border of the patella. Here the effused liquid is made to bulge, and you can insert the needle with little danger of injury. The rubber bandage will also be of service to apply after the evacuation of the fluid, to aid in the prevention of more effusion. Still more effusion may take place, and a number of aspirations may be necessary.

After the acute symptoms have subsided and the joint is empty of superfluous serum, then there remain the thickened villi of the synovial membrane already alluded to. These must be reduced to their normal condition ere the patient can move the joint or bear weight upon it without pain.

To accomplish this, Nature, aided by the immobility of the joint, will kindly step in if there has been no destruction of the synovial membrane. Plaster-of-paris will generally be found most serviceable for a fixed dressing, although felt, leather, or the manufactured braces are useful.

A patient may wear a plaster knee-cast for a month after the acute symptoms have subsided, and go about on crutches, ride and otherwise exercise, taking care to avoid any twisting or jarring of the joint. At the end of a month or six weeks it is best to remove the cast, to look after the motion, inducing careful, passive motion—again applying the cast if the joint is still sensitive, and wearing it for another month.

I have observed that a knee joint once subjected to synovitis is extremely susceptible to irritation from slight jars or twists, and that it is far safer to wear some protective splint a long time than to leave it off too soon.

If a plaster knee-cast is removed neatly (I prefer the saw for such removal), by slitting it up the front, lining with flannel, binding the edges with leather, and attaching hooks, it makes a very good adjustable splint, that is easily put on by lacing it up the front.

In spite of all care and judicious passive motion, we will frequently find considerable stiffness resulting, either from the thickened ligaments or deposit. Herein massage will be of great service; indeed a fibrous anchylosis may be entirely loosened up by the steady employment of massage. If a slight extension can be induced while making passive motion, it will materially aid; this is easily accomplished by placing the patient on a table and attaching a slight weight to the foot (say two pounds) and gently swinging the foot to and fro.

As to chronic synovitis, I have only space to say, put the patient in bed, employ extension, keep the bowels open, a nourishing diet, massage if there be no tenderness, and such remedies as *Calc. Phos.*, *Calc. Iod.*, *Iodide of Potassium* (one of the best), *Silicia.*

HOW SHALL WE TREAT SPRAINS AND INJURIES OF THE SHOULDER.*

By M. O. TERRY, M.D.,

Utica, N. Y.

GENERAL principles are laid down in our works on surgery for the treatment of sprains and injuries of joints, but they are too general and unsystematic to be of value as a guide in the treatment of shoulder-joint injuries.

In an article read before this society in 1884, and published in the transactions of that year, I endeavored to systematize the treatment of sprains of the ankle. This article which Professor Helmuth placed in substance in his last edition of "A System of Surgery" has doubly proven itself to be the correct and unfailing method for treating such injuries. But a sprain of the shoulder requires other management.

The physician or surgeon seldom sees a shoulder-injury as early, after accident, as when the ankle is involved, because the individual is not so thoroughly "laid up." They generally wait for nature—an excellent surgeon, if you only can interpret her gentle hints—using it as much as possible to keep the joint from getting stiff, or else they will use liniments of all sorts which have been recommended from various sources, including the confident neighbor and the disinterested doctor who prescribes in a humanitarian way on an accidental meeting. But the patient remains in an unsatisfactory condition. What shall we do? Nothing. But it is very difficult to have your directions carried out, simple though they may seem.

If you can convince your patient that rest alone will cure, you have put on the first splint toward recovery. Then advise perfect rest of the arm, using a sling if necessary, until the arm can be moved without causing pain.

When this stage is reached, passive motion may be used and gradually increased until the "stiffness" has all disappeared and perfect mobility gained.

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* Read before the N. Y. State Hom. Med. Society.

EDITORIAL DEPARTMENT.

THE NEW MATERIA MEDICA.

THE roll of earnest, sacrificing workers in the cause of homœopathy is a long and honored one. Between the names of Hahnemann and Farrington the historic page is illumined by the signatures of men great in ability and learning. By their enthusiastic efforts and inflexibility of purpose, aided, too, by those whom they called to their aid, homœopathy emerging from a doubtful obscurity won a world-wide fame, and is now powerful, aggressive, conquering. The result crowns the work. These faithful workers, who now rest from their labors, need no words of praise to enhance the value of their work. It is enough to say that without them there would have been no homœopaths and no homœopathy. But, much as they did, they could not do all. Theirs was the epoch of discovery; of desperate defence against wily, and often unscrupulous, adversaries; of hurried preparation to battle with disease. Their accumulated wisdom and experience, bequeathed to us, their lineal descendants in the faith, awaits a wise and proper disposition. For, as we deal with this legacy, so in great measure will the future of homœopathy be. Ours is the epoch of settlement, of adjustment, of continuing and perfecting the materials we possess.

Until now there has been little time for this kind of work; but the time has arrived when it must be done. For some years past the new

school, although apparently in a healthful condition, has suffered from what may be called, for want of a better term, internal stagnation. It has been weighted down under a materia medica of monstrous growth and overshadowing proportions; a materia medica that has had swept into it for years drugs of every conceivable sort accompanied by symptoms, some of the most inconceivable kind; a reservoir for drug provings of every description. Symptoms obtained by the most careful and repeated trials are elbowed aside by symptoms unverified and so unreliable. The pathogenesis of any drug has found no obstacle in the way of its ready admittance to the materia medica. No credentials have been required. Provings upon the healthy are placed upon an equal footing with provings made upon the sick. And so it has come to pass that we possess a materia medica that, as at present constituted, is a constant reproach and menace to our school: a reproach because its continued defective condition can be justly charged to the wilful indifference of the school; a menace—in that so long as it remains defective, homœopathy may not fairly claim to be a full science of therapeutics. For, to prescribe homœopathically (and scientifically) for any morbid condition, it is necessary to find the drug whose pathogenesy most closely resembles the symptomatology of the disease in question. It is evident that it cannot always be done with certainty when so much of the materia medica is unverified. The fact is that homœopathy to-day, strictly speaking, has not a thoroughly sifted science to rest upon.

This, then, is the work that lies to our hand: a thorough revision of our materia medica, conducted according to modern scientific methods; a relentless sifting of the true from the false; testing, proving, verifying. When this work shall have been done, the homœopathic banner will float over fresh fields of victory; and the law of similars will rest securely upon a firmer foundation.

It may seem to some that these are severe words to use regarding our drug-science; perhaps so; but they are true words, and it is time that the truth, and the whole truth, concerning this matter be boldly spoken. Let us not be deceived by a blind reverence for that which is old, simply because it is old, but let us hold to that which is found to be true. Neither let us hastily accept the

statements or conclusions of any man as final until fully verified. Science is no respecter of persons. All must stand upon the same level and all work must receive the same rigid scrutiny. Those who fancy that Hahnemann's provings should be exempt from trial and that it is a species of sacrilege to investigate his work must be reminded that Hahnemann's authority is valid only so far as it has been questioned and verified; that the greatness and goodness of a man do not justify us in accepting a belief upon the warrant of his authority; and that there can be no grounds for supposing that a man knows that which we could not be supposed to verify. No greater service can be rendered to science than the purification of accepted results from errors which have crept into them. It is not a question of the dose that confronts us. That never has been nor ever will be a vital issue to the school. Nor does the difficulty of framing a satisfactory definition of homœopathy to suit all shades of opinion press heavily for immediate settlement. But the burning, transcendent question before us is—Shall the future of the homœopathic school be worthy of its past, or is it doomed to gradual extinguishment in a hybrid eclecticism? That this question should be asked shows the danger to be imminent. The hand-writing on the wall has been seen by many. Either a materia medica reliable, trustworthy, scientific in the true sense of the word, or the triumphal chariots of the allopathic host will and ought to roll relentlessly over the homœopathic camp. It is revision or extinction.

How shall this revision be done? It is a task of such magnitude and importance that any plan of purification needs to be well considered. In any system of revision the following general principles should be adopted: (1) The work should be undertaken in a spirit of absolute fairness, without prejudice for or against any proving or set of provings. (2) All provings whether of tincture or high potency should stand upon the same footing and be subjected to the same tests. (3) In the process of verification an attempt should be made to determine the relative value of symptoms. (4) The method employed must be thorough and subject to the rules which govern all strictly scientific work. (5) The workers must bear in mind that the real object of their labor is verification; that they are not to tear down so

much as to build up. The announcement of the fact that the huge task of revision has been actually begun; that a plan of revision, practical and scientific, has been formulated; that several drugs have been successfully revised, will be most gratifying intelligence to those who have long hoped to see the commencement of this work. In the December number of the *New England Medical Gazette* will be found a "Critical Analysis of Drug Provings," by Conrad Wesselhoeft, M.D., and J. P. Sutherland, M.D., with accompanying charts illustrative of the method employed. The rules governing this critical analysis were published in this Journal in the December issue, 1888. In commending this plan to the earnest consideration of our readers we do not desire to be understood as regarding it as final in its results, nor do its authors claim it to be so. But it seems to be the only possible way to create order out of chaos, and will afford a substantial foundation for future work. A materia medica so revised will be shorn of many symptoms, but those remaining will be known to be the valuable effects of drugs proved upon the healthy. The clinical symptoms that are eliminated may be verified later and then incorporated. There is no more important work for homœopathic societies to engage in than this work so ably begun—the thorough revision of our materia medica.

A NOTABLE MEETING.

THE recent meeting of the New York State Society, whose proceedings are elsewhere reported, was notable for the stand taken upon several important questions. In view of the decision of the Supreme Court of the United States, which has ruled that it is within the constitutional power of the several States to "secure the people against the consequences of ignorance and incapacity, as well as fraud and deception" in medical practice, the question of State Boards of Medical Examiners becomes a topic of more pressing interest. The stand taken by the Society in the resolutions relating to this subject will find hearty commendation, for the homœopathic school is in sympathy with the movement to erect a higher standard of entrance into the medical profession, and asks only that it shall be pro-

tected by an impartial law which will secure it against the open and concealed hostility of the obliterating school. This can only be done through its *separate* Board of Examiners acting under the supervision of the State.

That the President's address upon "Sectarianism in Medicine" met unanimously the sentiment of the meeting is but a partial statement of the warm approval with which it was greeted. Its historical review of the inheritance of prejudice, which still "disowns a brother because he is sectarian," was a necessity for the just exposition of his subject, while its elevated purpose, breadth of view and dispassionate spirit, blended as they were with the charm of genuine oratory, made Dr. Helmuth's address one of those representative productions which will command attention and be remembered long wherever homœopathy is known. Never has the sham in the pretext of sectarianism received a more illuminating exposure. Nor, at any time, has there been a truer statement of the possible basis of union between the schools, a union which can only "be developed by that high degree of knowledge, that cultivation of the mental faculties, which, in its perfection, is able to eliminate self from science and can allow each school to freely and frankly acknowledge the good existing in the other."

The futility of controversy over the potency question was also duly emphasized. The President truly said that there is no law to guide in the selection of the dose, which is a matter of individual experience. As the experience of practitioners is not in the nature of strictly scientific experiment, and serves more as a guide to the individual's knack in utilizing his own knowledge than as a standard of judgment for another practitioner, whose knowledge and experience has been different, discussion of the subject tends to dispute, provoking an antagonism which is likely to be carried along the whole line of society relations. This has unhappily been the case in the Society, where one class of members with convictions would have the Society decide with them against another class of members with equally strong convictions. It is right that the Society should rise to a realizing sense of the due proportions of things, and relegate the dose question to the very subordinate position which it ought to occupy in

the homœopathic school. So much remains to be done in determining positively the effects of drugs upon the healthy human organism—the foundation facts of the whole homœopathic superstructure—that it is far better for our societies to unite upon a scheme of work which will evolve profitable union, rather than to longer engender antagonisms upon a question which can only be unsettled by arbitrary decisions and class discriminations. At the same time, as bodies having claim to any scientific pretension, they cannot afford to suppress any part of the record of experiments in the employment of drugs, which the reports of cases of cure essentially are. Readers of the Transactions are entitled to know the dose administered, to the end that they thereby may have all the facts in possession upon which to form their judgment of the probability, or improbability, of the means employed in effecting reputed cures. In placing discussion of this explosive question within its own discretion and adopting a rule which applies to every member irrespective of belief, the Society has acted wisely in its own higher interests, and can still go on impartially storing up material for individual conclusions and scientific inference, both positive and negative. It is to be hoped that the policy of discovering and constructing demonstrable truth, rather than that of eliminating error by resolutions, will be found the shortest way to the great end in view; for error is easier supplanted than suppressed. Through the auspicious clearing of the way and the opening of a wider vista by his predecessor, the representative of the homœopathy of the Empire State, now in the presidential office, has an unusual opportunity for starting the Society upon a new career of larger and more harmonious co-operation in things useful, certain and essential.

COMMENTS.

WANTED—A TONIC.—Medical societies are subject to the same vicissitudes and conditions that influence all literary or scientific organizations. They may be strong and vigorous or weak and sickly. They may wield an influence extending far beyond the limited range of membership, stimulating thought and arousing to renewed effort and research; or they may be puny carricatures, faint shadows of that which should be; doing nothing, thinking little, evading much. As is the society, so are its members. For the value and influence of any organization is a correct index of the worth and

strength of its individual members. It is a peculiar reproach to medical men when any medical society to which they belong, and more especially if it be in any sense a representative one, is allowed to fall into habits of desuetude. For while non-professional societies may and often do follow lines of research quite removed from the daily avocations of their members, medical organizations are specifically dedicated to the pursuit of those subjects bearing directly upon the chosen life-work of every professional man, and if interest flags and the society falters in its work, it is an implicit admission that its members are derelict in their duty, not only to the society, but to their profession, their public obligations and their patients who depend upon their knowledge and skill. Societies whose meetings suspiciously resemble funeral assemblages, can still, if they will, work out their own salvation. A tonic is needed—one that will move each member to a thorough sense of his personal responsibility and insure his active co-operation. An efficient tonic is the injection of a decent amount of public spirit and energy. The New York County Homœopathic Medical Society is, of necessity, the representative society of the new school in this great city. Have its performances come quite up to the worthiest standard? Are its regular monthly meetings as largely attended as they should be? Are a majority of its members earnestly interested in the work of the society? Are the discussions valuable because of zealous interest, or are they desultory and of little worth? Has the society in reality made itself the guardian of homœopathic interests in this city and vicinity, or has a flabby spirit allowed a neglect of trust? These questions are specially commended to the consideration of many of the older members of the Society. Will they not follow the proceedings of the New York Academy of Medicine, and, after a study of the real professional and public spirit displayed there by the older men, their contemporaries in the other school, then estimate the standard by which they should expect judgment?

Care of the Insane.—The State Charities Aid Association has undertaken to effect many reforms in public institutions, and, as was inevitable, has from time to time met with bitter and sometimes ignorant opposition and denunciation. While the Association has made some sad mistakes in policy which greater discretion would have avoided, its aims have been always laudable and disinterested, and its work has been honestly performed. Its special field of labor is, as is well known, among the public charitable institutions of the State, and in these it has succeeded, after long and strenuous effort, in correcting many glaring evils and abuses. At present the Association is engaged in a vigorous attempt to better the condition of the pauper insane of this State. For this purpose a bill drafted by Professor Dwight, and entitled "An Act to promote the care and curative treatment of the pauper and indigent insane in the counties of this State," etc., has been introduced into both branches of the Legislature. The object of the bill as stated by the Society is briefly, to bring all the pauper and indigent insane, whether acute or chronic cases, under the care of the State, by transferring to State asylums the in-

sane from poor-houses of the eighteen so-called exempted counties, and by completing the system of State care for the insane. It is proposed to divide the State in as many districts as there are asylums; to require the insane from each district to be sent to the asylum situated therein, to be maintained and treated at the expense of the State, and as its wards; to erect additional, detached, inexpensive buildings on the grounds of the existing State asylums at a cost not to exceed $400 per capita, adequate for the accommodation of the increased number of patients, and when such buildings have been completed to prohibit the detention of the insane by county authorities. No legitimate arguments can be urged against the passage of this bill. It has not only the support of the medical profession, but of every intelligent citizen who is at all conversant with the indecencies and brutalities of the present method. The revolting condition of some of these county insane asylums as revealed by special investigation seems almost incredible. They are dens of wretchedness, uncleanliness and neglect. These miseries so disclosed demand amelioration. The bill ought to become a law, and there would be no doubt of its passage if the Legislature could for once rise above the degrading demands of "practical politics," and legislate for the good of the State rather than the good of party.

Minor Morals.—While the maxims of ethic may be considered as hypothetical, they are not the less binding and conclusive; and although an inquiry into the scientific basis of morals would most probably recognize no such divisions as "major" or "minor" morality, yet these terms have a certain positive value. The code of ethics of every individual is determined by his habits and training; and while to the weighty matters of the law strict heed is given, the more unobtrusive observances are overlooked. This moral delinquency doctors are often guilty of, and some become very great and eminent sinners. The doctor who is careless in his dress, neglectful of his person, rude in manner, inconsiderate in speech, has pressing need of acquiring minor morals, and a little sermon now and then in his medical journal may help him in his reforming way. It is understood, of course, that the gentle reader has himself no need of such homilies, but he also understands that his neighbor may. The particular sin that will serve as a text for this comment is the sin of mispronunciation, and a grievous one it is. Said Mrs. Malaprop: "There, sir, an attack upon my language! What do you think of that? An aspersion upon my parts of speech! Was ever such a brute? Sure if I reprehend anything in this world it is the use of my occular tongue and a nice derangement of epitaphs." The fault is so common, so wide-spread, so well-known that it needs no argument to prove its existence. But comparatively few, however, are perhaps aware how very many medical terms in daily use are habitually mispronounced by the average physician. It is only when one is confronted with an unexpected article on "Pronunciation," like that of Dr. Rand's in the October number of the *New England Medical Gazette*, that a despairing sense of extreme culpability is engendered. Dr. Malaprop, with "a nice derangement of accent," is quite as

ridiculous a figure as the good lady of the play. It is doubtless true, as Dr. Rand states, that much confusion has arisen from the fact that there are three different methods of pronouncing Latin words and most of our medical terms come from the Latin. But we need not pronounce a word by all three methods at once, and there is very little excuse, save carelessness, for a misplaced accent. In the interests of minor morality let us set a correct example to the laity and to each other in the pronunciation of medical terms.

BOOK REVIEWS.

LES MALADIES DE L'ENFANCE, DESCRIPTION ET TRAITEMENT HOMŒOPATHIQUE. Par le Dr. MARC JOUSSET.
THE DISEASES OF CHILDREN AND THEIR HOMŒOPATHIC TREATMENT. By Dr. MARC JOUSSET. Paris: J. B. Baillière et Fils. 1888.

In this hand-book of 446 pages the author considers the ordinary diseases of infancy and childhood, with shorter notice of most of the rarer ones. He makes two divisions of his subject, general diseases and local diseases, a very practical method for clinical study. The descriptions of general diseases presuppose in the reader a knowledge of the same affections in the adult, while those of diseases most frequent in children are of sufficient fullness and clearness.

The remedies prescribed are recommended usually on general principles, special indications being rather scanty. For instance, under icterus the author prescribes the same remedies as in adults: "*Nux vomica*, 3d trit., when the icterus is accompanied by anorexia and constipation; *chamomilla*, 3d trit., when diarrhœa is present, are the two remedies most frequently used."

"If these fail we must choose from the following, according to the indications: *China*, 6th or 3d trit.; icterus, with diarrhœa, stools much colored (très colorées), anorexia and pain upon pressure in the region of the liver. *Digitalis*, 1st trit.; icterus with diarrhœa and pain, but especially with very frequent bilious vomiting. *Arsenic*, 3d trit., and *lachesis*, 3d trit., may be given if the condition becomes chronic."

The work, however, contains many prescriptions of remedies not ordinarily used. In ichthyosis and psoriasis the author recommends the use of *zea Italica* or *mais gate*, which we presume is *ustilago maidis*. In nephritic colic *pareira brava* is said by the author to be the best remedy, and for gravel the same drug alternated by weeks with *lycopodium*, both in the 12th, are found efficacious. In œdema of the glottis, besides *apis*, the employment of serpent-venom, especially *vipera*, 2d trit., is strongly urged. For fissure of the anus *sedum acre*, in tubercular meningitis the extract of *walnut-leaves*, in doses of from one to four grams per diem, according to the age of the child. *Solanum nigrum*, 3d or 1st, as homœopathic to tetany, and *chloral* in tetanus, are some of the unusual recommendations noted. The reader of French will find great profit in the perusal of the book. O'C.

HEADACHE AND ITS MATERIA MEDICA. By B. F. UNDERWOOD, M.D. New York: A. L. Chatterton & Co. 1889. Cloth, 16mo., pp. 212.

The greater part of this book is devoted to the materia medica of headaches, so that the author's description of the different forms of the disorder of which he treats may be allowed to escape criticism. A series of fanciful indications, said to be diagnostic, in reflex headaches, of the seat of the irritation, are given without naming their source. The remedies, with symptomatic indications, occupy 128 pages, and a repertory of 59 pages completes the book.

There is a carelessness, to say the least, in orthography which we cannot pass unnoticed. Proper names, whether of authors or drugs, fare badly. Tietzer and Hemple appear repeatedly. Attomyr is presented to us as Attomeyer, Oester., *Zeitschrift*, is the misleading mode of crediting *æstr. Zeitschrift* in one instance, *natrium* appears five times in two pages, and crocus sativa, sticta pulmonacea, caulophyllum thalictroides, capsicum annum (twice on one page), oleandra (twice on one page), and ranunculus bulbosa are notable variations from the standard spelling. Climateric for climacteric, neither followed by or, particular for particularly, on p. 38, in the sentence "Farrington recommends it for sick headache particular when they are periodical," "the pain are intense," rhymthical, and the abbreviation *gtts.* for the plural of gutta are errors that the proof-reader should not have let pass.

As a collation of special indications for the use of our remedies in headaches the book deserves praise. O'C.

A TREATISE ON HEADACHE AND NEURALGIA, including Spinal Irritation, and a Disquisition on Normal and Morbid Sleep. By J. LEONARD CORNING, M.A., M.D. New York: E. B. Treat. 1888. Cloth, small 8vo., pp. 231.

The main object of this work is, apparently, to present the author's methods for local anæsthesia, local medication of nerves and his combination of pressure and electricity. Antipyren is a remedy frequently prescribed, but antipyrine is once mentioned, and we read of the molar bone, of amblitory pains, pyrogalic acid. Anstie is credited with speaking of the ganglia of the posterior columns, the fact being that Anstie properly says the ganglion of the posterior root of a spinal nerve. Repeated references to different papers by the author suggest that he does not mean to hide his light under a bushel, and in this view the book is a success. O'C.

ATLAS OF VENEREAL AND SKIN DISEASES. Edited by PRINCE A. MORROW, A.M., M.D. New York: Wm. Wood & Co. Fasciculi IX. and X.

Previous reference to this superb work may be found in Nos. 6 and 11 of the JOURNAL for 1888, pp. 407 and 734. Parts IX. and X. are the second and third parts issued in the section on *Skin Diseases*, and contain twenty-six finely colored figures, illustrating *erythema margina-*

tum, erythema papulatum, erythema iris et circinatum, herpes iris, erythema nodosum, urticaria, urticaria pigmentosa, eczema capitis, eczema faciei, eczema papulosum-vesiculosum et impetiginosum, eczema squamosum, eczema of *palm, proriasis* of *palm, eczema rubrum, eczema seborrhoicum—dry, scaly* and *moist forms, impetigo contagiosa, impetigo figurata, dermatitis exfoliativa, pitriasis rubra* and *dermatitis medicamentosa, eruptions from bromide and iodide of potassium.* The conjoined text is clear and full. Further examination of these parts only confirms our good opinion of the work so far issued and our conviction of its great practical value to the profession. H. M. D.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Therapeutic Society, Meeting February 2d, 1889:

Chronic Indigestion of Severe Type Relieved by Phosphorus.—Dr. Allen reported the case of a man who for several years had taken daily $\frac{1}{10}$ grain of arsenic for persistent attacks of vomiting of food. The tongue became thick, white and sodden, showing the imprints of the teeth upon the edges. He became sleepless and complained of burning in the stomach. Last summer he was so bad that he could only take a little milk and water at a time for several weeks; even a small chop would cause sensation as though the abdomen was divided from the chest by a partition (he said it was not like the sensation of a tight girdle or band). *Phos.*, 7th, relieved at once the burning sensation in the stomach and the sensation of division in the body. The remedy was continued, and the man is now sleeping well and digesting ordinary food.

Garlicky Odor of Perspiration—Relief by Artemisia Vulgaris.—A lady living in the country, aged forty-five, gray-haired, yet still menstruating, has had for many years hyperplasia uteri with prolapsus. A specially fitted pessary relieved the prolapsus, the backache and distress, and nearly all the leucorrhœa. She also complained of foul breath, indigestion and flatulence, the result of gastric fever and other troubles. The odor of her perspiration was like garlic, and was so disagreeable that she stayed at home. *Artemisia vulg.* was given. It relieved the disagreeable odor, but apparently made her worse in other ways. Little lumps came out upon

her head, would last some hours, and then disappear; it caused leucorrhœa like half-cooked albumen; bitter, flat taste in the mouth. One dose of *sulphur* was given. In a month she was much better, but there was bloating of the abdomen, with some cramps. During the succeeding months she took occasionally a dose of *artemisia*. The garlicky odor from the body had entirely disappeared; she became better in every respect, and improved in flesh; leucorrhœa stopped entirely, the first time in five years. In June last, from *artemisia*, the eyes were watery, and hard white mucus accumulated about the edges of the lids (she was very bad in this way during the first few weeks of taking the remedy). *Euphrasia* was now given, and the patient is yet to hear from.

Diarrhœa—Kali Bich. and Camphor.—A man got sick two years ago, presumably from the breaking of a sewer-pipe next door. He suffered from headache, and felt badly generally; finally got about. Since then has suffered from cold feeling in the stomach and indigestion, and was generally "run down." This winter has had diarrhœa, stools loose, black, with frothy scum, two or three times a day. Agg. towards evening; amel. after eating. *Kali bich.* relieved the stools, but patient remains tired, does not get rested, has still the coldness in the stomach, is weak and looks haggard. After *apis* the diarrhœa came back, then *kali bich.* relieved the stools, but patient was cold from just beneath ribs all way down to the feet. He could not get warm, external heat seeming to be of no value. There was no thirst, no rise of temperature, and the bowels were sore on pressure. *Camphor* cured in two weeks; all the conditions improved, the bowels acting normally.

Remedies by Olfaction.—Dr. Deschere has stopped convulsions in infants many a time with olfactive exhibition of a remedy. *Calcarea* for reflex convulsions during teething—of course in calcarea children. He has in more than one case made control-experiments; in one case olfaction of *ignatia* would relieve hysterical spasms, a result he could not obtain in this case by giving in the same way the remedies *cuprum, alcohol* and other drugs. When *ignatia* 30 was so administered the spasms invariably ceased.

Cicuta in Spasms of Children.—Dr. Allen had repeatedly relieved the spasms of children during dentition by *cicuta*. He was taught that lancing the gums in such cases caused cicatricial tissue-formation, but he has heard dentists deny this. Dr. Deschere is satisfied that scar-tissue does form, and renders the eruption of the tooth slower.

Ceanothus in Swelling of the Spleen.—Dr. McMichael reported the following case:

Lucy F., aged 7, was taken sick at Port au Prince, December, 1883, with native fever, having a chill at 5 A. M. and 5 P. M. Was treated with large quantities of quinine. After arriving in New York, in May, 1884, an eruption appeared over the entire body, most prominent on the arms and legs. Chills at 9 A. M. only. At this time she came under the care of a

prominent dermatologist, who prescribed a mixture, internally, composed mostly of arsenic and quinine, and locally tar ointment. This treatment was continued until October, 1886, when I was called to prescribe for the following symptoms and conditions—chills several times a day; fever slight, but constant, palpitation of the heart, cramps in the bowels, weak, face pale, loss of appetite, restless sleep, constant headache, delirium during sleep, frequent urination, bitter taste, eructations after eating, pain in the spleen, which is extremely large and sensitive to percussion, vesicular eruption scattered over the entire body, most prominent on the extremities. *Ars.* 2x was prescribed, four times a day. One week later patient reported no chills or fever after third day, feels stronger, better appetite, no delirium, no palpitation, sleeps better.

Bitter taste, eructations, cramps in the bowels, headache, pain in the spleen, all continue about the same, *ars.* 2x night and morning. Seven days later reported decided improvement in every respect, except pain in the spleen, headache and eruption.

Ceanothus 1x was prescribed every two hours. Reported in three days no headache or pain anywhere; feels much better in every respect. *Ceanothus* continued every four hours. Two weeks later eruption had entirely disappeared, spleen reduced fully one-third in size, no pain or sensitiveness remains. *Ceanothus* was continued one month longer, a dose at night. The patient going to Long Branch to live, I did not see her again until last summer, when I found her looking the picture of health, none of her old symptoms ever having returned.

Dr. Allen thought the eruption to have been caused by the quinine, and upon referring to the Encyclopedia, vesicular eruption was found among the symptoms of *chinin. sulph.* It was remarked that the influence of arsenic in trituration was favorable upon the chills, while the crude drug in solution, allopathically, seemed to be of no service.

Membranous Exudations from Rectum.—Dr. Moffatt brought a specimen. The trouble was of ten years' standing. Patient had caught cold had gastric catarrh; had profound grief with trying household cares; was generally "run down." Stomach digestion good; intestinal digestion poor. Constipation was a marked feature of the case. Enemata would do for ten days or so, when a laxative seemed needed which brings away masses of what is apparently membranous exudation, in patches and shreds. Under the microscope it is granular and epithelial in structure. Sometimes it is thick; at others thin. There is a constant gnawing distress in the region of the transverse colon, agg. by touch and often appearing two hours after a meal. The stools are dark and hard.

Dr. Allen has had a similar case. A tall, slim girl had remittent fever seven years ago, and ever since she has had soreness in the ascending colon, more so low down. She passes quantities of membranous material. There is always constipation, but she is so much aggravated by enemata that she takes one as rarely as possible. Under treatment she is beginning to have natural movements from the bowels. The fæces

seemed to collect in the rectum from atony. *Kali bich* was of no service; neither was *calcarea acetica*. Under *opium* she is getting better.

Dr. Deschere thinks opium a slowly-acting remedy. Dr. Allen agrees in this.

Dr. McMichael has a case of posterior spinal sclerosis in which the discharge from the bowels is like white of egg. He has, so far, found no remedy for the symptom.

Meeting, February 16th, 1889. Œnanthe Crocata in Epilepsy.—Dr. Paige reported the case of a man, aged forty, who since childhood has had convulsions at somewhat long intervals. After a sun-stroke in 1886 the convulsions recurred about thrice as often—about three or four a week. Belladonna seemed to be of service, and was continued for a long time. A day or two before the convulsion (it always occurs at night) the nose gets red and there is headache. *Œnanthe* was prescribed two years ago. It is given in tablets saturated with the tincture; it seems to aggravate the headache, but the convulsions recur only once in two months. He was always worse in hot weather.

Dr. O'Connor has used *œnanthe* in epilepsy empirically, and upon the indication "grayish appearance of the face during the convulsion and marked implication of the facial muscles," but he has so far seen no good from it. He has found far better results in keeping the convulsions at bay with *natr. mur.*

Dr. Allen thinks *calcarea carb.* will cure more cases of epilepsy than any other remedy.

Upon referring to the Encyclopedia *œnanthe* was found to have among its symptoms "red nose coming on in the evening."

Dr. O'Connor has helped nervous conditions in women where red nose was present, by *aloes.*

Dr. Allen had seen cold nose and sore throat as prodromata of real diphtheria in several cases, and in one case repeated several times. *Apis* is the remedy, as it also is if the condition following these symptoms is ulcerated throat.

REPORTS OF SOCIETIES AND HOSPITALS.

SURGICAL STATISTICS OF THE BROOKLYN HOMŒOPATHIC HOSPITAL FOR THE PAST TEN YEARS.*

By NATHANIEL ROBINSON, M.D.,

Brooklyn.

THE surgical staff of the Brooklyn Homœopathic Hospital are justly proud of their hospital and their achievements in the past, and, with the increased facilities and better opportunities about to be provided for them by the erection of new buildings, they are looking for an even brighter future.

* Read before the Kings County Homœopathic Medical Society, Oct. 9th, 1888.

It is my pleasure to review the work in surgery for the past ten years, and I think many of you will be surprised at the variety of cases and the test to which the surgeons' ingenuity and skill have been put.

In fact, there have occurred an extent and diversity of surgical cases that is as near comprising the whole range of possibilities in this direction as can well be imagined. There have been fractures of the skull; fracture of the bones of the face; fractures of the vertebræ, cervical, dorsal and lumbar; of the scapula, clavicle, ribs and all the bones of the extremities. So far as I can recall there have been fractures of every bone in the body except the hyoid.

There have occurred, also, dislocations of every joint in the body. Dislocation of vertebræ, of the clavicle; dislocations at shoulder, elbow and wrist-joints; dislocation of hip-joint, knee, ankle and tarsal-joints.

There have been amputations at the shoulder, elbow and wrist-joints; at the hip, knee and ankle-joints, and all intermediate points.

Resections of knee, hip, jaw, etc.

Laparotomies for abdominal diseases; Cæsarian section, etc.

Hernias of all varieties.

Castration and other operations on the male genital organs.

All the operations on the female genitals that the ingenuity of surgeons have devised have been performed.

Gun-shot and stab wounds of the chest and abdomen. Burns and scalds. Bullet wounds of the head, neck, chest, abdomen and extremities. Stab wounds of the head, chest, abdomen and extremities. At least half a dozen cut throats, all of which recovered.

This partial list will serve to indicate the general tendency, gravity or severity of the surgical work done at the hospital.

During the year of 1877 there were treated 110 surgical cases, with six deaths—four of which were due to cancer—making a death-rate of 5.45 per cent.

In 1878 there were ninety-seven cases, with three deaths, or a death-rate of 3.09 per cent.

In 1879 there were 120 cases, with five deaths, or a death-rate of 4.16 per cent.

During this year, among the operations performed, were the operations of lithotomy, excision of shoulder-joint and two resections of the jaw.

In 1880 there were treated 129 cases, with a loss of five patients; death-rate, 3.87 per cent.

Four deaths were after abdominal section.

In 1881 there were 144 patients, with eleven deaths, a percentage of 7.63. Among the causes of death were fracture of the pelvis, with rupture urethræ, etc., extensive burns, compound fracture, for which amputation was performed.

Among the operations were five amputations, trephining and lithotomy.

During the year of 1882 there were treated 180 surgical patients, with eleven deaths, a percentage of 6.11.

Among the deaths were two cases of cancer, one case crushed skull, and a case where there were three fractures of the bones of the chest, ribs and clavicle. There were two operations for stone, several amputations, a lower jaw removed, and a strangulated hernia set free.

There was no printed report for the year 1883.

During 1884 there were 292 cases, with twenty-one deaths; death-rate, 7.19 per cent.

Among the causes of death there were four cases of fracture of the skull, one case of cancer, one case of rupture of spleen.

There were treated during this year, 1884, seventy-five cases of fracture, of which thirteen were fracture of the femur.

There were also forty-nine operations, of which five were major amputations.

During 1885 there were 255 surgical cases, with sixteen deaths; a death-rate of 6.27 per cent. Six deaths were from fractured skulls, one from hip-joint amputation, three from cancer. There were eleven major amputations, two excisions of knee-joint, one case of hernia and two ovariotomies.

Seventy-five operations were performed in all.

In 1886, 313 cases, with twenty-two deaths; death-rate, 7.34 per cent.

Two died of extensive burns, four from fatal injuries to the head, two from compound fracture of the thigh.

There were performed, in all, 220 operations, of which seven were major amputations.

There were eighty-seven cases of fracture, of which twenty-three were compound.

Last year (1887) there were treated 298 cases, with eight deaths; a death-rate of 2.68 per cent.

Two deaths due to extensive burns, one to a fractured spine, one after a compound fracture, one after a fracture of pelvis, two of the fracture of skull.

Sixty-six operations were performed; eight major amputations, nine ovariotomies, and there were treated sixty-nine cases of fractures.

Thus the average death-rate of all surgical cases treated in the hospital from January 1st, 1877, to January 1st, 1888, omitting the year of 1883, of which there was no report made, was 5.47 per cent. A remarkably low death-rate, considering the gravity of the cases.

We have had two patients impaled on the sharp pickets of a fence—in one case some six to eight inches of the wood was in the man's chest. He recovered.

In the other case a great mass of the transverse colon protruded through the gaping wound in the abdomen. The patient recovered.

We have had one patient with a cut throat, a lacerated scalp and both legs and both arms broken. He recovered.

There was also a case of compound fracture of the pelvis, the wound extending from the root of the penis to the tip of the coccyx. This was complicated with a fractured leg, and the patient recovered.

We cite these instances of recovery after frightful injuries, not because we hope to make you believe that all our cases get well, but to indicate the extent and variety of the injuries that are being continually treated in our wards.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE thirty-eighth annual meeting was called to order by President William Tod Helmuth, M.D., LL.D., in the Common Council chamber, Albany, Tuesday morning, February 12, 1889. In his opening remarks President Helmuth said:

. . . "The times of eternally bragging concerning what we can do and what we have done are passed. The stirring up of controversy between ourselves and with the old school is a thing which, though not forgotten, needs no further notice from the homœopathist. The doctors are sick of it, and it is stale to the public. Such methods of bringing homœopathy to notice are both undignified and out of place in those who are sure of their position, and homœopathists are now sure and certain of theirs. Therefore, what is demanded by us of our Legislature is that it

inquire fairly and without preference into our position, social, medical and political; let it understand how large a number of persons in this commonwealth are satisfied to be treated when ill by the homœopathist; let it ask for the regularly kept statistics of our hospitals; let it look into the examinations made by our colleges; let it test the capabilities of our teachers, and examine the results of our practice; and when these facts are brought before it, even without comment, with a plain reliance on truth and justice, I am convinced that the common sense and disposition to do right on the part of our law givers will award to our committee just what its members deem fit to ask in this important matter. A homœopathic examining board is not demanded as a means of dividing the medical profession; its establishment will have no influence in that direction. Doctors will always fight in every school, and in every department of every school—it is asked for the accomplishment of higher and nobler objects, namely, to preserve the public health and to shield the people of this commonwealth from the inroads of quacks and charlatans. There is in medicine something higher and better than the mere methods of the administration of drugs, the cultivation of bacilli or the regulation of medical societies—it is, simply, the relief of suffering. All other questions are secondary. The next reason of import in favor of our homœopathic examining board is the protection of our own graduates, in securing them a fair and impartial examination. The tide of persecution by the old sectarians is abating, and the violence of their invectives is no more, but there yet remains something instinctive in the allopathic mind which is prejudicial to homœopathy; it has been ground into it by the wheels of time and pounded into it with passing centuries. This cannot be helped, and even with a disposition to be fair it is so easy in a medical examination for the examiner to have things his own way, that a homœopathic student being examined by an allopathic doctor could be easily plucked without any qualms of conscience on the part of the questioner—indeed he might say it was done fairly."

The treasurer reported $400 on hand, the total receipts having been $1,057.36. Ten county societies did not pay their dues last year. In accordance with the report of a special committee the following resolution was passed:

Whereas, Some of our county societies have been disorganized, and others have ceased to pay any dues for a number of years:

Resolved, That the treasurer be empowered to make any arrangement with individual societies that may in his judgment be best, *and* if before the next semi-annual meeting no such arrangement shall have been made that thereafter delegates from any county society in arrears be refused recognition by the state society until such arrears be paid.

Thirty-five permanent members were elected, to wit: R. W. Robinson, Auburn; Mrs. B. F. Dake, Buffalo; Wm. H. Nickelson, Adams; E. W. Avery, Jennie v. H. Baker, Harriet Barkaloo, Clark Burnham, F. E. Caldwell, S. Eden, Mrs. L. Safford Gillespie, O. S. Ritch, J. E. Russell, Hugh M. Smith, W. B. Winchell, Brooklyn; C. B. Wolrad, Johnston; E. J. Bissell, Jesse W. Buell, C. M. Kellogg, T. J. Thurber, Rochester; M. Deschere, Geo. M. Dillow, J. W. Dowling, Jr., C. S. Elebash, Helen M. Cox O'Connor, J. T. O'Connor, W. E. Rounds, J. M. Schley, G. E. Tytler, T. C. Williams, New York; P. O. Benson, Skaneateles; R. S. True, Syracuse; B. S. Partridge, East Bloomfield; W. N. Bell, Ogdensburg; R. N. Flagg, Yonkers; D. J. Roberts, New Rochelle.

The Committee on President's Address offered the following resolution, which was adopted:

Resolved, That this Society accepts with cordial and emphatic approval the arguments urged by the President for a separate State Board of Medical Examiners for the school of medicine represented by this Society.

Resolved, That the Committee on Legislation is hereby authorized and empowered to petition the Legislature to continue the boards of medical examiners for each school of medicine as provided by the law of 1872, and to make said law compulsory instead of optional with regard to licensing medical graduates to practice medicine in the State of New York.

The Committee on Education reported endorsing the position of the Institute and urging greater care by preceptors in accepting students, who should be subjected to a preliminary examination unless they can show at least a high-school certificate.

The By-laws were amended so that the President appoints the Chairmen of Bureaux.

The Treasurer was instructed to notify the students in homœopathic colleges that they may obtain back numbers of the Transactions upon paying postage. Members upon paying up back dues can have the full set of Transactions on hand.

Dr. Van Denburg called attention to the travesty upon Hahnemann with which the seal of the Society was ornamented, and the Executive Committee were empowered to procure a new seal with a good likeness, preserving the other features of the old seal.

The Bureau of Laryngology was opened by a practical paper on "Ethmoiditis," by L. A. Bull, of Buffalo.

J. M. Schley's article, "The Importance and *Necessity* of Recognizing Reflex Phenomena due to Nasal and Pharyngeal Disease," was read by title, as was "Laryngitis Sicca," by Malcolm Leal. The latter reports two cases of this rare disease, because reliance upon subjective symptoms would (and did) lead to wrong diagnosis. Cases have been reported which simulated hysteria. Unlike laryngeal ozœna, there is no primary fetor. Removal of the inpissated crusts from the vocal cords relieves the aphonia temporarily.

Discussing F. Park Lewis's case of "Dangerous Hemorrhage following Tonsilotomy," W. M. L. Fiske has always noticed a predisposition to passive hemorrhage after cocaine anæsthesia, probably due to paralysis of the capillaries.

Geo. M. Dillow:—In children enlarged tonsils usually consist in hypertrophy of all the tissue elements. Many cases of so-called granular pharyngitis are really hypertrophy of lymph-tissue in the posterior wall of the pharynx. In children, and in cases not of the fibroid type, I use the galvano-caustic point, especially if there be reason to suspect a hemorrhagic diathesis. It is a very simple operation, attended by little pain, and no danger of hemorrhage. I do not produce a slough, merely inserting the point one-quarter to one-half an inch two or three times at a sitting, stopping as soon as it begins to sizzle and smoke. I have never had alarming hemorrhage, and doubt the tendency of cocaine to produce it. I do not believe this method will prove very useful where the enlargement is due mainly to overgrowth of connective tissue, such as is found in adults. Galvano-cautery can destroy connective tissue, but will not bring about absorption of it. In children we wish to establish resorption of lymph-tissue, which galvano-cautery puncture seems to effect. Dr. Treve's statement, that we never find hypertrophied tonsils without scrofulosis is, I think, too sweeping. They sometimes ensue from diphtheria, scarlatina, and syphilitic lesions of the tonsils during the secondary stage.

Dr. Fiske:—I amputate all of the tonsil I can catch on the tonsilotome, but first put the child on constitutional treatment for a few months.

President Helmuth: The arterial anastomosis in the tonsils is more close and perfect than in most other tissues. In fibrous enlargement there may be profuse hemorrhage if the tonsil is excised close down. I have found that by removing about one-eighth inch of tissue and then going on

with medication that the tonsil is absorbed nicely. I often apply Mackenzie's London Paste, being very careful to protect the base of the tongue.

Dr. Fiske: I mix and apply the paste in a mustard spoon; it sets up a continuous resolving inflammation, which decreases the size of the tumor in a marked degree. My experience corroborates that of Dr. Helmuth, that it should be used only in the hard, degenerate condition from chronic inflammation.

Dr. Terry: I swab the tonsil with vinegar and water, to get rid of the surplus of the paste.

M. W. Van Denburg, in charge of the Bureau of Materia Medica, read by title: "The Action of Belladonna on the Urinary System and Male Sexual Organs," by Geo. R. Stearns (congestion and hyperæmia, with muscular hyper-sensitiveness; an apparent combination of excitation and irritation with relaxation and depression); "Action of Belladonna on the Skin," by A. B. Kinne (inflammation characterized by suddenness, intensity, sensitiveness); "Belladonna in Diseases of the Throat," by W. T. Laird; "Belladonna—Respiration and Circulation," by J. B. Garrison, and an exhaustive article on "Bromine," by H. M. Dearborn.

F. F. Laird's paper, "The Physiological Action of Belladonna in its Relation to Homœopathic Therapeutics," was a valuable example of how we should study the materia medica. He said: "Symptoms are of inestimable worth, when properly appreciated, in selecting the similimum. Compare the authentic provings (not the visionary imaginings of a Houat) with what you have learned in the old-school works; correct their errors; fill in the picture until you can see the ***reason*** for every symptom in our proving stand out as clear as the face on the painter's canvas; the man who does this is the best symptomatologist in the world, because the symptoms are indelibly fixed in his memory by his knowledge of their cause. Recollect, a drug must exert a similar action upon similar tissues, *e. g.*, Belladonna cannot primarily cause dryness of the upper air-passages *and* over-secretion in the intestinal canal, since both tracts are lined by mucus membranes of almost identical construction. The Belladonna pulse is primarily slow and full, quickly changing to rapid, until in fatal cases it becomes exceedingly quick, thready and intermittent. The heart's action becomes more rapid (1) ***from paralysis of the cardiac inhibitory nerves***, and (2) ***from stimulation of cardiac accelerator nerve centres, or nerves (sympathetic nervous system)***. The arterial pressure is first increased because the drug ***is a stimulant to the vaso-motor centres, as it is to all other motor centres.*** Later, the muscular coat of the arterioles becomes paralyzed by ***direct action of the poison on the muscular fibre***, and the blood pressure at once falls.

In medicinal doses it primarily stimulates the cardiac muscle; later, or directly from large doses, the heart is weakened. A direct and special action upon the cortex of the brain is seen in its delirium and illusions. In large doses Atropine depresses the sensory, but still more the motor, nerves. It has no effect upon the striped muscle fibre; the staggering gait, incoördination of movement and paralysis of sphincters are due to its paralyzing influence upon the muscular ***motor-nerve ending and trunk***, and to the ***anæsthesia***. Upon non-striated muscular fibre it acts ***first as a stimulant***, causing contraction; ***secondly as a depressant***, inducing paralysis. In medicinal doses Atropine is the most powerful persistent stimulant to the respiratory centre known. Elimination occurs almost exclusively through the urine. The transient contraction of the capillary system, followed by prolonged dilatation, full bounding pulse, increased respiratory movements and elevation of temperature, furnish a life-like picture of the acute inflammatory diseases in which Belladonna is a sheet anchor. Its primary and secondary effects follow so closely upon one another as to constitute inseparable parts of one grand whole, and places

its main sphere of usefulness in acute rather than chronic disease. Studying its physiological action, as above indicated, we can readily perceive the reason for every symptom. Congestion with perversion of nerve force, sums up its action in a nutshell, and explains the wild delirium with perversion of all the special senses, as well as the pain, incoordination of movement and paralytic symptoms. "Pains come and go suddenly;" the alternation of blood pressure is characteristically rapid, and hence the pressure upon the irritable nerves of the part is ***suddenly*** augmented and ***suddenly*** decreased. "Backache, worse lying down," ceases to be paradoxical when we know that the spinal cord and its membranes are congested.

John L. Moffat presented a proving by ten observers of Ferri Phosphas Albus.

In the Bureau of Clinical Medicine, N. B. Covert presented an interesting paper—"Clinical Cases, Showing the Importance of Nervous Reflexes"—instancing phymosis, constricted meatus urinarius, astigmatism (requiring glasses) and heterophoria or disturbed equilibrium of the extrinsic muscles of the eye.

Dr. Fiske said: We meet with many of these reflex symptoms in girls. Can we not sometimes trace them to trouble in the female genitalia?

John L. Moffat: The eye is such a prolific cause of reflex troubles that one seems hardly warranted in examining a young girl's genitalia until other causes are excluded—unless, of course, there are symptoms pointing to this sphere.

A. M. Cushing reported cases where inhalations of amyl. nitrite, IX, instead of chloroform, enabled the patient to stand instrumental delivery without complaint; also in a case of severe vaginismus the patient underwent digital examination without fainting and without complaint of pain. Bromide of arsenic, 6th, has proven efficacious for ***acne*** and ***comedo*** in young people; apocynum androsemifolium ***for renal calculi.*** The doctor also related a case of tremendously severe epileptic convulsions, which are avoided by putting the man to sleep with 25 grains of sulfonal.

J. W. Candee read a paper on "Vaccination."

Dr. Terry: Are we justified in forcing an individual to have contaminated matter introduced into his system as prophylactic against a disease no more malignant than diphtheria? Is not improvement in hygienic matters the cause of the lessened frequency and virulence of small-pox?

Dr. Fiske: Every case of scarlatina, measles and small-pox leaving sequelæ, such as ulcerative destruction of the ears, enlarged glands, etc., is one tainted with scrofula. So you will find that almost all bad results of vaccination are due to a scrofulous constitution. I warn my patients, in suspected cases, that vaccination will develop latent scrofula. If one child is contaminated the community is at once up in arms; ten thousand obtain immunity, and it is taken as a matter of course.

John L. Moffat: In the majority of cases the sequelæ may be attributed to lack of proper care. When babies are vaccinated upon the leg it is with the greatest difficulty that the urine is kept from irritating the wound. I order my patients to apply the cage upon the first indication of "taking," with care that it does not slip and does not obstruct the circulation.

Edwin H. Wolcott: If vaccination is compulsory, the State most surely should have control of the propagation and sale of virus to insure its purity.

In the Bureau of Surgery the following papers were read: "How Shall We Treat Injuries of the Shoulder?" by M. O. Terry; "Tubal Ovariotomy, a Case," by J. M. Lee; "Traumatic Synovitis of the Knee-joint," by DeWitt G. Wilcox; "Treatment of Chronic Hip-joint Disease," by S. F. Wilcox, included the presentation of an extension brace which allows flexion of the knee when seated.

Sidney F. Wilcox, discussing DeWitt G. Wilcox's article, "Traumatic Synovitis of the Knee-joint," reported success following dram injections of pure phenic acid into the joint in long-standing cases, with slight effusion, which has not been absorbed. He uses hot applications with old people, and cases with relaxed tissues, but children and strong people stand the ice-bag well. There is usually a nervous contraction of the flexor muscles; hence a fenestrated plaster-of-paris bandage may be advisable. Fibrous anchylosis has been benefited by intelligent massage, galvanism to the muscles and a direct current through the joint.

A large and appreciative audience gathered in the Common Council Chamber Tuesday evening to listen to the President's address, "Sectarianism in Medicine," which was interrupted with frequent and sincere applause. At its conclusion the thanks of the Society were unanimously voted to President Helmuth, and one thousand copies of the address were ordered printed. The Albany County Society had most hospitably prepared a generous banquet at the Delavan House, and at ten o'clock the long table, extending from end to end of the room, was surrounded by an appreciative gathering of doctors and their wives, who at the end of two hours and a half still wanted to hear from others in addition to Rev. Mr. Smart, Hon. Francis S. Wood, and Drs. Gorham, Helmuth, Talcott (the poetical toast-master), Dillow, Terry, Paine, Geo. Allen.

In the Bureau of Obstetrics, Dr. Sarah I. Lee read a paper—"Can Laceration of the Perineum be Prevented?" Attention should be paid to predisposing causes: disregard of physiological laws in the American woman's mode of living, especially as to the hygiene of the generative organs; and secondly, her aversion to motherhood. A. B. Kinne's "Prevention of Laceration of the Perineum" was read by title. "Lacerations of the Perineum and Primary Perineorraphy," by M. Belle Brown, an excellent and practical article, covered the whole ground very carefully. J. W. Sheldon presented some very interesting "Clinical Experiences with Albuminuria in Pregnancy," and Geo. B. Peck, of Providence, R. I., contributed a valuable and interesting statistical paper—"American *vs.* European Obstetricy." He asks, "Have the changes in environment enhanced or diminished the perils of maternity for American women?"—those of European extraction being at least twice removed. The American figures are the result of nine years' investigation among members of the American Institute of Homœopathy, 84.56 per cent. of whom use anæsthetics more or less frequently. "Chloroform has twice as many devotees as ether; a very few mix them." With us there has been one case of puerperal fever in 438 labors, and one death in 1,398 cases, a death rate of 31.3 per cent., but only of .072 per cent. of the total number of confinements (43,322). In Europe these occurred more frequently than here: breech presentations, turning, deformed pelvis, craniotomy, rupture of the uterus, thrombosis of the labia, eclampsia (also more fatal); and pregnancy was interrupted more frequently by malaria, chorea, scarlatina, pneumonia, variola (with higher death-rate), and phthisis (more dying within the year following delivery). On the other hand, with us, face and trunk presentations were more frequent than across the water, measles was more commonly observed during pregnancy, and the forceps more frequently applied. Twins occurred most frequently in England, next in Germany, then in France, and most exceptionally in America. The order for triplets is: England, Germany, America, France. Turning is performed most in Germany, then comes America, France and England. "Accidental hemorrhage occurs once in 1,638 pregnancies, with a maternal mortality of 5.55 per cent., and an infantile considerably greater. A Scotch authority places the maternal death rate at 13.23 per cent." Placenta prævia is found once in 1,300 American labors, with the maternal mortality 8.88 per cent., and the infantile 35.55 per cent., a more favorable

showing than that of Charpentier. "Evisceration has been required only once in 12,956 cases, and decapitation once in 51,825, all being accomplished without maternal loss. Cæsarian section was resorted to once in 12,956; the mortality was heavy."

J. M. Lee, discussing M. Belle Brown's paper, thought she should have embodied the whole operation in her paper. When more extensive laceration occurs, rupturing the rectal floor or extending up through the recto-vaginal septum, the rectal wall should be sutured by passing half a dozen or more sutures from the rectal side up through the tissues, then down over the opposite side, and tying. The two near the sphincter should go over and down through the muscle of the opposite side, and come out in the rectum to be tied. After all this is done insert the deep sutures through the skin, then unite the vaginal surfaces with interrupted stitches, and finally bring together the deep sutures. By freshening the surfaces he had operated successfully after a lapse of four days.

In the Bureau of Ophthalmology there were four papers. "Non-operative Interference in Injuries of the Eye," by M. O. Terry, read by title, details two cases where dorsal decubitus, abstinence from meat, hot-water compresses, atropine and eserine as indicated, antisepsis, a carefully-watched light compress bandage, and such remedies as hyperic., bry., arn., puls. and acon. saved eye-balls that had been so badly torn or cut as to warrant enucleation. "Exenteration *vs.* Enucleation," by W. P. Fowler, recommends the former operation, and calls attention to the fact it was performed as early as 1874 by the surgeons of the New York Ophthalmic Hospital, ten years before Professor Alfred Græfe, of Halle, "introduced it." "Paresis of Inferior Rectus Muscle," by Chas. C. Boyle, details an interesting case peculiar in that the trouble came on suddenly in the ninth month of pregnancy with confusion, momentary loss of vision, followed by vertical diplopia. This was accompanied by albuminuria and diminishing excretion of urea. Labor was successfully induced, and vision was finally restored by judicious drill by and wearing of prisms, galvanism and merc. corr. "The Indications for Senega in Affections of the Ocular Muscles," by Geo. S. Norton, was an exceptionally valuable paper, showing that this hitherto little used drug is a remedy of first importance in weakness, or even paralysis of the recti and oblique muscles (more particularly of the superior), especially in ***hyperphoria*** (inequality in height of the two eyes), a trouble more common than one would suppose who is not aware of its possibility. The patient will usually complain of dull, tired, aching or pressive pains in, around or behind the eyes with smarting and burning in the eyes, always worse after any use. There may be also some conjunctival catarrh. Usually there is general headache or dullness, not centered anywhere, in the open air.

(The Onosmodium patient generally locates the aches and pains of "eye-strain" in the occiput, or the back of the neck, specially upon the l. side; while the Ruta patient has a dull, heavy, supra-orbital headache after using the eyes, thus pointing more toward accommodative than muscular asthenopia.)

The Committee on High Potencies reported that they had not received a sufficient number of returns to make any reliable deductions. An animated discussion followed, in the course of which Geo. E. Gorham, agreeing with the President that this question is to be decided in each case by the judgment of the individual practitioner, said: "We should cease endeavoring to induce either side to believe the opinions of the other," and offered a resolution that all reference to the dose be omitted in our papers and discussions. Dr. Terry is "ashamed to have our volume of Transactions contain alleged cures by high potencies." John L. Moffat thought such a resolution inconsistent with our cry for fair play in our legislative fight with the allopaths. As a matter of justice the Society should not forbid a man's indicating the dose when reporting a case.

Dr. Dillow: This Society aims to be a scientific body; as such it certainly should not suppress a part of the record of the facts of experiments, of which the dose is one. Readers often need mention of the dose to enable them to form judgment upon the possibilities of cure.

The following amendment was finally carried:

Resolved, That hereafter all cases may be reported as to potency and dose at the discretion of the reporter, and shall be thus printed in our Transactions, but all discussion as to potency be declared out of order, except by special vote of the society.

The following officers were elected: President, Herbert M. Dayfoot, Rochester; First Vice-President, F. F. Laird, Utica; Second Vice-President, J. T. Greenleaf, Owego; Third Vice-President, Sidney F. Wilcox, New York; Secretary, John L. Moffat, Brooklyn; Treasurer, A. B. Norton, New York; Necrologist, A. R. Wright, Buffalo. Censors—Northern District: M. L. Waldo, West Troy; E. S. Coburn, Troy; L. M. Pratt, Albany. Southern District: W. M. L. Fiske, W. C. Latimer, W. S. Searle, Brooklyn. Middle District: L. A. Bull, A. R. Wright, DeWitt G. Wilcox, Buffalo. The following Chairmen of Bureaus were announced: Surgery, Sidney F. Wilcox; Clinical Medicine, J. Montfort Schley; Materia Medica, F. F. Laird; Gynecology, J. M. Lee; Ophthalmology, C. C. Boyle; Otology, F. Park Lewis; Mental and Nervous Diseases, F. L. Vincent; Histology, J. W. Dowling, Jr.; Obstetrics, L. L. Danforth; Pædology, J. W. Sheldon; Laryngology, Geo. M. Dillow; Vital Statistics, N. M. Collins; Climatology, G. H. Billings; Committee on Medical Legislation, H. M. Paine; Medical Education, E. Hasbrouck; Societies and Institutions, T. S. Armstrong.

The following resolutions were unanimously voted upon recommedation of the Committee on Legislation:

Whereas, It appears that in the preparation of "The Index-Catalogue of the Library of the Surgeon-General, U. S. A.," under the supervision of John S. Billings, M.D., unjust discrimination has been exercised against homœopathic writers; and

Whereas, The necessary expenses incident to maintaining that library and to preparing and publishing said "Index-Catalogue" are met by congressional appropriations of public moneys.

Resolved, That the Homœopathic Medical Society of the State of New York call the attention of the American Institute of Homœopathy to the partisan manner in which articles are selected from current medical periodicals for notice in said "Index-Catalogue," and earnestly recommend vigorous action on the part of the Institute until justice be assured.

Resolved, that this Society promises to the Institute its hearty co-operation in this matter.

Also resolutions favoring legislation to prohibit the sale to and use of tobacco by young people under fifteen years old. In regard to State licensing the following were passed and copies ordered sent to the Legislature, to the homœopathic press and to our fellow State Societies:

Whereas, The old school frankly avows its purpose of abolishing sects in medicine by the institution of single State Boards of Medical Examiners; and

Whereas, The law does now, and should always, treat the great schools of medicine on terms of equality.

Resolved, That all bills proposing a single State Board of Medical Examiners are insidious infringements upon the rights of the minority, and as such, innovations upon the avowed policy of the State, which, by its incorporation of medical societies and colleges, declares the three systems equal in the eye of the law.

Resolved, That the proposed legislation to secure a single State Examining Board being put forward by one part of the medical profession with-

out consulting the others, and with the freely expressed purpose of destroying the individuality of the different schools of medicine, constitutes an attempt at effecting class legislation of a most objectionable form.

Resolved, That separate boards of medical examiners, under the Regents of the University, a non-sectarian and non-professional body, afford the only plan for State licensing consistent with the avowed policy of the State, and is the only measure which can guarantee protection to the vested rights of the three systems of medicine.

The next meeting—semi-annual—will be in Rochester, September 17th and 18th.

RECORD OF MEDICAL PROGRESS.

A NEW ANTHELMINTIC.—According to Dr. Parisi, of Athens, the cocoa nut is a good remedy for tape-worm, and is to be preferred to all others, since no preparation or previous treatment is required. Parisi ate the endocarp of a nut after he had drunk the contained liquid. After two hours he had nausea, pain in the stomach and slight diarrhœa. On the next morning he passed a tænia entire, including the head. He afterward employed the remedy in six cases, and each time with the same success. —*Therap. Monatshefte*, January, 1889. O'C.

CHOLERA AND WATER.—Chief Engineer F. G. McKean, U. S. N., reports that until the last year cholera appeared regularly on the island of Takashima. It is stated that during ten days of 1885, nine hundred persons died of the disease. As it was suspected that the germs were brought from the mainland in the drinking water, stills were constructed and orders issued that the water from the mainland was to be used only for washing. Last year there were no cases of cholera on the island, though it raged on neighboring islands; and the immunity is affirmed to be due to the purity of the drinking water.—*The Med. Record*, February 23d.

TUBERCULOSIS AND MILK.—In the *Brit. Med. Journal*, January 5th, 1889, appears an account of an occurrence which is of great importance to the medical world. The owner of a valuable herd of cows, finding that a large proportion of them were tuberculous, so large a proportion, indeed, as to suggest infection by association in sheds, withdrew his milk from the market, and used it, without boiling, for fattening pigs, of which he had a large number. The result was that the pigs became infected with tuberculosis to such an extent as to necessitate the slaughter of the whole stock. Another point of interest is that no tubercular nodules or other indications of disease could be found in the cows' udders.

DISLOCATION OF THE EYEBALL.—Dr. Van Dooremaal, in the *Donders Fest Bundel*, reports the following interesting case: A man caught his upper eyelid on a hook in a butcher's shop. In the attempt to extricate it the eyeball was pushed forward, and both upper and under eyelids disappeared behind it; even the lashes disappeared. When seen the eyeball was pushed forward; the man shrieked incessantly "Oh, how strong the light is"; and on being asked whether he was in pain, replied "Yes, but oh, that light, that light!" while he clasped his hands convulsively over his eyes. It was decided to enlarge the external angle of the lids, and this was done by means of blunt-pointed scissors introduced between the protruding eyeball and external angle. A strabismus hook was then introduced along the under edge of the upper lid, a curette was inserted, and then pressed outward without exerting pressure on the eyeball, so as to bring the upper lid out. The under lid was then gently drawn back to place by the thumb, the wound stitched as usual, and the eyes bandaged.

The wound healed quickly, and the reaction was slight. The patient complained of excess of light on the removal of bandage, but this symptom soon disappeared, and sight was normal.—*Br. Med. Jour.*, January 5th, 1889.

TEMPORARY BLINDNESS FROM THE INTERNAL USE OF TINCT. OPII.—Dr. Hammerle, of Strasbourg, reports the case of a painter, aged 30, who had had several attacks of lead colic. At the beginning of a new attack Hammerle prescribed about half an ounce of tinct. opii with directions to take fifteen drops every two hours till three or four doses were taken. Cold enemata, with a wet pack to the abdomen, were also ordered. As the pain did not lessen, the patient's rather stupid wife kept on giving the opium without regard to time or size of dose until the whole amount was exhausted. The patient thus received within twelve hours three times the maximal dose for a whole day. To be sure, the pains were relieved, but there had been no evacuation of the bowels. Hammerle found him next morning quite stupefied, the face bluish-red, and the pupils contracted to the utmost and without reaction. There were also repeated vomiting and complaints of burning in the stomach. The most disquieting feature was the increasing dimness of vision, which went on to complete blindness. The pulse was small, hard and tense, 120 per minute. Temperature (to touch) normal. The case recovered under treatment. Hammerle inclines to the opinion that the temporary loss of visual power was due to spasm of the retinal arteries.—*Therap. Monatshefte*, January, 1889. O'C.

NEUROSES PRODUCIBLE BY HYPNOTISM.—The wide interest aroused in recent years by the employment of hypnotism, or hypnotisation, as a method of cure in many functional and some apparently organic disorders, has led to the employment of the method under conditions and circumstances which later experience teaches are positive contra-indications. In fact, the number of observers who hold that the method ought only to be applied for a definite purpose when the usual remedial measures have failed is increasing, and this is especially true of the medical profession in Germany and Scandinavia. The recent article of Dr. G. Anton, assistant in Meynert's clinic, gives as a warning one case with the classical phenomena of a hypnotic neurosis. A hysterical woman who, on account of an irremedial headache, was repeatedly and successfully hypnotized, experienced as a result nervous insomnia with frequently occurring spontaneous hypnotic condition, and all the symptoms of a general exhaustion. The etiological factor, hypnotization, was treated with anti-hypnotic measures—isolation, rest in bed, massage, muscle-beating, hypernutrition, lukewarm baths, sodium bromide, etc. Success, as in all chronic functional affections, came slowly, but surely. The sensitiveness to sleep-destroying irritations disappeared, as did the hallucinatory disturbances (which, according to Rieger, may lead to a permanent delusional state). The whole character returned to its former normal equable state. Others have reported concerning the injurious consequences of hypnotic procedures. Finkelnburg (occurrence of a spontaneous hypnotic condition), Wiebe (temporary psychical alteration), Fournier (hallucinatory conditions of depression and excitement), Rieger (disposition to profound reverie and danger of delusional insanity), Friedländer (self-observation, high degree of neurasthenia, melancholic anxiety, pressure in the head, sleeplessness, etc.). Anton saw repeatedly in the beginning of hypnosis the occurrence of hystero-epileptic attacks in the hysterical. Even Bernheim's method of suggestion to the waking subject, susceptibility to commands, etc., had bad consequences; Bernheim himself mentions that the individuals so treated, even in the waking state, showed themselves "suggestible and hallucinable," thus becoming, while awake, automata in obeying the hypnotizer or even others. Two cases of excessive sensibility and induci-

bility in the hysterical are reported. In specially sensitive persons the sight of a hysterical and spasmodic attack produces similar results, and the best protection for such is isolation. Such cases are mostly emotional—fright occurring in the second person, and then the compulsory imitation and imitation-reflex action follow. Preyer considers the imitatory actions of children to be similar to the imitatory automata (hypnotized), and looks upon these imitatory actions as the first signs of function of the brain cortex, while Anton, with Meynert, insists that imitatory actions, unconsciously carried out for the most part and which can through intention be voluntarily inhibited, represent a subcortical mechanism.—*Neurolog. Centralblatt*, No. 2, 1889. O'C.

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

THE twenty-ninth session of the Hahnemann Medical College and Hospital, of Chicago, closed Thursday, February 21st, 1889.

THE homœopaths of New Haven are trying to get money to build a hospital. It is asserted that half the property in New Haven is owned by homœopaths.—*Record.*

SUNDAY LECTURE.—Prof. Helmuth delivered the "Sunday Lecture" before the Hahnemannian Society of the New York Homœopathic College and Hospital, February 17th, at four o'clock P.M.

INTERNATIONAL CONGRESS.—It is proposed to hold an International Homœopathic Congress in Paris next August. Those who may desire more exact information should address Dr. Marc Jousset, 241 Boulevard Saint Germain.

INTERESTING DECISION.—In a recent suit the Supreme Court of Indiana decided that unless damages be collected during the life-time of the physician, they cannot be collected from his estate. No action for damages in a malpractice suit can be maintained after the death of the party sued.

THE ROCHESTER HOSPITAL.—The amount subscribed, although no concerted effort has been made to obtain subscriptions, is $27,000. There is no doubt but that the funds will be forthcoming when needed. The hospital will be constructed upon the "cottage plan." Work on the hospital buildings will be begun in the early spring.

IN THE RIGHT DIRECTION.—A bill has been introduced into the Legislature of Kentucky which prohibits marriage with an idiot, lunatic, pauper, vagrant, tramp, gambler, felon or any person rendered physically helpless or unfit for the marriage relation, or any person with a violent temper, or one that has frequented within one year an immoral house.

WOMEN'S GUILD.—The last regular monthly meeting of the "Women's Guild" connected with the New York Homœopathic Medical College and Hospital was held at the residence of the President, Mrs. Wm. Tod Helmuth. The "Guild" is thoroughly organized and efficiently officered. The Corresponding Secretary is A. L. Rickets, 115 East 79th Street.

THE NEW HAVEN MOVEMENT.—A bill has been introduced in the Connecticut Legislature providing a charter of a homœopathic hospital and appropriating $75,000 as an endowment fund. If the charter is granted by

the Legislature a site will be chosen at once, and a building with the best modern improvements will be erected. The cost of the building and grounds will be about $100,000.

EDITORIAL CHANGE.—Dr. Fisher announces that he has sold the *Southern Journal of Homœopathy* to Geo. G. Clifford, M.D., of San Antonio, and that its publication will be continued by him in that city. Dr. Fisher's removal to California rendered this change almost imperative. The southern practitioners of homœopathy are fortunate in preserving their only journal. Dr. Clifford deserves and will doubtless receive the same hearty support that Dr. Fisher enjoyed.

THE STATE'S DEATH-RATE.—There were 104,450 deaths in this State during 1888. In July and August the deaths numbered 10,300 and 10,017. March came next with 9,550. May had 9,032. November was the least fateful month with 6,987. Of the total 38,345, or 36.7 per cent., were of children under five years. Typhoid fever carried off 1,483; scarlet fever, 2,452; croup and diphtheria, 6,448; diarrhœal diseases, 8,774; acute respiratory diseases, 13,756; consumption, 12,383, and diseases of the nervous system, 11,174. During the year small-pox appeared in thirty-six places outside of New York and Brooklyn. Of the total number of deaths 79,800 came from twenty-eight cities with an aggregate population of 3,285,000, the death-rate having been about 24.28 per 1,000. Outside the cities the rate was about 13.10 per 1,000, and for the entire State about 19.10.

OBITUARY NOTICE—Daniel Lawrence Everitt, M.D., a graduate of the College of Physicians and Surgeons, New York, class of 1849, and a practitioner of homœopathy for more than thirty-five years, died suddenly of fatty degeneration of the heart, on January 25th, 1889, at his residence, 39 Madison Street, Brooklyn, N. Y. Sixteen years of the professional life of Dr. Everitt were spent at the place of his birth, Plattekill, Ulster County, N. Y. He was one of the pioneers of homœopathy in that section of the country. He removed to Brooklyn in 1867, since which time, in laborious and careful professional work, he has held a prominent place among the physicians of that city. He naturally was generous and sympathetic, slow to anger, a steadfast friend to those who deserved friendship, a painstaking and careful physician, an untiring student, particularly in the realms of materia medica and therapeutics. A married daughter and a son eleven years of age survive him.

IGNORANCE OR WORSE.—The *Epoch* is approvingly quoted by the *Medical Record* as an authority on the subject of medical legislation. Of course the *Epoch* praises the allopathic bills introduced in several State Legislatures, bemoans the sad fact that there is a powerful opposition to their ever becoming laws, and concludes by remarking that "no good reasons have ever been advanced why all who wish to become doctors should not pass a thorough and strict examination before they are permitted to practice." Certainly not. But some very cogent reasons have been advanced why those deserving to practice medicine according to the homœopathic rule, should not appear for a "thorough and strict examination before a State Board" composed of bigoted and ignorant allopaths. The "express purpose" of these bills is to suppress homœopathy. The new school does not propose to assist at its own obsequies. When the bills introduced to create State medical examining boards are perfectly fair to the homœopathic school they will meet with no opposition. The new school has been ready for years to have impartial examinations by State Boards, but the allopaths would have none of it unless they could at the same time extinguish homœopathy.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

CAN A WOMAN BECOME SYPHILITIC THROUGH THE FŒTUS ALONE?*

By J. M. SCHLEY, M.D.,

New York City.

IN presenting the work done by us during the past year I must be pardoned for not going over a ground that has been well thrown up and thoroughly plowed through time and time again by my predecessors. Our Secretary has presented our report in a concise and succinct form. All I might add to his statements is, that our efforts may have been better. A noticeable fact, in looking over the many papers read, is, to see how few of the older members have come forward or written anything. Of the many essays those of Drs. Conrad Wesselhoeft, Geo. R. Southwick (Boston), and Dr. O'Connor deserve especial notice and praise. Dr. O'Connor's paper on Acromégalie shows research, original thought and the happy result of a homœopathic therapeusis. His is the first case brought before the profession in this country. And just here I may be allowed perhaps to suggest to this Society the necessity of bringing such rare (newly understood) cases and original ideas before this body. It redounds to our benefit and that of our school.

Homœopathy of to-day should not mean, as in days gone by, the simple ability to prescribe according to Hahnemann's advice. We have moved a step higher, and should embrace with greed all discoveries and tested facts in and out of the field of materia medica. We must commence now to contribute our mite to microscopy, pa-

* Presidential address delivered before the Homœopathic Medical Society of the County of New York, January 10th, 1889.

thology, pathological anatomy, etc. The relation of homœopathy to the two latter is a matter worthy of our attention and probing. Homœopathy is an established fact, and, though imperfect in some respects, not smoothly rounded off in others, its fundamental rule remains unshaken. If we are to perfect this law we can only do it by scientific and accurate re-provings, entrusted to a paid committee having laboratorial, chemical and microscopical implements at hand. Such work will throw no shadow, no slur of imperfection over (homœopathy) the New School. It will elevate it, on the contrary, to a science—perfected and beautiful—where all fault-finding must cease, and in time it will arise head and shoulders above all its competitors. We must help attain this great goal. This Society's longevity, its importance, its authority and influence must be enhanced by such a good work. It is useless for us as a busy body of practitioners to try and seek out in our hurry the imperfections of an imperfect system, and though we acknowledge our shortcomings as students of therapeutics, we claim that our system is the most perfect in existence, and must remain so until another be found its superior.

I will pass on now to what I would principally speak of this evening—*i.e.*, the conveyance to the mother, through a syphilitic fœtus alone, of constitutional lues. We mean by this the exclusion of all other sources of infection save through the fœtal circulation. If any suspicion may arise in our minds as to the absolute, verified data, as gathered from the many authors, pro and con, of whom I shall speak later on, we may, for argument's sake, claim that surely one woman out of these many must have been infected in this manner: *ergo*, if we can throw out all doubtful cases, and may cling to only one or two that will stand all tests, then I maintain such a thing has occurred, does occur, and must of necessity continue to occur. Our knowledge of syphilis to-day is the result of repeated clinical observations and attestations. We must never let this slip from our memory. Slowly, surely and enduringly have we gradually piled up our views on this malady. Some of the ideas of John Hunter on lues seem almost childish with our positive knowledge of to-day on the same points. Ricord, for a long time, disputed the contagiousness of secondary luetic lesions, and his reasons, his evasions, his logical deductions on this matter in his "Lettres sur la syphilis" only went to show this great teacher's strong views. In a memorable discussion at the Académie de Médecine in 1859 he admitted his mistake. This one fact in his public career should make us feel that we might rely upon his positive assertions, for when found at fault he rectified it.

Syphilis, in whatever manner it may be engendered in the system, holds the first rank among those affections, the study of which belongs exclusively to clinical science, and does not admit of assistance from any other science. Let us observe, then, how the science of syphilis is constituted, and how the doctrinal revolutions accomplished under our eyes are organized, and the more thoroughly we examine the simplest laws of the pathogenesis of syphilis the more do we find that possibilities multiply, and that casuistry, if I may employ such a term, becomes increasingly subtle. To return to our subject. Let us suppose that the father alone is infected, the paternal influence here must be contemporaneous with fecundation, but then again, we may claim, it is obscure in respect of evidence of paternity. It is, doubtless, an established fact that syphilis is transmitted from father to child when the mother is not infected; I also recognize as fully as any one the difficulties attending a decisive investigation, and would remark that the practice of medicine does not encourage obstinate illusions. But some reservations, which a knowledge of the world exacts, certain cases do impose, and of these cases I am convinced by having seen enough of them; and you will or have met with them in sufficient number to share with me this conviction.

Trousseau says: "Suppose a child engendered by a father who had had the pox, but who no longer showed symptoms transmissible by inoculation, could this child when in utero infect its mother?" You can estimate, gentlemen, the number of difficulties which surround such a problem; you can see how many elements will be wanting for its solution, because it may be asked, whether the woman supposed to be infected by her fœtus had not been previously the subject of syphilis which had passed without recognition? Be that as it may, the transmission of syphilis from the father to the mother, through the medium of the fœtus is now admitted to occur. The facts admit of an easy physiological explanation. It is, indeed, certain that the mother, by mingling her blood with that of her infected fœtus, becomes infected with syphilis. Is it at all improbable that a fœtus, the blood of which is syphilitic, should infect the blood of its mother? It is about the third month that the circulation of the fœtus becomes active. By the umbilical vein it receives the blood of its mother, and it returns to her by the umbilical arteries that which has traversed its organs, and which is a mixture of its own with the maternal blood. You know, that in the fœtus the blood and blood-vessels are formed almost simultaneously. The fœtus, therefore, has blood which is peculiarly its own, and if the fœtus is syphilitic by its father its blood is syphilitic, in virtue of the same title as the other parts of its

organism. Consequently, it can infect its mother through the medium of its blood, just as the syphilitic mother can infect the fœtus in her womb. I may be excused if I quote at length again upon the placental circulation, for the opponents of the transmission of syphilis from fœtus to mother claim that it cannot occur on (I.) anatomical or physiological ground, or again (II.), they close their eyes to all facts and simply say it is "impossible." We find, on looking more carefully, that there is no direct communication between the fœtal and maternal vessels. The blood of the fœtus is always separated from the blood of the mother by a membrane which has resulted from the successive union and fusion of four different membranes. The single membrane, however, into which these four finally coalesce, is extremely thin, and of enormous extent, owing to the extremely abundant branching and subdivision of the fœtal tufts. These tufts accordingly, in which the blood of the fœtus circulates, are bathed everywhere, in the placental sinuses, with the blood of the mother; and the processes of endosmosis and exosmosis, of exhalation and absorption, go on between the two with the greatest possible activity. The part which this organ takes in the development of the fœtus is an exceedingly important one. From the date of its formation at about the beginning of the fourth month, it constitutes the only channel through which nourishment is conveyed from the mother to the fœtus. The nutritious materials, which circulate in abundance in the blood of the maternal sinuses, pass through the intervening membrane by endosmosis, and enter the blood of the fœtus. The healthy or injurious regimen to which the mother is subjected will, accordingly, exert an almost immediate influence upon the child. Even medicinal substances, taken by the mother and absorbed into her circulation, may readily transude through the placental vessels; and they have been known in this way to exert a specific effect upon the fœtal organization. The placenta is, furthermore, an organ of exhalation as well as of absorption. The excrementitious substances, produced in the circulation of the fœtus, are undoubtedly, in a great measure, disposed of by transudation through the walls of the placental vessels, to be afterwards discharged by the excretory organs of the mother. The system of the mother may, therefore, be affected in this manner by influences derived from the fœtus. It has been remarked more than once, in the lower animals, that when the female has two successive litters of young by different males, the young of the second litter will sometimes bear marks resembling those of the first male. In these instances the peculiar influence which produces the external mark must have been transmitted by the first male di-

rectly to the fœtus, from the fœtus to the mother, and again from the mother to the fœtus of the second litter. A somewhat similar thing occurs where a woman infected through her fœtus loses her syphilitic husband and marries again a healthy individual. Her offspring by this second husband will bear marks of constitutional syphilis. This hereditary syphilitic taint is more marked if she acquired her luetic trouble in a more natural way.

Finally, we may say of the placenta, that it absorbs nourishment, renovates the blood, and discharges by exhalation various excrementitious matters which originate in the processes of fœtal nutrition.

In speaking of the methods of transmission of syphilis, an author says, where a mother becomes poisoned by carrying a syphilitic child in her uterus, the germ of the poison having been communicated to the child through the spermatozoon of the father, the mother having no chancre, that this method of infection occurs is doubted by some high authorities. Sturgis (*Medical Journal*, New York, 1871) claims that syphilis in the child depends solely on syphilis in the mother, syphilis in the father being a bagatelle, so long as the mother does not become directly diseased by him. How at variance does such an assertion sound when compared with medical men of larger experience.

A healthy mother may bear a syphilitic child. On this point also there has been much division of authority. The large number of all mothers who bear syphilitic children are themselves unquestionably syphilitic: the question to decide here is whether through the fœtus or by the usual channels. But the possibility that a syphilitic child may be infected by inheritance from the father alone, the mother remaining sound (precisely as is the case when the child is sound and the mother healthy), is demonstrated by numerous facts. Dr. Taylor has in this country tried to substantiate by reported cases the unproven facts set forth by Kassowitz and others. The well-known law of Colles' is urged in support of such transmission. That law formulates a well-known clinical fact—viz., that a mother of a syphilitic child is never infected at the breast by her offspring—the secretions of whose diseased mouth are infective for nearly all healthy persons. A few exceptions are reported to this law, so few and so inconclusive as to rather more fully establish its general applicability. It is probable that the system of the mother, after the bearing of such children, is so modified as to render her incapable of receiving the disease. What is it, pray, that makes such a mother insusceptible to a virus that every one else would shun—if they knew of its existence? Is it the mere fact of living as man and wife? I hardly think so. Is it because she

uses extra precautions about having her nipples lose their healthfulness—or through some small crack the virus may enter (?). or that she is careful about fondling or kissing her child? There seems but one conclusion to arrive at, and that is that the mother has been slowly, insidiously and unsuspectingly made syphilitic through contamination of the fœtus. A woman is either syphilitic or she is not, and all opponents of transmission of syphilis through a syphilitic ovum to the mother in one place or another in their writings admit this law of Colles. If they admit that, they admit a woman to be syphilitic, even though they may bring forth theories, experiments, quotations from others explanatory of the impossibility of the virus passing through the placental circulation.

Sir Jonathan Hutchinson claims three methods of contagion. First, contagion, direct to the individual; second, contagion, indirect through the fœtus (possible only in women); and third, by hereditary, syphilis.

When syphilis is communicated to a mother by contamination from the fluids of a fœtus with which she is pregnant, the course of the disease is materially different from what it is when received by other means. The absorbed materies seem to be scarcely capable of breeding in the blood of its recipient; it merely contaminates it, the degree of the contamination being in exact proportion to the amount received. The evidence of contamination is greatest after pregnancy—sometimes during it—and increases with each successive one. The symptoms produced are of the tertiary class generally; for the most part the secondary stage is omitted. It is often, I think, from the irregular course pursued in these cases that they may be overlooked, and a taint thus obtained rarely attains any high degree of severity. There seems to be no doubt, though, that the nearer to the occurrence of the primary lesions the more certain are the child and mother to show severe and early symptoms, and in the offspring typically secondary stages.

Mr. A. Cooper writes: When the father alone is syphilitic, mother and child may escape. Some believe that a syphilitic father may procreate a diseased child while the mother escapes, but this is by no means proven. Indeed, it appears most probable that the mother of a syphilitic child does not really escape contagion, although she may show no signs characteristic of the disease. Here he cites Colles' law. In the cases where the mother does not show the ordinary early signs of syphilis, it is believed by many that the fœtus becomes diseased directly by the father, and in turn infects the mother through the placental circulation (choc en retour). There is much evidence in favor of this view.

Cazeaux and Tarnier, under the heading of syphilis, say: Most generally the health of the mother is not sensibly altered, and the action of the poison seems to be directed upon the fœtus only.

Harris, in "Playfair," makes no mention of it. G. H. Fox is silent on this subject.

In pursuing our subject further, it remains for us to imagine immunity without disease, similar to the immunity toward variola which is acquired, not by variola, but by vaccinia. This parallel may be carried over to that condition where a woman bringing forth a syphilitic child may appear exempt from infection, and again, that the syphilis of a woman acquired after conception may render the fœtus insusceptible to later infection.

As regards the hereditary transmissibility of syphilis, it can be brought perhaps into harmony with the bacterial nature of the syphilitic virus. As I have before pointed out, that the main objection to infection of the mother through the fœtus was, because the "fixed" syphilitic contagion is said to have been unable to pass through the septa between maternal and fœtal placenta. But since Spitz has furnished the proof that the spirilla of relapsing fever are able to pass that way, and since the same power has been demonstrated in the bacilli of anthrax, nobody will at least *a priori*, deny a similar property to the bacteria of syphilis.

In proof of the transmissibility of syphilis by semen and ovum, we refer to the analogy with the corpuscular disease of the silk-worm. This disease (pebrine, gastine) is an epidemic, infectious and hereditary affection, during which are found in the blood, and in all organs of the diseased caterpillar small glossy corpuscles (corpuscles of the cornalia), which have been recognized as schizomycetes. These (remarkably large) cocci, however, occur also within the ovum from which the diseased young animals are developed. Furthermore, we are indebted to Pasteur for the experimental demonstration that the heredity of the corpuscles takes place also when an affected father impregnates the healthy mother, and the latter, remaining healthy, lays diseased eggs (paternal infection); also, when the mother is affected and lays diseased eggs. Now, what has been observed with these large cocci of pebrine is at least conceivable for the oganisms of syphilis! In going further along in our investigations, let us see what an author says as to the two methods or paths that present themselves for the solution of this question—*i. e.*, induction and experience. And this question to be practically settled is, from its very nature, doomed to a long investigation before it can be definitely settled. Indeed, none of the parties being able, apparently, to appeal to facts abso-

lutely conclusive, either pro or contra, we are compelled to make up for quality by quantity, to wait, perchance, until a fortunate chance connects under the eye of the observer the circumstances so rarely grouped together, from the aggregate of which not a proof (which is here almost impossible), but a probability may spring. As a compensation for these seeming difficulties, the tendency to systematize has, hitherto at least, respected this problem. Each has furnished doubts, his leanings, few their assumptions; and the study of it has been sometimes only pursued with the calmness and impartiality necessary for a work of long duration, which our grandchildren are only destined perhaps to bring to a decisive termination.

Maisonneuve and Montanier, in their treatise about the time of Ricord's observations, put forth many unwarranted statements, and permitted an amount of passion to enter their work, which we may, at least, suggest is out of place.

In the first place, is this idea of an infection of the mother by the fœtus so indefensible against logic as many are pleased to assert? Without doubt it is not. Is it not almost universally admitted that if the mother contract syphilis during her pregnancy—the father being healthy—she does (or may) communicate it to the fœtus? Assuredly yes. See the names of those who think so: Vassal, Mahon, Bertin, Ribes, Balling, Blosfeld, Doepp, Baumes, Thierfelder, Astley-Cooper, Ricord, Hölder, Boeck, Prieur, Galligo, Diday, Putegnat, Simon, Cullerier, Trousseau, Lassague, Rosen, Reder, Pick, Chabalier, Bazin, Zeissl, Fournier, Caspary, Hutchinson, Lancereaux, Mirreur (?), Sigmund, Lewin, Desprès, Julien, Fürth, Violet, Gamberini, Bumstead, Engelsted, etc., etc.

By what mode, though, of transmission is the disease produced here? Incontestably through the blood; since after conception it is only by means of the utero-placental vascular system that the fœtus is connected with its mother. But if the syphilitic blood of the mother suffice to infect the fœtus, why may not the fœtus—having received syphilis from its father—be capable in its turn of infecting its mother by the blood which it sends back to her? Is it not in both cases the same agent, taken at a similar period from the same disease, which circulates in the same vessels? And in the presence of such a perfect identity of causes, is it, then, so very hazardous to infer the possibility of a similar effect? We may foresee one objection: it is arterial blood which the mother transmits to the fœtus—it is a venous blood which comes in contact with hers. The former, more vital, exercising an essential influence in nutrition, and being conveyed more directly to the organs, may well propagate the contagion,

without the latter, whose attributes are entirely different, necessarily doing so. But this argument, specious in one point of view, does not, I may fairly say, show that those who employ it have a very clear idea of the part which the blood plays under these circumstances. Its more or less vivifying properties are not here in question, for it has not to exercise an exciting or depressing action upon the organism into which it enters, but a specific action. Its properties may be of little consequence since it is only a vehicle. Whether arterial or venous, its difference in this respect is only to be taken into consideration, inasmuch as it will allow of the propagation of the principle it contains in one direction or the other. A given vehicle sometimes neutralizes the action of a poison; but what can it ever add to it? Moreover, in the natural absorption of the venereal poison, as well as in its artificial inoculation, is it not the returning portion of the circulating system which opens a way for it, really and unfortunately too sufficient? Is it not mostly into the veins that all experimental injections of poisonous substances have been made? But it may be said, if the quality of the fluid does not constitute any difference between the chances of infection run by the mother and the child, its quantity constitues a considerable one. It is true that the fœtus receives everything from its mother; and if the source from which it derives exclusively the materials of its nutrition be contaminated, it can no longer elude the poisonous consequences; while the column of blood which passes from the placenta to the mother is but a very small portion of the fluids by which her nutrition is maintained. This objection rests upon a very correct datum, but in studying the action of poisons every one knows that we must in a measure omit the consideration of the dose. A contusion is unnoticed or causes death, according as it is slight or severe. The vaccine or variolous virus, the pus of glanders or chancre, on the contrary, when the conditions necessary for their absorption are realized, produce with a drop or an ounce the same effects to the same extent.

The difficulty is further brought forward under another aspect, and it is argued: the blood which flows from the arteries of a syphilitic woman reaches her fœtus without having undergone any change; on the other hand, when a fœtus infected by its father returns blood to its mother, this blood has first traversed its tissues, contributed to its nutrition, and assisted in the secretions peculiar to that age, and these various elaborations or filtrations may well have deprived it of its infecting properties! No one knows positively the result of these modifications of the fœtal blood, and it would be rash to attempt to assign limits to their action. But it may at least be affirmed what

they do not do; and I, for my part, am thoroughly convinced that they do not deprive the blood of its syphilo-genetic power, because this blood, after birth, will produce in the same subject morbid (constitutional symptoms) lesions which are eminently contagious. In a word, if the blood of the fœtus, after having traversed its capillaries and passed through its emunctories, goes on to produce in its skin lesions which, so soon as it has been born, are communicable to the nurse, why should this same blood, a week or a month earlier, be regarded as innocuous to the mother who is constantly absorbing it? Lastly, it might still be said that the infection of the mother, when it does not break out in symptoms until after delivery, is due to the special impression which the semen of a syphilitic man produces upon the ovary! But, as I have already stated, it is much more reasonable to attribute the contamination of the mother to the influence exercised upon her by the fœtus, than to admit this direct influence of the semen, against which all the authorities and every analogy testify unanimously. However, in whatever way it may be understood, the explanation does not invalidate the fact, nor alter in any way the importance of the diagnostic and therapeutic consequences which its possibility calls forth. Suppose a woman whose husband has had syphilis at a former period, has herself continued free from primary lesions. After the birth of a first and syphilitic child, her health becomes affected; she presents equivocal but alarming symptoms, which become aggravated on each new delivery, however regular these may terminate. Can it be resolutely denied that syphilis may have some share in the production of these derangements? Is it irrational to regard them and to treat them as syphilitic? Some examples of mine own authorize me in insisting upon the necessity of not too readily giving an affirmative answer to this question.

(To be continued.)

FERRI PHOSPHAS ALBUS.*

(Ferric Phosphate–Schüssler.)

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IN the spring of 1887 the writer canvassed the homœopathic profession in Brooklyn for the purpose of instituting a systematic proving of Schüssler's *ferrum phosphoricum*, a remedy so extensively used, and with such gratifying clinical results as to justify the attempt

* Read before the New York State Homœopathic Medical Society, February 13th, 1889.

to enrol it among our legitimate homœopathic remedies. Among a hundred persons approached, thirty promised their cöoperation; of these, thirteen backed out, with or without excuses, seven say they got no results, ten have reported more or less fragmentary provings.

Investigation showed that the *ferrum phosphoricum* supplied by Boericke & Tafel is not the preparation recommended by Schüssler. The latter uses *Phosphorsaures eisenoxyd, ferri phosphas albus, ferric phosphate*, $Fe_2 (PO_4)_2$, a yellowish white powder soluble in hydrochloric acid, in excess of ferric chloride, in ferric acetate and in ammonia, but absolutely insoluble in acetic acid, hence is precipitated by adding sodium acetate to its solution in hydrochloric acid. It is also insoluble in water and in alcohol. It is commonly made by adding ferric chloride to a soluble orthophosphate and precipitating with sodium acetate.

(1) $Fe_2 Cl_6 + 2 HNa_2 PO_4 + Aq. = Fe_2 (PO_4)_2 + 4 Na Cl + 2 HCl + Aq.$ (2) $+ 2 Na C_2 H_3 O_2 = Fe_2 (PO_4)_2 + 6 Na Cl + 2 C_2 H_4 O_2$.

—v—

Boericke & Tafel have always used the *ferrous phosphate*, $H_2 Fe_2 (PO_4)_2$, the *phosphate of the suboxide of iron, ferrum oxydulatum phosphoricum, phosphorsaures eisenoxydul*, which comes in greenish scales forming, by trituration, a greenish blue powder, somewhat soluble in hot water.

Their Dresden correspondent sent the ferrous salt in response to Boericke & Tafel's order for *ferrum phosphoricum*, and the latter infer that this is in general use in Europe, because, "if the white phosphate were also frequently called for, they (Gehe & Co.) would have inquired which of the two was wanted." That is, if German pharmacists were never careless in filling orders.

Ferrum phosphoricum is too indefinite a term for scientific purposes, as it does not differentiate between the two salts. As Schüssler explicitly states that he uses the *ferric phosphate*, it was decided to prove this preparation, and each prover received—without knowing what he or she was getting—five half-ounce bottles, marked "A," "B," "C," "D," "E," containing respectively triturations of *saccharum lactis* and *ferri phosphas albus* 30th, 6th, 1 x and crude, prepared by Boericke & Tafel expressly for this purpose. The reports received from Drs. Pierre C. Moriarty, Persifor M. Cooke, W. S Rink, D. Simmons, W. C. Latimer, John L. Moffat, Messrs. W. T. Honan, Ira W. Denison, Frank C. Bunn, and Miss M. H. Brokhaus, follow in the appendix. The only published proving, by Dr. J. C. Morgan of Philadelphia, is of ferrous phosphate 2 x trit., which may be found in the Amer. Journ. Hom. Mat. Med., 1876, page 308; Cycl. of Drug Pathogenesy, II., 571,

and Allen's Encyclopædia, X., 525. Dr. W. C. Goodnow of Philadelphia, has also made a proving, presumably of B. & T.'s *ferrum phos.*, which has not been published.

The wisdom of filling up the first bottle with sacch. lactis as a control experiment is evinced by the following symptoms reported as caused (?) by it: Sneezing, coryza, sore throat, subacute conjunctivitis (palpebral), dull headache, neuralgic pains in the head and ear, roaring tinnitus, nausea, eructations, weight and pains in abdomen, diarrhœa, albuminuria, diminished alkaline phosphates in the urine, pimples on the face, restlessness at night.

The results herewith offered are too fragmentary as yet to warrant a theory of how the drug acts. We can only hope that our study of this remedy will stimulate other and better provings, in the meantime eliciting reports of such of the symptoms here given as have been verified clinically. The only clinically verified symptom known to the writer is that one of "hard sore spots of pain in the chest."

A cursory view of the provers' note-books may be of interest, showing roughly the order in which the symptoms appeared. With No. 1, under the crude drug, there were—drowsiness, green stools; profuse, pale urine; deafnesss, preceded by buzzing and ringing; disturbed sleep, vivid dreams, sexual depression, acne, pharyngeal catarrh, pain in the heart, dryness and roughness of the eyelids, headache, thirst, backache, vertigo, urine profuse, but dark and of strong odor, fever, with great weakness, sensitiveness of and pains in chest and abdomen, anorexia; cramps after undigested green stools, continuing after the stools had become normal; falling out of hair; blood pale and thin, flowing freely and checked with difficulty; loss in weight.

No. 2 reported from the 6th trituration, sore throat and headache recurring upon renewal of the drug; from the first decimal, three styes recurring each time he took the trituration. Again, fullness in the head, as from a cold, and sore throat from the 6th, also aching in the wrists. Under the 1st decimal this aching recurred, and crampy pains interfered with prehension, which was weak. Upon taking the crude drug his nose became stuffy, then ran, and he had headache.

Prover No. 3 was so convinced that "B" (the 30th trituration) caused a very sensitive "papule" on the back of the neck, very sore acne, especially on the forehead, and severe erysipelatous nasitis, with a small slough and fever, that he could not possibly be induced to make a control experiment, even when told to try the 30th. "A" had produced no symptoms with him; he had had acne, but never so sensitive.

No. 4 obtained repeatedly from the 6th (also from the 1st decimal and crude preparation) sciatica of the right hip and thigh, with profuse frequent emission of pale, lemon-colored urine; he estimated the quantity as at least thirty per cent. above normal.

No. 5 reported but one symptom, a neuralgic pain in the head, from the 30th.

No. 7 reports spots of pressive pain in the chest from the 30th, on two successive evenings at ten and half-past nine o'clock, also sore throat. From the crude drug, constrictive pains in the shins and dark-green stools varying only in color from the usual.

No. 8 had such mental and physical depression, with loss of weight, that he abandoned the proving. After taking the 6th for several days he noticed the languor, with headaches, and, later, epistaxis of bright red, thin blood, apparently from the posterior nares, which lasted about half an hour, but was not very profuse. There was excess of urea, but no albumen, nor casts. In fact, none of the provers found casts or renal epithelia in the urine.

No. 9 reported that he caught a cold (unusual with him) after taking the 1st decimal, and became so hoarse with loss of voice that he stopped the proving. For the last few nights his sleep had been very restless.

No. 10 reported sugar in the urine while taking B, C, D and E, but we cannot place reliance on this, as it varied from day to day, and probably existed before the proving. While taking the 6th trituration he noted a laryngeal cough, stitches in the left tibia, sharp pain "in the heart," stool, accompanied by a sharp pain in the arms, or followed by aching in the legs. Under the 1st decimal he had disturbed sleep, a sharp pain in the epigastrium, occasional palpitation, backache. Under the crude drug—a sharp pain in the rectum, or unsatisfied feeling after stool, and some aching and soreness in the abdomen; stool tarry-looking in color, sense of constriction in the upper part of the abdomen and of rigidity; liver very sensitive to pressure, with sharp radiating pains through the abdomen; drowsiness; lips chapped and dry, irritable.

No 11 reports under the 6th, menses very pale the first half, pulse irregular in force and frequency, post-nasal catarrh. Under the crude drug there appeared a bluish-gray line at the edge of the gums.

Ferri Phosphas Albus.

(Ferric Phosphate-Schüssler.)

[N.B.—The references are to the prover by number, and to the potency by letter—b = 30th cent. trit., c = 6th cent. trit., d = 1st dec. trit., e = crude trit. 1 = Mr. P. C. Moriarty. 2 = Dr. P. M. Cooke. 3 = Dr. W. S. Rink. 4 = Dr. D. Simmons. 5 = Dr. W. C. Latimer. 7 = Dr. J. L. Moffat. 8 = Mr. W. T. Honan. 9 = Mr. Ira W. Denison. 10 = Mr. Frank C. Bunn. 11 = Miss Brokhaus. 12 = Dr. J. C. Morgan, Allen's Encyclop. X. 525, 2 x trit. and Cycloped. Drug Pathogenesy, II. 571.]

Mental.—Mental (and physical) languor[8c, 10e]. Unable to fix attention, or concentrate thoughts[8c]. Mental sluggishness, this irritates me[8c]. Inability for mental work[10e]. Memory impaired for familiar names, facts, etc[8c]. Preferred being alone and undisturbed; great tendency to lapse into a state of indifference; indifferent to things which were usually of interest[8c, 12]. Continued rush of thoughts with the morning drowsiness, suddenly changing from pleasant to vivid, horrible impressions. Much annoyed by this[1e]. Irritable[10e].

Head.—Vertigo on rising, finally becomes stupefying (confusion?) as if my reason were leaving me[1e].

Vertigo on turning the head[2d, 1e, 11e].

Dull headache[2c, 12, 2e].

Dull frontal headache[2c, 11c, 1e] < toward night and < by motion[1e].

Severe dull headache over the outer side of right eye in the afternoon[2e].

Dull, heavy headache with sense of fullness [10e] (accompanying mental symptoms)[8c].

Heaviness in the head (with symptoms of a cold)[2c].

Head feels full, as though from too much blood[2c].

Brain feels heavy, desire to lift the skull-cap, generally in the evening[11c].

Fullness in the head < l. frontal region[2c]. Headache noticed at 5 P. M. or 11 A. M.[8c] Violent throbbing, not painful, through neck up to occiput, accompanies headache, and is noticed in bed[1e].

Stitches in head[8c, 12].

Sharp, severe neuralgic pains from l. of the vertex (above the ear) directly down through the head; come suddenly, gradually die away[5b]. Scalp tender[1e]. Head hot to the touch[1e]. Hair falls out[1e].

Eye.—Dryness and roughness of lids[1e].
Styes on l. eye[2d].
Eyes injected[1e].

Ear.—In afternoon dull pain in both ears, with a bursting feeling[10b].
Buzzing and ringing tinnitus[1e].
Deafness—conversation seems whispered[1e].
Deafness commences with buzzing and ringing tinnitus; is < in afternoon; is accompanied by pharyngeal catarrh. by vertigo[1e].

Nose.—Nose obstructed [7b, 9d, 2e,] < r. [7b, 2e].
Bland coryza, watery, then muco-purulent[2c, e].
Tenacious discharge from posterior nares.
Epistaxis, apparently from post. nares, bright red, rather thin blood[8c].
Acne on nose, very sore, slow to suppurate[1e].
Erysipelatous dull redness, heat, shiny, swelling of tip, toward forehead on l. side. Nose very sensitive, aching pain, > by removal of small slough from under tip, l. side[3b].

Face.—Much acne, *very sore*, slow to suppurate[1e].
On forehead, acne *very sensitive* with hard base[3b].
Threatened boil under edge of chin[10e].

Mouth.—Lips dry, chapped; a deep fissure in middle of lower lip[10e].
A decided dark-bluish gray line at edge of the gums[11e]
Tongue clean, flabby, swollen, cracked edges[9d].
Tongue furred[1e, 12].

Throat.—Continual hawking[1e, 11c].
Tenacious mucus from posterior nares[1e, 11c, 12].
Tenacious mucus, colorless[1e], thick yellow[11c], frothy[1e].
Lumps of greenish mucus in morning, easily raised[9d].
Annoying hawking, and a hard cough to raise a little tenacious frothy mucus—"I thought I was going to raise a bucketful"[1e].
Hard dry cough from a raw spot in the larynx[11e].
Hoarseness; aphonia[9d].
Throat red, feels œdematous; feels a lump, r. side on swallowing[7d].
Throat sore, raw, l. side feels swollen stiff, < on empty swallowing, < morning[2c].

Stomach.—Anorexia[1e, 12, 9d].
Great thirst for frequent copious drinks in the evening[1e].
Awakened by severe pain in epigastrum[10d].
Stomach feels hard and "set"[1e].

Abdomen.—Dull, aching pains[1e]. Constant dull pain, with occasional shooting pains from side to side[10b]. Sense of weight and sharp pains radiating through the abdomen[10e]. Occasional mild attacks of pain in the abdomen[9d]. Occasional sharp, crampy pains in the abdomen[10e], < on motion[10e].

Sense of weakness in the abdomen[9d].

Hard spots in the abdomen, very painful and annoying (marked and persistent)[1e].

Touch of bed-clothes very annoying[1e].

Feeling as if a piece of sheet-iron were under the skin of the abdomen[1e].

Sense of constriction in upper part of abdomen, with retraction of abdominal walls[10e].

Aching and soreness in abdomen after stool[10e].

Soreness in region of liver, and sensitiveness to pressure[10e].

In the evening crampy pains about the liver[10e].

Stiching pains prevent a full breath[10e].

Dull, aching pain in hypogastrium[8c].

Pain in r. groin as if hernia would protrude (was in bed)[10e].

Stool.—Dark green[1e, 7e]. Dark green indigested[1e]. Black[1e, 10e].

Dark green hard, expelled with effort[1e].

Stool followed by crampy pains[1e].

Mushy stool, with sharp pain in anus, followed by weariness, by weight in abdomen[10e].

Tarry-looking [stool], followed by unsatisfied feeling and soreness and aching in abdomen[10e].

Sharp, stabbing pain down through the rectum in morning, with bearing down[10e].

Urine.—Profuse, light colored, frequent[1e, 4ce, 12].

Dark, strong odor[1e]. Infrequent[4ce].

Excess of urea[8c].

Trace of sugar[10bee](doubtful).

Sexual organs.—Sexual instinct abolished[1e].

Menses pale, first half[11c].

Chest.—* Hard, sore spots of pain all over the chest, annoying[1e] (persistent).

About 9 o'clock P. M. stitch in l. chest from region of stomach to axilla, making breathing very painful[10e].

Dull aching pains in chest[1e].

Evening (9.30), while sitting at work, occasional "spots" of pressive pain under the sternum, > by straightening up[7b].

Slight pressive pain in chest above right nipple; disappeared on taking a deep breath[7b].

Suddenly a loose cough, painful in open air, not so great indoors[11c].

A sharp pain backwards in r. chest[1e].

Heart.—A sharp pain in region of heart, occasionally extending over to the right; < by long, deep inspiration[10c].

Severe dull, aching pains in heart[1e].

Very weak; has to remain, after the least exertion, perfectly still to regain his breath[1e].

Occasional attacks of palpitation, with rising in the throat[10d].

Pulse irregular in force and frequency—80–100[11d].

Neck.—Throbbing up into occiput (not a pain), with headache[1e].

On back of neck, very sore papule, itchy, with hard base[3b].

Back.—Dull, aching pain extends to left of spine from region of the heart[1e].

Dull, aching pain over kidneys, < left[1e].

In evening aching pain in back in and below region of kidneys[10d].

Severe aching in the back and limbs, with feeling of drowsiness and weariness[10e].

Upper extremities.—Wrists ache[2c]. Continual ache in right wrist, < using fingers, specially the thumb[2de].

Crampy pain in right wrist, < if long in one position[2de].

Weakness of prehension, right hand[2de].

A small nodule on dorsum of little finger decreased in size[8c].

Lower extremities.—Dull pain, soreness and aching, down right sciatic nerve to knee; very sensitive to touch; could not sleep on right side; > flexing right leg, and resting it on the toe[4cde].

Constrictive pain in lower third of shin, anterior aspect, < left leg, while walking, as if I were walking very hard and fast (but I was not)[7e].

Unable to walk fast; seemed to be making great exertion, but little speed[8e].

Knees felt as if they would give way under the weight of the body[8c].

Bruised pain in the legs, centering in the joints, especially the hips[10b].

Aching pains in the limbs and back[10e].

Aching pains in legs and thighs after stool[10c].

Occasional sharp stitching pains in left tibia[10c].

Occasional neuralgic pains in limb, shooting upward, < left[11c].

Generalities.—Prostration[1e, 8c]. Loss of weight[1e, 8c].
Blood pale, thin, profuse; difficult to stop[1e, 8c].
Occasional pains "on the surface of" the bones, confined to one spot; has been on lower jaw at inner condyle; right elbow, right big toe, anterior ridge of tibia[10e].

Sleep.—Drowsy in the day[12, 1e, 10e]. Overpowering sleepiness[10e].
Sleep disturbed[1e, 10e]. Restless[9d, 1e].
Vivid dreams.

Fever.—With great weakness and thirst[1e]. With nasitis[3b].

PUERPERAL SEPTICÆMIA.

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PUERPERAL septicæmia, as the name implies, is a poisoning of the general system by septic material at the puerperal period, and at the present day is believed to be the condition existing in the great majority of cases that have formerly been embraced under the more general title of puerperal fever. Etheridge defines the latter very briefly as "a continued fever following confinement," but adds that the majority of pathologists now believe it to be produced by sepsis. The old-time writers found difficulty in describing the symptomatology and pathology of puerperal fever, because the condition of septicæmia was not recognized and described separately, but the accompanying or resultant metritis, peritonitis, cellulitis, pyæmia, etc., making different cases, of course, vary greatly from each other. Cases of cellulitis, peritonitis, etc, may, of course, occur at the lying-in period as simple inflammations, but then they would not be preceded or attended by the symptoms of septicæmia to be mentioned later. Garrigues considers puerperal septicæmia to be caused by microbes, and says that micrococci similar to those found in this condition also exist in erysipelas, scarlet fever, diphtheria and pyæmia.

The lying-in woman, weakened with long demands upon her system during pregnancy, more or less loss of fluids during delivery, her system loaded, perhaps, with imperfectly excreted products of retrograde metamorphosis of physiologically hypertrophied tissues, is admitted to be exceedingly susceptible to any and all injurious influences, some of which let us consider.

Dr. Robert Barnes has made a careful investigation and collection of statistics during two periods—from 1845 to 1874, inclusive—or

thirty years, and a second one of ten years—from 1875 to 1884, inclusive—showing that puerperal fever, scarlatina, erysipelas and fevers of all kinds are most prevalent from October to March, and from these facts proceeds to argue that puerperal fever is not alone puerperal septicæmia, but that it depends upon atmospheric and meteorological conditions, and considers that women delivered in autumn, winter or spring are more prone to puerperal fever because the atmosphere is then often cold and damp, and the diffusive power of the air is so impaired that the excretions from the puerpera are relatively arrested. He believes, evidently, in the autogenetic as well as hetero-genetic origin of puerperal fever. As regards the influence of the above-described atmospheric conditions, the advocates of the germ theory can plausibly assert that these conditions favor the development of all disease germs, and thus by the mere prevalence of the latter increase the danger of septic infection. The writer's own few cases of septicæmia have occurred within the time mentioned by Dr. Barnes as when more prevalent.

Let us consider the influence of the various zymotic diseases as factors in the causation of puerperal fever. Dr. Braxton Hicks has apparently been more industrious than any other investigator in this field. Of eighty-nine cases of puerperal fever, scarlatina was credited as a cause in thirty-seven instances. Of these thirty-seven cases twenty had the usual rash, seventeen had not; and of the seventeen without the rash, fifteen had been certainly exposed to scarlet fever —two only, probably. To erysipelas were attributed six cases; to diphtheria, seven; to typhus or typhoid, two; decomposition of uterine contents, nine; from sloughy wound, one; to puerperal fever, one; mania, four; pyæmia from sore nipples, one. In twenty-one cases causes were put down as uncertain. The above speaks quite strongly as to the influence of zymotic diseases as causes; still many —as Dr. Cushing, in the *Virginia Medical Monthly*, May, 1887—contend that it is not reasonable to suppose that the specific germs of the infectious diseases should act contrary to all usual rules, and either affect a puerperal woman who has had a previous attack of the particular zymotic disease, or if she has not had a previous attack and it affect her, should cause a fever, condition or disease of different nature from that which would arise in a non-puerperal patient.

Others, as Dr. Spaulding—in *Hom. Jour. Obst.*, August, 1883—explain the objection by reasoning that when the specific virus is absorbed directly in the blood or finds its habitat in the detritus of the genital canal of the lying-in patient, septic products result so that the

effect is different from that where the ingress is through other channels. The writer's own observation has not tended to make him greatly fear the potency of zymotic diseases in the production of puerperal septicæmia—not having been able in any instance to trace the connection of cause and effect; but, on the contrary, he has known many instances where women who were about to be, or had recently been, confined, have been exposed to different infectious diseases without harm resulting. Even erysipelas he has not found very inimical to the lying-in patient. March 13th of the current year I was called to see a woman who was expecting soon to be confined. She was suffering from a very aggravated case of erysipelas, so that within a day or two members of her own family could not have recognized her. There was purulent discharge from ulceration on the external surfaces of the eyelids and on the face. When she had been sick four (4) days with erysipelas, she was taken with labor. Care was taken not to examine more than was necessary. I rinsed my hands in a two per cent. solution of carbolic acid, and had five per cent. solution of the same sprinkled on her napkins that were used during the lying-in period. Her condition during that time and her recovery appeared to be totally unaffected by the erysipelas.

This woman was confined on the 18th. On the 20th I attended another woman in labor who had no interruption whatever to a most excellent lying-in and recovery, nor was a patient who had been confined slightly previously to the one with erysipelas, but whom I was yet visiting, affected in any way unpleasantly.

We spoke previously of Barnes' investigations as to atmospheric influences favoring the production of puerperal fever. He, Galatin, Ahlfeld and some others consider that through deficiently excreted waste materials, patients may be self-infected. Still the tendency of late is rather to regard puerperal fever as septicæmic, and to think that sepsis enters through the genital canal. Mundé says that infection takes place *only* thus. Garrigues thinks that it does mainly, but is willing to admit that some facts tend to make it appear that it may, in rare cases, enter the system through other channels, as, for instance, the lungs.

The more undisputed channels of invasion are the absorption of products resulting from access of atmospheric germs to, and fermentation or putrefaction of, any portions of the secundines left in the uterus or clots that may have formed, or absorption along the course of the vagina through breaches of continuity, or changes in the lochia produced by conveyance of germs from other septicæmic patients, matter from autopsies, purulent matter, and, perhaps, virus from pa-

tients with infectious diseases. The speaker fears, especially as causes, an imperfect emptying of the uterine contents, and also dreads to have the patient, during the latter part of pregnancy or during her lying-in, subjected to any causes of worry, anxiety, etc. The first-mentioned causes act, of course, directly in the line of production of sepsis, the latter by lessening the proper nerve stimulus to all the organs and weakening the patient's resistant power.

The time of invasion of an attack of puerperal septicæmia is from a few days to a week after delivery—though it is considered that it may occasionally begin prior to delivery—and, on the other hand, may commence only when ordinarily we would consider the patient quite safe. The author has had no case begin later than the tenth day.

The symptoms of puerperal septicæmia may be briefly stated: When the lying-in patient suffers from sudden rise of temperature—anywhere from 102° to 106°, with or without rigors—pulse running quickly up to 120–140, even to 160, quick, weak, often counted with difficulty, face showing distressed, anxious expression, respiration increased in frequency, and profuse, continuing perspiration, we may feel assured that we have septicæmia—which, if not soon relieved, will have shortly added to above symptoms those of inflammation of uterus or adjacent structures.

Treatment is prophylactic and curative. The announcements by Lister, less than a quarter of a century ago, of the principles of antiseptic treatment has revolutionized the surgical world, and the application, less than a score of years ago, of the same principles to the practice of obstetrics has had no less influence in the treatment of the lying-in patient. Previous to this period maternities and similar institutions were a dread, not only to patients about to enter, but as well to the physician in charge. The mortality, as all know, was discouragingly great. In those the best fitted and having the most luxurious appointments the death-rate averaged, during long periods, eight to ten, even eleven, per cent. Tearing down, building anew, adopting the best means of ventilation and all possible precautions toward the most approved hygienic measures availed but slightly in reducing the rate of mortality. It had been seriously proposed in different countries to abolish the institutions by law. In these very places where the death-rate has been stated as so enormous, antiseptic treatment has reduced it to one, or even quite less than one, per cent. In private practice we cannot get so accurate statistics, but it is believed that here comparisons are very much in favor of the last few years.

In considering our preventive measures against difficulty at the lying-in period we all agree in having the surroundings of our patient, during her whole pregnancy and lying-in, as comfortable, as cheerful and as sanitary as her circumstance will possibly allow. Attend to any departure from fair health, meet any dyscrasia that may show, advise moderation, not extremes, in diet and exercise. When labor is about to begin we can all stand upon the belief in thorough cleanliness, but, in the writer's opinion, they do better who do not stop there, but add some of the now well-known antiseptic measures. An enema of warm water and soap at the beginning of labor lessens the annoyance, if not worse, of fecal matter later; washing the external parts with solution carbolic acid or mercuric chloride is of advantage. For keeping the fingers of the physician repeatedly disinfected the plan of having a bowl of two per cent. solution of carbolic acid or 1 to 1,000 of corrosive sublimate present in which to dip the hand just before each examination is excellent, premising, of course, a thorough washing with soap and water to precede the rinsing. Drying the hands with a towel after the washing is well, but after rinsing in the solution I would not touch the hands to any material. In the majority of cases we do not even need vaseline. The author has not resorted to vaginal douches before delivery unless he has had reason to think that more than ordinary manual interference would be necessary, or if the fœtus had been dead any length of time, would think it of benefit. As preventive of septicæmia, attention during the third stage of labor to a thorough emptying of the contents of the uterus is most important. As soon as the head is delivered it is well to make sure that the uterus contracts and stays so—assist by kneading or compression; when satisfied that the placenta lies in the vagina, gentle traction on the cord and asking the patient to bear down will generally remove it and also obviate the necessity of passing the hand in the vagina. Ergot is well to have at hand, but it is of doubtful advantage if given so early that you get its action before the expulsion of the placenta from the uterine cavity, because then there is liability of strong contraction of the circular fibres at the neck, which would tend to retain it. If positive inertia be shown I would give ergot, but then we could not wait for its action, but in the meantime would use compression, cold application, hot-water injection, etc. In this connection Dr. Hale, at this year's meeting of the American Institute of Homœopathy, read a very full article on the sub-involution of the uterus. He thinks that the tonic contraction of ergot resembles more the post-partum condition of primiparæ, whereas the more intermittent after-pains of multiparæ find a better simillimum in either *ustilago* or *viscum album*.

In the same article he quotes experiments by Drs. Fowler, Hermann and Bexall upon many patients—168 in number—showing that a single dose of ℥ss. fl. ext. ergot after delivery had no apparent effect in increasing involution, whereas continued doses of gtt. xv. three times daily for a couple of weeks exercised quite a material influence. Where labor has been long and severe, and the maternal tissues have thus undergone considerable pressure or contusion, the writer likes *arnica* above everything as a remedy during the first twenty-four hours, believing that it lessens the danger of inflammation resulting from the traumatism. On the other hand, has labor been sharp and comparatively easy, he prefers some remedy like *caulophyllin*, acting in direction of increasing uterine contraction—may in future try Dr. Hale's suggestion as to viscum album, ustilago, etc.

When the speaker began the practice of medicine (1873), carbolic acid was just beginning to be widely recommended as a germicide, and he has ever since that time used it to some extent on the principle of antisepsis in midwifery practice, and was in the habit not much later than the date mentioned above of directing that a solution of about ℥i.ss. in ℥iii. water be sprinkled upon every napkin used upon the lying-in patient, thus to a degree getting the benefits of the antiseptic pad advocated of late.

To the above plans of using carbolic acid solutions for disinfection and celusion he attributes what has been certainly a very great immunity from septicæmia in a fairly large obstetric practice.

His first obstetric case in which he met with the loss of a mother from any cause occurred in March, 1884, from septicæmia, at which time he had not commenced the use of intra-uterine injections, neither had the physician called in consultation, but this case decided the author to commence with them in the very next one that should show any symptoms of septicæmic trouble, and the results make him speak most strongly in their favor, as will shortly appear.

If our lying-in patients show symptoms of threatening septicæmia, what is our best course? If they be not very severe we may trust to our indicated remedy alone, but if improvement be not soon apparent, I would advise vaginal douches of one per cent. solution of carbolic acid, or 1 to 2,000 solution of mercuric bichloride, regarding the latter as the more effectual, and from which the writer has never found any symptoms showing affection of the general system from its use, not even rectal tenesmus.

Should the condition still not improve, I would, according to severity, in from a few hours to a day, use what appears to be our most certain and reliable remedy—an intra-uterine injection. The writer

has so far clung to 1% sol. carbol. acid, because it has never disappointed him in the results where fairly administered. Should it at any future time do so, he would speedily resort to 1 to 2,000 merc. bichloride. From 1884 to 1886 the writer had occasion to use intra-uterine injections a number of times. From January, 1886, to October, 1888, he was not obliged to—whether from still more thorough antiseptic precautions he cannot say.

I will report the case occurring in October, 1888.—Mrs. U., primipara, had her last menstrual period January 26, 1887; felt life at four and a half months, so that she was expected to be confined during the first week in November. For some time prior to the first of October she had felt very languid. She was of a lymphatic temperament and quite disinclined to much exertion. Urine showed no albumen. During the first part of October she complained beyond description of distress in the way of heaviness, etc.; no distinct pains. On October 8th I was called and examined her, though not having expected to do so, I was not provided at this visit with either carbolic acid or mercuric chloride, so simply washed my hands thoroughly. The cervix was yet very high and the os not at all dilated, the neck not even effaced. Saw her almost daily until five days from then, when was summoned about midnight. She had suffered all the evening with pains. Examination showed the os to be dilated to one inch in diameter; the waters had escaped, which fact hastened them in sending. No pains at the time of my visit. I lay down in an adjoining room and was not disturbed until morning, when pains began and continued, the child being delivered at 10 A. M., the placenta soon following, being helped by compression of the fundus of the womb and having the patient bear down well. The uterus contracted, but I soon noticed that it did not remain so. Gave ergot; continued the kneading; patient felt nausea, was weak, and fainted. Gave *ipecac*, *china*, stimulants and hypodermic injection of ergot and whiskey. Pulse rallied, but I did not feel easy about her for a couple of hours. Gave milk punch and liquid peptonoids for nourishment.

With this patient the temperature was elevated before labor, being 101½ the day before.

October 12th, the day of confinement.—102½.
" 13th.—103½.
" 14th, 11 A. M.—104.

I had advised vaginal douche 1½% carbolic acid, but at 6 P. M., as temperature was yet high, gave an intra-uterine injection, first removing some clots that protruded from the os uteri. An hour afterward the patient felt somewhat chilly.

October 14th,	7.00 P. M.—	Temperature	105.	
" "	10.00 P. M.—	"	102.	
" 15th,	8.00 A. M.—	"	102.	
" "	10.45 A. M.—	"	103.	Pulse 116.
" "	2.00 P. M.—	"	103¾.	
" "	5.00 P. M.—	"	104.	
" "	9.15 P. M.—	"	102½.	

October 16th, 8.00 A. M.—Temperature 102.
" " 12.15 P. M.— " 103½. Pulse 112.
" " 2.30 P. M.— " 103¾.
" " 8.00 P. M.— " 103.
" 17th, 7.30 A. M.— " 101.
" " 12.30 P. M.— " 102¾. Pulse 112.
" 18th, 9.00 A. M.— " 103.
" " Chill at 9.30 A. M.
" " 10.15 A. M.—Temperature 106. Pulse 140, rapid and weak; thready. In this case would have repeated the uterine injection before this time, but she complained so greatly of anything being done that I delayed as long as I felt safe. Used one now at 10.30 A. M.

October 18th, 1.00 P. M.—Temperature 103¾. Pulse 120.
" " 4.00 P. M.— " 99⅛. " 104.
" " 8.00 P. M.— " 98½.
" " 9.00 P. M.— " 97¼.
" 19th, 12.30 A. M.— " 98½.
" " 2.00 A. M.— " 99.
" " 4.00 A. M.— " 100.
" " 8.50 A. M.— " 100.
" " 12.45 P. M.— " 101½. Pulse 112.
" " 8.00 P. M.— " 101½.
" 20th, 2.00 A. M.— " 100.
" " 7.00 A. M.— " 99.
" " 12.35 P. M.— " 100¾. Pulse 108.
" " 5.30 P. M.— " 101¾. " 104.
" " 8.30 P. M.— " 100¾.
" 21st, 2.30 A. M.— " 99.
" " 7.40 A. M.— " 98¾.
" " 12.00 M. — " 100.
" " 2.30 P. M.— " 100¾.
" " 4.00 P. M.— " 102. Pulse 104.
" " 7.00 P. M.— " 101¼.
" 22d, 6.00 A. M.— " 98.
" " 8.00 A. M.— " 98¼.
" " 1.30 P. M.— " 100¾.
" " 5 00 P. M.— " 101⅛. Pulse 100.
" " 8.30 P. M.— " 101½.
" 23d, 8.45 A. M.— " 98.
" " 12.30 P. M.— " 98½.
" " 5.15 P. M.— " 99.
" 24th, 8.15 A. M.— " 97¾.
" " 1.45 P. M.— " 98

During the next five days the temperature did not go above normal, but upon two days it went down to 97¾, two other days to 98; last day remained normal. When, on the sixth day after delivery, the temperature was 106, pulse, 140, expression haggard, respiration humid and perspiration profuse, the writer does not believe that any medicinal treatment alone would have yielded as good results as the intra-uterine injection did, and thinks that the benefit from the

one used on the second of the lying-in would have been more permanent had not a rather high bed-pan interfered with depressing the syringe end of the glass tube sufficiently to allow the uterine extremity of the tube to enter the cavity to as great a depth as it ought. Quite contrary to the first injection, the patient made no complaint about this one, and at my next visit said, unasked, that one might be used as often as necessary; and yet at the time of giving the first one there was no feeling of hardness nor of exudation into the tissues about the uterus or vagina. Let us briefly review the sixth day: At 10 A. M. the temperature was 106, pulse 140; 1 P. M., two and one-half hours after the injection, the temperature was 103¾, pulse 120; three hours later, temperature 99⅕, pulse 104, and at 8 P. M., temperature normal. There was certainly septic material here in the uterus, and results proved that antiseptic local treatment removed the cause. In some cases after intra-uterine injections patients may experience chilliness and a very brief rise of temperature, but both speedily subside and improvement begins. In many cases no unpleasant effects whatever follow. We need not dwell upon necessity of using every care not to allow any air to enter the cavity of the womb. Just before the tube enters the os let the liquid commence to flow; also remove the tube before the supply of liquid shall have entirely passed.

In regard to internal medicinal treatment the writer chooses according to indications from *verat. vir.*, *arnica*, *caulophyllin*, *belladonna*, *bryonia*, *baptisia*, *gelsemium*, *arsenicum*, *mercur. cor.*; *also* gives in more material doses *quinine*, gr. iii. every four hours, and at times *ergot* to produce contraction of the uterus and lessen absorption; but with any and all therapeutic resources, thinks that occasionally an intra-uterine injection will prevent a long siege of septicæmia and complications, and save lives that would otherwise be lost.

Dr. Routh, in a discussion before the British Gynæcological Society, advocates a solution of *iodine* for intra-uterine injections, because by its volatility it permeates beyond where a liquid may actually flow, and if the solution be used *hot* will coagulate albumen and prevent absorption as well as the *corrosive sublimate*. *Carbolic acid* certainly has the same property of permeability, possibly to a minor degree.

The patient above reported was confined October 12th. Three days later the writer attended another in labor who had not the first unfavorable symptom all through her lying-in. On the tenth day after the first patient was confined he attended one, where on account of antero-posterior diameter of the pelvis being barely four inches, he was obliged to use forceps. This patient, the mother of six children, has never been confined without forceps having been found necessary. The writer attended her three years ago when she had twins. One child much under the average size, was delivered naturally; forceps were

found necessary for the other. At this last lying-in on the seventh day the patient had temperature of 103¼, pulse 128, but without other alarming symptoms. Directed vaginal douches—one twice daily—of bichloride, 1 to 2,000, and next day her temperature was 99¼ and pulse 88.

No reference has so far been made to the use of antipyretics like *antipyrin*, *acetanilid*, etc., because there certainly appears no reason for giving them prior to trying the intra-uterine antiseptic treatment, thus acting directly upon the cause. And as that plan has so far succeeded in every instance where tried by the writer, he has so far found no necessity for the antipyretic treatment in this condition, though he has in some zymotic diseases.

In septicæmia, should the treatment above spoken of and other therapeutic resources fail, and continued high temperature threaten general paresis, he would try the antipyretics here.

ANOTHER NEED IN OUR COLLEGES.

By S. LILIENTHAL, M.D.,

San Francisco, Cal.

PROFESSOR DAVIS, in an article published in the *Dietetic Gazette* for January, truly remarks: "We must not think of therapeutics as relating to drugs only; we must consider the science in a broader sense; there is a therapy of hygiene and regimen." In other words, there is a curative power in fresh air, sunshine, sanitation, exercise, clothing, and most of all in the food we eat. We cannot overestimate the importance of diet in the treatment of disease, and I believe the physician can spend his time no better than in the study of dietetics, with the feeling that this is the one factor in the cure of diseases, scarcely second to medicinal therapy itself. It often requires a higher medical knowledge to regulate diet in special diseases in order to promote recovery insensibly, than it does to give drugs, which produce more evident, though perhaps less efficacious results. If attention to diet is important to health, how much more essential does it become when the organism is stricken with disease, when the functions are weakened and disordered? We must nourish the body and apply in certain diseases the curative effects of special selected diet; then our food is not only supportive, it is curative, and we have illustrated the therapeutic value of diet.

This is a valuable hint from allopathic authority. As I lately waded through the examination papers of several colleges, I found that the

teachers of materia medica propounded questions on the primary or secondary action of drugs, to define the law of similarity, and whether Hahnemann said "curantur" or "curentur;" and the Professor of Practice quizzed on apoplexy, lobular and lobar pneumonia, on ileus, on sclerosis and cirrhosis, but not a word about the therapy of dietetics. The teacher on hygiene asked about sewer gas, about adulteration of food, etc., but dietetics did not belong to his branch; we might just as well ask, to which branch do they belong?

One great reason for the neglect of this therapeutic branch lies in the one-sidedness into which too many physicians of our school have fallen, and who consider as apostates one and all who do not consider *similia similibus curentur* (that *curantur* smacks too much of egotism, for failures have happened even to the best prescribers) the only law of therapeutics and the sole guide for the cure of the patient. Some, who never read the *Organon* in the original language, may feel astonished that Hahnemann never made *similia similibus curantur* a law, as Dudgeon clearly shows in several of his valuable essays, and only lately in an article in the *Homœopathic Review*, where he says: "Let us consult Hahnemann's writings to see what he really meant. In the first edition of the *Organon* he says: 'The true way of curing (*Heilweg*) is: to effect a mild, rapid and permanent cure, choose in every case of disease a medicine which can for itself produce an affection similar to that sought to be cured (*similia similibus curantur*).' In the second edition he tells us: 'The true *Heilweg* rests on the proposition (*Satz*, which may also be translated, tenet, dogma, doctrine, but not law.—S. L.): to effect in a mild, safe, rapid and permanent manner the cure,' etc. In the third edition: 'The true, correct, best curing is to be found in the proposition (*Satz*, dogma) *similia similibus curantur*.' Only in the fifth edition the words are used, '*Naturgemässes Heilgesatz*,' *i. e. the only rule* (*precept*) *of curing conformable to nature* is *similia similibus curantur*—let likes be treated by likes."

So far Dudgeon, and he had here certainly the benefit of fair translation on his side. I have, in all my teaching, always added a little sentence to it in explaining the truth as it is found in homœopathy, that *similia similibus curantur* may be considered the best, perhaps the only, law of cure *as far as drug action is considered;* but there are certainly other laws of cure, as Hahnemann himself teaches in the *Organon*, and to the neglect of these other various laws of therapeutics many of the failures may be fairly attributed.

Thus, Hahnemann says in the *Organon:*

§ 4. "The physician is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain

disease, and when he knows how to remove them from healthy persons." In other words, *he must know all the rules or laws of sanitation.*

§ 228. "Although diseases of the mind and temperament, of physical origin, are only to be cured by antipsoric homœopathic medicine, *combined with carefully regulated habits*, it is necessary also to unite this treatment with *proper hygiene and psychical regimen of the mind.*"

§ 261. "The proper regimen to be enjoined during the use of medicines in chronic diseases consists in the removal of all obstacles in the way of recovery, and in the substitution of a wholesome mode of life, such as innocent recreation of the mind, active exercise in the open air in all kinds of weather (daily walks, light manual labor), proper nutritious food and drink, unadulterated with medicinal substances"

§ 262. "In acute diseases the fine, unerring sense of the active instinct of self-preservation will decide the course to be pursued so clearly that the physician will only have to advise the friends and attendants to obey this voice of nature by gratifying the patient's ardent desires, without offering or urging him to accept hurtful things."

Allow me to quote Professor Davis again, who says: "When we prescribe aconite in a fever do we always recollect that starchy food is not well digested in febrile conditions, because saliva is scarce? In certain nervous diseases are we mindful that tea, coffee and other stimulating food may counteract all the good done by sedative influences? In many cases of intestinal inactivity are not more fluids and coarse foods as necessary as drug therapia?" etc., etc.

I do not doubt in the least that you all agree to these propositions; and still in all the commentaries written to the *Organon*, this, one of the chief points in the *Organon*, is entirely neglected, as though they were afraid to acknowledge that the selection of the simillimum is not the only point to be considered in the healing of the sick. *Individualize the patient*, says the father of homœopathy, and for this purpose the entire anamnesis of his life as well as his present status are necessary, for only thus can we aid in removing all the obstacles of the cure; only thus can we urge upon the sinner against all hygienic or dietetic laws to sin no more; and if laws are only made to be broken, let the punishment fall upon the sinner (how they do run to the mineral springs for two months to disgorge their superfluities, and then gorge themselves for ten months!) *Individualize the disease, the totality of symptoms*, and study out how many of these symptoms can be removed by a more natural mode of living; this is the *Naturgemässe Heilgesatz*, containing all the precepts to keep mind and body in its natural healthy state; and when we have accomplished all that can

be done, let us prayerfully investigate, let us *individualize the drugs*, so that we may select the simillimum and heal the case in a mild, safe, rapid and permanent manner.

My task is done. May this hint bear good fruits, and may, at the next curriculum of our colleges, no student have to complain that during all the three years of study he never heard a lecture on dietetics and regimen.

ORIGINAL ARTICLE IN SURGERY.

THE IMMEDIATE CLOSURE OF ANAL FISTULA.

By H. I. OSTROM, M.D.,

New York.

THE present status of operative surgery, so far as it relates to the healing of wounds, makes union by first intention possible in many cases that formerly were of necessity left to granulate. There is no physiological reason why wounds not involving too great a loss of tissue should not heal without suppuration; the essentials to this end being, *first*, that the wounded parts are clean; *second*, that they for a period enjoy physiological rest; *third*, that the wounded surfaces are accurately coaptated. The *first* indication is met by aseptic, or antiseptic methods, the *second*, either by temporarily paralyzing the muscles involved, or by the use of an immobilizing apparatus; the *third* by even, adjusted sutures. Now, by this is meant more than simply suturing the wound. Both surfaces of the wound must be held in contact, not the superficial parts only. To accomplish this, various methods will be resorted to, and this stage of any operation will frequently test the surgeon's skill and ingenuity to the utmost. Within certain limits each case stands alone, and must be sutured according to its particular requirements, always keeping in view the necessity, if we would obtain primary union, of maintaining such perfect contact of the wounded surfaces that no pockets or cavities remain. These will invariably defeat rapid healing, or healing by first intention. Drainage, a most efficient means of assisting healing when this cannot be accomplished without discharge, is opposed to the ideal process, and is an indication either of the magnitude of the diseased area, or an acknowledgement of our inability to avail ourselves to the fullest of Nature's powers of reproduction. I believe it to be true that in proportion to the advantages gained in the healing of wounds by instituting thorough drainage, the disadvantages are equally great if drainage is instituted when not necessary. It is much easier to sew a wound

and introduce a drainage tube, or leave a wound open, than to carefully coaptate its surfaces, and I am inclined to think that the former course is followed, not from any lack of conscientiousness, but rather from habit and a spirit of conservatism, in cases where the immediate closure is perfectly feasible, and almost certain to yield good results.

The immediate closure of rectal fistula is a case in point. Here we have a variously directed suppurating canal, which, in addition to the causes common to all suppurating cavities, is prevented from healing by the muscular activity of the parts involved. There is no pathological condition in the fistula not opposed to healing that cannot be removed by an operation, and their is apparently no theoretical reason why even extensive rectal fistula should not heal by first intention, provided they are treated according to the acknowledged principles for the treatment of wounds generally—asepticism, accurate coaptation and rest.

In September last I was requested by my friend, Dr. E. W. Finch, of New Rochelle, to see a patient with him at Mamaroneck. The lady, aged fifty-six years, never very strong, had been usually well during the early part of the summer, but, as was her custom, left her Mamaroneck home in July for Newport, where she generally remained during the season. Shortly after reaching Newport she, from no known cause, became very much constipated, and as nearly as can be learned, there soon developed an ischio-rectal abscess. A physician was called, who for several days failed to recognize the nature of the disease.

After making a diagnosis of abscess the parts were poulticed for about ten days, when the abscess opened spontaneously. As usual in such cases, the spontaneous opening was not sufficiently large to drain the suppurating area, and the attending physician several times daily, by digital pressure, evacuated the abscess as well as he could,

using, I learned, considerable force in doing so. The conditions not improving, Mrs. R—— returned to her home. Dr. Finch at once recognized the disease and requested my advice.

I found a lady much depressed nervously and physically by suffering, and the apprehension which so frequently accompanies rectal troubles. The left ischio-rectal space was hard, brawny and almost purple. At the margin of the anus there existed the spontaneous opening. This was quite buried in the anal folds, and was so small as to admit with difficulty a No. 4 silver probe. Examination showed the fistula to be made of at least three canals—one directed outwards, one backwards and outwards, and one inwards, parallel with the rectum. After considerable manipulation the probe was passed through the latter sinus into the bowel. The upper opening was situated above the external sphincter. On the day following, with the kind assistance of Dr. Finch and Dr. Roberts, I operated.

The small size, and the situation of the external opening, prevented me at the first examination from ascertaining the extent of the fistula. When I began to cut I found a much more complicated condition than there had been any reason to think existed. The external opening, by a straight canal, communicated with a good-sized pus cavity, from which, as from a centre, branched three other sinuses. The lower one almost encircled the anus, and converted the fistula into the horse-shoe variety.

After completely paralyzing the sphincter, a by no means easy thing to accomplish in any case, but a measure upon which much of the success of rectal surgery depends, the sphincter was cut through, and each sinus laid open to a little beyond its termination. The latter procedure seems a small point of technic, but the exact limit of a fistula, when situated in such loose tissue as that which surrounds the anus and rectum, is difficult to determine. I, therefore, think it better to exceed rather than to fall short of the disease area, and am in the habit of prolonging my incision at least half an inch beyond where the sinus seems to end.

After scraping the suppurating surfaces, and removing every particle of granulating tissue down to healthy areolar tissue, the entire fistulous track was brought together with four tiers of buried cat-gut sutures. To insure success in applying buried sutures all blood clots must be washed away, and absolutely no blood allowed to remain between the surfaces. This I accomplished by a constant irrigation with bichloride of mercury solution. Under irrigation, and with the successive rows of sutures, the deep sinuses were gradually built up, until, when the last row was placed, the line of the sinuses appeared as nothing more than branching scratches on the skin.

In sewing the sinus which involved the sphincter, I took the precaution to sew the muscle separately from without inward, that is not from the rectal aspect. The reason for this was to avoid what I believe to be a cause of the imperfect restoration of the function of sphincter muscles after they have been cut, as in the present operation for rectal fistula. To establish perfect union, muscular fibres must be brought together in such a way that their direction shall not be altered. If the sutures are applied from the rectal side the sphincter fibres are more likely to be turned out—thus producing a notch where union takes place—than when they are applied from the outside.

The entire fistula healed by first-intention, and in twelve days from the operation the case was dismissed. On the fifth day the bowels moved with an enema. At no time was there any paralysis of the sphincter, the muscle having regained its power before the bowels acted.

In my own experience the results in this case are exceptional, and it is reported for the purpose of showing that severe rectal fistula can be cured speedily, without the former prolonged period of healing and its attendant discomforts, and the uncertainty of restoring the functional activity of the anal sphincter.

For some time I have treated all uncomplicated rectal fistula by immediate closure, and have obtained satisfactory results, but the present case is the most extensive that I have so treated, and the success met with favors the opinion that this method of operating has a wider application than has hitherto been generally recognized.

42 West 48th Street.

THE LOCALIZATION OF TABES DORSALIS.—Jendrassik, of Buda-Pesth, speaks of the manifold symptoms of locomotor ataxia, and considers that later and more exact investigation shows an incongruence between the number of the symptoms and the degree of the anatomical changes. He endeavors to show that implication of the posterior columns and the posterior gray horns is not sufficient to explain all the sensory disorders in the disease, and considers the brain cortex as the seat of sensory function, so that when the irritability of the associating fibres is weakened (their duty being to bring to consciousness distinct kinds of sensation from distinct areas) the judgment of the individual concerning one or another sensory perception becomes impaired. So, concerning ataxia, he places the co-ordination centre exclusively in the cortex, not accepting either the motor or sensory theory of ataxia by impairment of fibre-conduction in the cord. He considers it possible that the degenerative processes in the cord may be the outcome of processes in the brain, notwithstanding the former are ascending in direction. The non-sensory and non-motor symptoms, such as disturbances in sphincter action, loss of the knee-jerk, etc., are still to be explained by the processes in the cord.—*Neurolog. Centralblatt*, No. 3, 1889. O'C.

EDITORIAL DEPARTMENT.

IN MEMORY OF FRED. S. FULTON.

IT is with sincere pain that we have to announce the death of DR. FRED. S. FULTON who, up to January last, had been the editor of our Reports of Societies and Hospitals and a contributor to our editorial columns, original papers and book reviews. After something more than a year of illness, he died at Norwich, N. Y., on March 26th, 1889, at the age of thirty-one. Although his life was so short it was well rounded by the self-discipline of an aspiring nature.

Dr. Fulton was the son of a physician, Dr. S. J. Fulton, of Norwich, N.Y. He prepared himself without other instruction for Madison University where he entered with the Dodge Prize for the best examination of his class, and from which he was graduated with high honor in 1882. In 1885, he received his degree of M.D. from the New York Homœopathic Medical College, taking the Faculty Prize for the highest standing during the entire course. In a competitive examination he won the appointment as Resident Physician to the Hahnemann Hospital of New York City and, during his year of service, earned the confidence and esteem of the Visiting Staff by his administrative ability and the display of unusual gifts as a practical and scientific physician and surgeon. In 1886 he resigned his position, and soon secured a private practice in this city which gave flattering assurance

of a highly prosperous career. In the same year he was appointed Visiting Surgeon to the Laura Franklin Free Hospital for Children where he exhibited distinguished ability as an operating and judicious surgeon. He also became at that time an editor of this Journal, and contributed very largely to its successful establishment. In July, 1886, he was married to Miss Bertrice J. Shattuck of Norwich, N. Y., who, with two infant daughters, survives him. In the strain of this untiring activity and the anxiety attendant upon the establishment of a metropolitan reputation upon the basis of worth and the strictest integrity, his nervous energy failed, and after a year's disappointing retirement which he endured with the philosophy of a Christian who lives his faith, on the voyage which he hoped would restore his health, he developed Acute Bright's Disease and died twelve days after he reached land and home.

These are the facts of a short but crowded life. They give but a faint impression of a mind of many-sided talent, and a personality full of candor, uprightness and purpose. Dr. Fulton was a fluent speaker to the point of a question, a forcible and ready writer, scholarly in habit of mind, scientific in the temper of his judgment, widely informed, skilful and practical in his use of knowledge. His ardent student nature was singularly combined with the most ready faculty for action, and his power of work was if anything too unsparing and absorbing. At the time when illness seized him, in addition to his private, hospital and editorial labors, he was engaged in the writing of a work on the histology of tumors, to which he had devoted much original study and for which he had prepared many faithful and beautifully executed illustrations. United with this zeal for work, there was a high and steady purpose, the larger point of view, honesty in every fibre of his moral and intellectual being, the gift of large common-sense, a sympathetic temperament and an affectionate nature, warm and quick in impulse. He was one of those modest but self-reliant natures and rarely endowed men in whose full maturity there was the confident prospect of large usefulness, not only in the healing of his fellow-beings, but in the service of his profession, whose obligations he never shirked, and in the advancement of surgical science, in which he had already gained distinction.

As an Editorial Colleague, the members of our staff hold him in affectionate remembrance and admiration. His relations with them were in the brotherly and wholly friendly spirit, and his labor for the JOURNAL was unselfishly given, honest to the very bottom, never slighted, always thoroughly and conscientiously informed. His reports of discussions in medical societies were remarkable, not only as proofs of an accurate and retentive memory, but for their grasp of the essential elements that gave them value as matters of public record. His criticism of books was marked by seriousness of judgment and the sense of justice, and his contributions of papers in our societies were notable for their wide and sifted information and independence of thought. In paying tribute to his memory, the highest satisfaction lies in the feeling that there was nothing in his life that calls for the concealments of false and adulative eulogy, and that what has been written of him can be said as strictly and sincerely true.

The sympathies of our staff are respectfully tendered to his bereaved family who, in their grief, should have comfort in the knowledge that, while it was not granted to their loved one to fulfill the measure of his promise, he did achieve the highest motive and the full attainment of the years that were allotted to him in intellect, in character and in performance. This, above all eulogy, is the standard for mortals, with whom the greatest length of years is but a span, and the most extended opportunity for usefulness is but as a transient moment, a swiftly passing thing for all mankind. And if the spirit in which we act is the highest matter, if "earnestness alone make life eternity," our friend attained an immortal ideal, and full success crowned a pure and nobly striving life.

OBLITERATIVE LEGISLATION.

WE have been able to obtain a copy of the Bill now before the Legislature of New York State, providing for a single State Board of Examiners, at so late a date that extended comment cannot now be made upon it. The bill provides for a board of nine, to be appointed annually by the Board of Regents of the State University,

from nominees to be presented by the several State Medical Societies. From the allopathic are to be appointed five; from the homœopathic, three; from the eclectic, one. The examining board is to make its own rules and regulations, exclusive of any other approval, or check, or remedy. Its government is to be by the majority, and its decisions as to candidates are to be final. The Board of Regents have, in addition to the power of appointment, the privileges, only, of deciding what applicants may become candidates, and of giving the licenses in form to such candidates as may have been approved by the Board of Examiners. Provision is made in the bill for separate examinations in therapeutics as the candidates may elect, the candidates being supposed to be known to the examiners by number only, and not by name. The examinations are to be written and may, in addition, be oral.

Thus the examining board, or its equivalent, the majority of the Board, or, in other words, the allopathic sect in medicine as represented in its State Medical Society, would through this bill obtain the supreme and uncontrolled power over the license to practice medicine in the State of New York. That it would discriminate in its own favor is unfortunately to be believed. The spirit in which it prepared and presented the bill is fair evidence of its intention, for the bill has been presented without conference between the schools, and the right of the minority to just and courteous consideration, as a separate though integral part of the medical profession to be consulted, has been totally ignored. The real mover in it is the organized allopathic sect which has put forward as advocates its very few liberally talking men, who serve as a cover of the antagonistic spirit of its rank and file; and even these few liberals frankly avow their main purpose to be the obliteration of "sects in medicine," or, in other words, the school of homœopathy. Its provisions for concealing the identity of candidates are delusive; for, while they may not be known by name, they will be known by number, and there is nothing provided to prevent the Board from knowing what school of therapeutics has been elected by any specific number for examination. Granted even the possibility of an impartial board one year, there is no guarantee that another board in a succeeding year will

be impartial. The inevitable consequence will be that students, in order not to incur the disfavor of allopathic examiners, will select allopathic preceptors and attend the allopathic colleges. Thus the coveted blow will be struck at the life-source of homœopathy, its prospective students and its educational institutions. We trust that there is no further need of urging all interested in the future of the homœopathic school to work actively to prevent the consummation of a law so unjust, so sectarian and so destructive.

The bill is No. 543 in Senate, and is now in the hands of the Committee on Internal Affairs of Towns and Counties. It will probably shortly be reported upon to the Senate, as the Committee have given their last hearing. Drs. St. John Roosa and Egbert Guernsey, as co-obliterators of "sects in medicine" (homœopathy), have appeared before the Committee in behalf of the single Board, and Drs. H. M. Paine and T. F. Allen against it.

SANITARY PROTECTION OF POTABLE WATER.

THE subtlety of certain forms of infection is nowhere more manifest than when lurking in water thought to be potable. Successfully defying the detective efforts of the trained analytical chemist, the specific poison first demonstrates its presence and power by causing certain definite diseases in those who may have used the water as a beverage. It is certain that chemical analysis alone cannot always definitely determine as to the wholesomeness of a given water. The chemist can determine with certainty the elements of the organic matters in a water. He may know whether it be vegetable or animal in its origin, and he may sometimes detect recent sewage; but he cannot tell whether the organic matter present is harmless or deleterious. That which unfits water for drinking purposes is the presence of certain specific organic matters. Organic material non-specific in character may exist in a water and do no harm to those who use it; but the specific organic matter is always unwholesome. And the chemist cannot as yet differentiate between the two. Sanitary investigation shows that water pronounced pure on analysis has been the apparent

cause of specific fever—typhoid; and that water drawn from a well in close connection with sewer or cess-pool has been used for years without injurious effect until specific infection was added. Nature has a method of removing ordinary impurities from water. The rain-water is absorbed by the earth, penetrates through the soil and is found in the spring a clear and sparkling water, differing in some important particulars from the original rain-water. The organic matter is reduced to an inorganic condition; turbidity is removed, and the water becoming charged with certain gases and mineral salts is the better fitted for ordinary use. But does this process of filtration remove specific organic matter from water and render again pure and wholesome that which was infected? It may be said with some degree of assurance that Nature's laboratory fails to do this in many cases at least. But water may be purified in another manner. Running water undergoes the processes of sedimentation, aëration and nitrefaction. The ordinary organic matters are again removed under certain conditions, and the water may have a fine record from the chemist's report, and yet be unfit to drink. In other words, it is not probable that sewage in any great quantity is wholly eliminated from running water under ordinary circumstances, and so it may not be positively said that water once well contaminated with specific organic matter is ever again in condition to be safely used. Authorities, however, differ on this point. "It should be distinctly stated," says a distinguished authority, "that there is no foundation in fact for the oft-repeated statement that water once polluted by sewage can never again become safe for drinking purposes. Wherever the pollution and subsequent self-purification of a flowing stream has been patiently investigated the chemical testimony as to the value of this self-purification has been convincingly demonstrated." But the English Rivers-Pollution Commission say: "It will be safe to infer that there is no river in the United Kingdom long enough to effect the destruction of sewage by oxidation." There is no doubt but that oxidation goes on to a considerable extent, but does it remove all unwholesome matter? It is certain that those cities whose water-supply is the most carefully protected from infection by sewage have the smallest number of cases of typhoid fever and malarial

diseases. The greater the pollution the greater the number of fever cases. In view of these facts, the action taken by the State Board of Health regarding the pollution of the Croton reservoir seems a wise precaution. A thorough examination has been made, the result of which appears in an exhaustive engineering report. On this the Board has established certain rules for the sanitary protection of the water-shed. The general principles of the rules are as follows: A marginal zone has been established around every lake, pond or reservoir adjacent to any spring, stream or natural water-course of any kind on the entire water-shed and around every tributary. These zones vary in extent. From them it is the purpose of the rules to exclude all kinds of contamination upon or below the surface of the ground. Another zone has also been established of larger dimensions, within the limits of which there will be allowed no defilement of the surface or subsoil, and restrictions as to the manner of maintaining sources of actual or possible pollution have been made. On the subject of discharging raw sewage into streams and water-courses the Board says: "In the performance of our duties we need on every side the popular and widespread belief that if the volume of the natural stream into which the sewage is discharged be only a few times greater than the volume of such sewage a spontaneous purification of the running water will more or less speedily take place, and render the stream suitable for all domestic purposes. The fact is, however, abundantly proved that the noxious qualities of polluted water are not removed by a flow of many miles in an open channel, even though the water may have become thoroughly clarified by the complete sedimentation of the solids originally held in suspension, and hence, also, that any stream which is defiled with putrescent animal matter, especially such as is derived from human beings, cannot safely be employed as a source of potable water-supply." The only certain way of obtaining reasonably pure water is, therefore, to prevent its defilement, and the efforts of the State Board in this direction will meet with hearty approval from all intelligent people.

A BENEFICIAL CONFERENCE.

THE interest in the plan of drug revision recently published in the *New England Medical Gazette* has been so great that the committees on materia medica of New York and Brooklyn invited Drs. Wesselhoeft and Sutherland to meet with them and more fully explain and illustrate the method. The invitation was cordially accepted, and the meeting was held at Dr. T. F. Allen's on Monday evening, March 25th. A detailed account of the proceedings will be found in another column. The discussion that followed the remarks of Drs. Wesselhoeft and Sutherland was spirited and valuable. The originators of this scientific method of reconstructing our unreliable materia medica looking on their work as in its essential stage, proceeding cautiously but surely, had not as yet considered the plan of definite concerted work looking to a thorough and authoritative revision of drug records, and ultimately to the publication of a new materia medica containing nothing but symptoms known to be produced by drug action. Dr. Wesselhoeft had considered the scheme as one that might be used by every physician; that its simplicity and directness would enable every practitioner of homœopathy to construct his own materia medica. It is true that this may be done by all who are interested in the work; and who is not? And while the results might be eminently satisfactory to individual physicians there would still be one thing lacking. The construction of the critical summary of any drug is the most difficult part of the work. It requires experience, a mature and unbiased judgment, and a thorough knowledge of scientific methods. It is evident that as physicians differ in ability and scholarship, so the final results obtained by them in revision would differ in value. The method may be scientific, but if the work be done by untrained or incompetent workers the results will be far from satisfactory. The personal equation would enter too largely into work of this kind to render it of service in the thorough and complete rehabilitation of our materia medica. Still it is perhaps wise not to attempt anything more at present. A more extended experience and more intimate acquaintance with the plan may serve to make plain things that now seem difficult. But it is certain that this plan—simple, comprehensive and scientific—will lead to great results in the future.

ON A FUTILE DENIAL.

OUR esteemed contemporary, the *American Homœopath*, appears to deny our statement that its editor was not the official stenographer of the General Sessions of the American Institute at its meeting of 1888. For the information of our readers we desire to state that the denial does not deny. Dr. Kraft was a sub-stenographer employed, at the discretion of *the* official stenographer, to report proceedings of some of the sectional bureaux and had only as much legal standing as the official recorder of a general legislative meeting, as he himself and some others assumed with *him*. When he poses as *an* official stenographer of the Institute it should be stated in the interest of the whole truth, that there was but one official stenographer, with due power as a recording official, and *he* was the Provisional Secretary, not present. Our statements alluded to were made after authoritative verification, and can be duly authenticated. We would remind our contemporary that what some one told him to take down or what he indited has not been a question at issue. The questions are, what right had he to assume *pro tem.* the functions of a Secretary of the Institute, who is always elected in the absence of the permanent Secretary, and was the meeting under consideration organized *pro forma*? If our national body is to legislate at all the question is, Shall it do so without Secretary, without previous notice of the intended action, and at the hands of a bare quorum, assembled when few are likely to be present, and those few mainly made up of those who alone have had wind or given wind of the business on hand? To our mind such action does not seem to call so much for charity as it does for correction, as a dangerous precedent and an abuse of the legislative privilege.

HERPES ZOSTER FOLLOWING THE INTERNAL USE OF ARSENIC.—Herr Bokai presented before a meeting of the Medical Society of Buda-Pesth, November, 1888, a child who had been treated for chorea with arsenic, internally, On the twenty-eighth day of medication the patient was taken sick with herpes zoster pectoralis. Herr Bokai had already seen four similar cases.— *Therapeutische Monatsheft*, February, 1889. O'C.

COMMENTS.

A SERIOUS DANGER.—In this progressive age New York, like every large city, is enmeshed in a network of wire. Until recently, these metallic conductors have not seriously inconvenienced the general public save in those cases where the tangle of wires hindered the efforts of the fire department. But since the electric light companies have strung their "underwriter's" wire along the poles death lurks overhead. The number of deaths that have occurred during the past few years from accidental contact with electric light wires is alarming. In this city several people have been killed very lately by touching an apparently harmless wire when standing on damp ground, or have accidentally touched the conductors, both having ground connections. These sudden and terrible deaths have demonstrated conclusively that the currents used in electric lighting are dangerous to life, and it is a danger that threatens all alike—a veritable sword of Damocles. If these powerful currents are carried by circuits perfectly insulated at all times no accident is likely to occur. But it seems that the insulation is far from being what it should be. A pamphlet written by Harold P. Brown, a well-known electrical engineer, discusses this question under the title of "The Comparative Danger to Life of the Alternating and Continuous Electrical Currents." He says: "A current of 'high tension,' but unbroken and continuous, *may* be perfectly safe if properly operated, while a current of lower 'tension,' but wavy or pulsating, is *always* dangerous. And when these pulsations rise in speed and intensity the danger increases, until the climax is reached in what is called the 'alternating current,' in which impulses are given first in one direction and then in the other several thousand times a minute. It is the rapid succession of shocks that kills, while a single steady impulse of the same intensity would do little damage. Two of the leading arc-lighting systems have dynamo electric generators provided with what are known as 'open-circuit armatures,' which produce a pulsating current. It is to this current that nearly all the deaths caused by the arc-lighting systems must be attributed . . . If the 'pulsating' current is dangerous then the 'alternating' can be described by no adjective less forcible than *damnable*. . . . The only excuse for the use of the fatal 'alternating' current is that it saves the company operating it from spending a larger sum of money for the heavier copper wires which are required by the safe incandescent systems. . . . By means of a large number of experiments upon dogs I determined, to the satisfaction of Mr. Edison and other prominent scientists, the exact pressure required to produce death with the continuous and with the alternating currents. The result proved that the alternating current at 160 volts, less than one-sixth the pressure used for electric lighting by the Westinghouse and other alternating current companies, was *instantly fatal;* while with the continuous current no injury whatever resulted from a pressure of 1,420 volts." If Mr. Brown is correct a prompt investigation should be ordered and a speedy remedy applied.

LAW AND MEDICINE.—At the sixty-first regular meeting of the Society of Medical Jurisprudence and State Medicine, Judge Willard Bartlett, of the New York Supreme Court, read an entertaining and interesting paper on "Some Relations of Scientific Experts to the Administration of the Law." His remarks on medical experts used as witnesses and on the part acted by physicians in the commitment of persons believed to be insane, were especially interesting. "The attitude of the medical man who is called upon to testify as an expert should be as nearly as possible one of absolute impartiality between the litigants. He should be actuated solely by a desire to be true in his statements of fact and sound in his expressions of opinion. Many expert witnesses, particularly young men, are placed at a disadvantage by cross-examining counsel, because of their apprehension that they may prejudice the case of the party who has called them if they give the answers particular questions obviously require. Such fears lead to evasions or objectionable responses, by reason of which causes are sometimes needlessly lost. The really qualified medical expert, who understands what he is testifying about and does not testify about what he does not understand, has nothing to fear from any cross-examiner, provided the doctor is willing to answer the lawyer fairly and candidly. . . . It has been urged that a physician who possesses merely the statutory qualifications is not really qualified at all to say whether a person is insane or not, and that a layman could form an opinion just as valuable. But, probably, very few cases occur in which a certificate of lunacy is given by a physician who does not know something more about insanity than is necessarily implied in the simple statement that he has practiced medicine three years. And it is to be observed that the certificate of which we are speaking is not a final determination that the person whom it concerns is insane It is more like a complaint, containing a statement of facts, which, if true, authorize a temporary detention at least of the person against whom the complaint is made. The law contemplates a further enquiry into the mental condition of the alleged lunatic either by a commission *de lunatico inquirendo*, the medical member of which can be a specialist, or before a jury in open court, where specialists can be called as witnesses. In view of the purpose of the certificate, the requirement that it must be concurred in by two physicians and approved by a judge, and the fact that it is not final or conclusive, I doubt the expediency of changing the law so as to demand evidence of greater special knowledge on the part of physicians before permitting them to act as examiners in lunacy."

BUSINESS METHODS.—The question of compensation for medical services seems to be agitating the medical mind. The increased cost of living, the active professional competition, now greater than ever, the extreme procrastination indulged in by very many patients in the payment for services rendered, and the spread of medical pauperism, all combine to make the purely business side of the profession of prominence. The people have been educated up to the belief not only that the doctor should always wait for his money till they were ready to pay, but that he ought to do a great deal of work without

reward—save that which virtue is known to bestow. And the responsibility for this mischievous education rests solely upon the physicians. For they have taught their patients by their lax methods of business that the doctor's bill may be paid at any time, and by an ill-judged and indiscriminate charity in treatment, have created, aside from legitimate objects of kindness, an immense band of medical paupers who, taught to regard free treatment as a right, refuse to pay while able to do so. Now, the doctor owes just as much, and no more, to the community than any other citizen. He is under no greater obligation to assist the suffering poor than his neighbors are. And nothing but a sickly sentimentalism can explain the gratuitous attendance upon those who, while quite able to pay fair rates, avoid any payment. This is the false charity that is a curse to the profession and to the people. But while the doctor will always do more charitable work, giving more in time and skill than any other man in the community, except in rare instances, he should rigidly exact from those able to pay a reasonable remuneration for his services. Sentiment must be excluded from the business side of medicine. Does sentiment grade the lawyer's fees, the minister's salary or the tailor's charges? Because the doctor weakly reduces his bill to suit the miserly notions of the patient, is the same courtesy extended to him by the butcher, the teacher or the dealer in furniture? We trow not; but prompt payment is demanded. The doctor is entitled to his pay when services are rendered, as much, if not more than workers in other fields. It is time that physicians reform their business methods. Remember that "The physician who values his time and advice is the man who is appreciated." "He who goes for half price when patients are able to pay a reasonable fee, goes for more than he would bring in the market." "A community never values a physician higher than he values himself." "The real business man charges for his services and collects his bills." "Withal be good to the poor. You have them always with you." It is often cruel to accept pay from them. Be systematic in business, so that you will be able to give when and where it is required.

BOOK REVIEWS.

AMERICAN SYSTEM OF GYNÆCOLOGY. Edited by MATHEW D. MANN, M.D. Vol. II. Illustrated with four colored plates and 361 engravings on wood. Pp. 1,180, with general index. Lea Bros. & Co : Philadelphia, 1888.

This second volume completes the system of gynæcology by American authors, and constitutes a valuable and comprehensive addition to the works already given on this subject.

The first article is by Charles Carroll Lee, M.D., of New York City, on the "Diseases of the Vagina." Of vaginitis and its various forms he claims that no distinction can be made between a simple case and one of venereal origin. He writes thus: "Some years ago, when I had charge of the large venereal wards in the New York

Charity Hospital, I made very numerous and careful clinical examinations to test the possibility of this distinction with exceptional facilities for such an object. The result was absolutely negative. Since then a like inference has resulted from equally careful observation of my cases in the Woman's Hospital and in private practice. That gonorrhœa, either in man or woman, is a 'specific' disease, in the proper sense of specificity, I do not believe; nor is it easy to comprehend how any pathologist can hold to that view in the light of our present knowledge. That a simple virulent vaginitis can be distinguished from one of gonorrhœal origin, I equally disbelieve; and it needs but a moment's reflection to perceive the vast importance of this in its bearing upon the happiness of the families we may be called to advise. The obvious inference the reader can draw for himself." This is an excellent and complete article, and deals with all morbid conditions of the vagina, both pathological and mechanical.

The second article, on "The Hystero-Neuroses," by George J. Engelmann, M.D., of St. Louis, occupying 116 pages, is very exhaustive, and presents the many phases of this complicated and oft-times obscure subject with great detail The author urges the importance of this subject from its practical, scientific and medico-legal standpoints. While one can see that it is a gynæcologist who writes, the article is none the less absorbing in interest and important for careful perusal, and may assist in unraveling the mystery which seems to enshroud many a puzzling case.

"Extra-Uterine Gestation" is the interesting subject so ably written by that eminent surgeon, Dr. T. Gaillard Thomas, of New York City, in his usual graphic style. He gives his methods of and reasons for treatment of this condition at the different stages of development, including the use of strong galvanic currents for the destruction of the life of the fœtus.

"Tumors of the Breast," by S. W. Gross, M.D., is a subject which one would expect to find elucidated in the works on general surgery instead of one on gynæcology. However, it is none the less valuable and interesting here. The author has endeavored to reduce the study of these neoplasms to something like a scientific basis. He has made a "systematic attempt to utilize modern histological researches in the investigation of the general pathology of neoplasms of the breast and apply the principles deducible from their anatomy and their life history to their diagnosis and treatment, and each form of tumor is prefaced with a brief description of its histogenesis and its minute features." In speaking of the treatment of carcinoma, we believe that he voices the truth when he says: "Carcinoma is now held to be primarily a local growth by all leading pathologists with the probably solitary but conspicuous exception of Sir James Paget, and the day has passed for the physician to declare that a tumor was not a cancer because it did not recur after removal. These truths cannot be too forcibly or too frequently impressed upon the laity and the family attendant; and the sooner that women learn that the disease can be cured by early and adequate operation, the better it will be for their sex and the greater will be the credit accruing to our art." These words should have been written in italics, to render them more noticeable.

We heartily concur with the author in his advocacy of sweeping primary operations. It appears that he manifests some unnecessary timidity when the disease has invaded the cervical glands in the vicinity of the great vessels and nerves.

"Diseases of the Breast, Other than Tumors" are considered by Dr. Roswell Park, of Buffalo, N. Y., in a thirty-page article. By a curious mistake this author's name is omitted from the list of contributors.

"Fistulæ," an article by Dr. Edward W. Jenks, of Detroit, comprises about eighty pages, and deals with all sorts of fistulæ occurring about the female genital organs.

One hundred pages are taken up in the consideration of "Diseases of the Bladder and Urethra," by Dr. William H. Baker, of Boston.

"Non-Malignant Tumors of the Uterus," by R. Stansberry Sutten, A.M., M.D., LL.D., of Pittsburg, takes up the consideration and various methods of treatment of these growths, while "Malignant Diseases of the Uterus" is the subject of a short article by W. T. Lusk, M.D., of New York: both of these articles are good and sufficiently comprehensive.

"Lacerations of the Cervix Uteri" is the title of an article by Dr. Bache McEmmet, of New York, whose long experience in connection with the originator of the operation of trachelorraphy gives weight to his opinions.

The articles on "Chronic Inversion of the Uterus," by Dr. Samuel C. Busey, of Washington, D. C., and "Injuries and Lacerations of the Pelvic Floor," by Dr. Howard A. Kelley, of Philadelphia, are good, but require no special comment.

In the paper on "The Treatment of Ovarian and Extra-Ovarian Tumors," by Dr. William Goodell, of Philadelphia, we find detailed in minutiæ the various operative measures called for in dealing with these peculiarly surgical diseases. Graphic pen-pictures of these operations are here presented, evincing not only thorough theoretical knowledge of the subject and its literature, but at the same time showing the results of extensive practical experience. The author is inclined to be conservative in his methods, and is a good exponent of the doctrines of Lister. He deprecates half-way measures in operating, and is strongly opposed to tapping ovarian tumors either for palliative or diagnostic purposes. "Battie's Operation" is detailed in a short but extremely interesting article by Dr. Robert Battie, of Rome, Ga. The delicate sarcasm in his way of dealing with Mr. Lawson Tait adds spice to his statements.

The remaining articles on ovarian and tubal diseases are as follows: "Diseases of the Ovaries," by Henry C. Coe, A.M., M.D., of New York; "Neoplasms of the Tubes," by the same author; "Salpingitis," by W. Gill Wylie, M.D., of New York; "The Pathology of Ovarian Tumors," by Stephen T. Howell, A.M., M.D., of Buffalo, N. Y.; and "The Clinical History and Diagnosis of Pelvic Tumors, Other than Uterine and Tubal," by Mathew D. Mann, A.M., M.D., of Buffalo, N. Y. These articles are much more exhaustive and consequently more valuable than those ordinarily found in the general works on gynæcology.

The article on "Displacements of the Uterus," by George T. Harrison, M.D., of New York City, completes the work.

The review of such a work for a journal must necessarily be more or less unsatisfactory. Each article is meant to be comprehensive, and thus comprises what might, in many instances, afford material sufficient for a separate work. In closing we may state that we consider this work one of exceptional value. Our apologies are due to the publisher for unavoidable delay in bringing out this review.

W.

A TEXT-BOOK OF GYNÆCOLOGY. Designed for the Student and General Practitioner, by A. C. COWPERTHWAITE, M.D., Ph.D., LL.D. Pp. 533. Illustrated. Chicago: Gross & Delbridge. 1888.

This work comes before us in a modest way, not pretending to give new facts or discoveries made by the author himself, but presenting the approved and established methods in a concise and systematic arrangement, as collated from recognized authorities. The author's aim has been to give the description of the proper local treatment of gynæcological diseases, and at the same time to show the application of homœopathic remedies in regulating the constitutional conditions predisposing to these diseases.

In the judicious combination of local and constitutional remedies the author finds the truest method of dealing with these difficulties. In many instances he has taken the trouble to give special indications for the various drugs, while in others he simply names the drugs which may be called for, leaving it to the reader to look up the subject more thoroughly in the regular works of materia medica and to judge for himself. If there is a fault to find it is that clearness has been sacrificed for the sake of brevity, and that many descriptions suffer from being too concise. The impression to the reader is that one may need more extensive works to follow out the lines of study indicated. Still, except with regard to the more serious and complicated conditions, this would not be found necessary.

The work is attractive in appearance, and excellent in its typographical arrangement.

W.

HAY FEVER, OR RHINITIS VASO-MATERIA PERIODICA, AND ITS RADICAL CURE. By E. LIPPINCOTT, M.D., etc. Chicago: Gross & Delbridge, 1888. Pp. 76.

In this succinct little monograph, the author adopts the view that the disease is essentially a chronic rhinitis, rendering the nasal mucous membrane susceptible in a high degree to irritation by pollen and other irritants, and thus giving rise to coryza and, through reflex connections, to the asthmatic and other symptoms of the disorder. He discards the theory of the neurotic basis of the disease upon the grounds that the anatomical lesions of rhinitis are always present in hay fever subjects, and that operative treatment directed to the removal of local hypertrophies and other causes of nasal obstruction has been found to be the most efficient method of curing the disease.

He overlooks the facts, however, that the majority of cases of chronic rhinitis, with obstructive lesions, do not suffer from the characteristic periodical manifestations, and that the surgical methods employed destroy terminal nerve fibres as well as hypertrophied tissues. He has not therefore explained why some persons suffer from nasal hyperæsthesis and reflexes more than others, and leaves the neurotic element in the question in as much obscurity as ever. The underlying individual idiosyncrasy in hay fever remains to be explained.

The author has evidently digested the literature of his subject and presents a pithy collation of its history, symptoms, pathology and therapeutics. Homœopathic indications are as fully given as our literature permits. The book is a useful, working monograph.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Therapeutic Society. Meeting, February 23d, 1889.

Dr. St. Clair Smith reported the following:

Ledum in Skin Disease.—After an attack of facial erysipelas, hard, painful, purplish-red *nodosities*, about the size of a large pea, appeared on forehead; extremely sensitive to touch; looked like "blind boils," but were hard like tubercles; worse at night, and always made worse by warmth, and relieved by cold. Patient, old woman, with rheumatic history. *Ledum*, 30th, cured right away, and also greatly relieved joint affections.

Ledum in Sciatica.—Merchant; had been unable to leave his house for more than six weeks; left leg, pain from hip joint to heel; worse in outer part of thigh and calf of leg; bottom of foot sore; leg smaller than right; skin pale, cool, and during paroxysms of pain decidedly cold; always worse at night, and particularly aggravated by heat of bed; could remain in bed only by leaving left leg outside of covers; pain, dull aching, except at times, when there were sharp pains commencing at heel and running up. *Ledum*, 3c trit., only preparation at hand, cured. The second day after he received the remedy went to business without pain. Received first dose early in evening, and went to bed and slept all night without pain, and could walk next day without any discomfort. Since that time, now sixteen years, he has carried a vial of ledum in his pocket, but has had no occa-

sion to use it, but recommends it to everybody he meets who has ever had sciatica. Previous to the attack, for which I gave ledum, had been a frequent sufferer from sciatica. I selected the remedy on account of the following: Dull pain; coldness of limb; agg. from heat; pain and soreness in sole of foot, and the pains running upward.

Graphites.—During typhoid fever patient complained constantly that his head felt pithy, like a cork, and as though it was not his own, but belonged to somebody else; seemed large, and when he put his hand up to feel of it he put it several inches above the top of his head. It seemed to him as if his head was elongated, and it was a constant surprise to him that he did not find it where he felt for it.

The condition began to cause trouble from his constant brooding over it; did not sleep, and was extremely despondent; no delirium. Gave *bapt.* with no effect. My attention was then called more particularly to the character and conditions of the stools, which I carelessly had thought also indicated *bapt.*

Frequent desire to evacuate the bowels; no pain or urging, but a feeling as though a fluid ran down the rectum to the anus, causing pressure as if it would escape; gets up to stool simply to relieve himself of the disagreeable sensation, which returns again shortly.

Stool, brown chocolate color, about the consistency of cream, mixed with white particles of undigested milk; horribly offensive. This corresponded so exactly with Dr. Dunham's description of the graphites stool that I looked up its symptomatology, and found, to my delight, this sympt.: "Pain in head as if it were numb and pithy." Gave one dose of *graph.*, 200th, in evening, and next morning patient was entirely relieved. Patient received no more medicine, and made a rapid recovery.

Sambucus Nigra in Graves's Disease.—Young lady, æt. eighteen, goitre and heart disturbance well marked, and eyes commencing perceptibly to protrude.

Has been sick for more than six months; the goitre had existed for two or three years before the other features of the disease developed. Heart-beat very rapid and tumultuous, shaking whole body, from 100 to 120 beats per minute while lying, and 150 when standing; trembling of the body, particularly the hands; whole body bloated, particularly feet, legs and face; eyelids swollen and puffy; trembling and frightened feeling all the time, with palpitation of heart; frequent attacks of feeling as if she would suffocate, and then she rushes to a window frightened. These attacks of suffocation mostly occur after sleep; wakens from sleep with them in affright; at the same time her face is hot, red and swollen, and the blood seems to surge into the head and face; soon after waking profuse perspiration breaks out on face; frequent severe neuralgic headaches, with red face and a pulsating fullness in neck and temples.

Amyl. nit., 3c, gave some relief. Acon. relieved headache and quieted heart after glon. failed. After amyl. nit. ceased to relieve gave *sambuc. nig.*, 30th, with quick relief of all the sympts. Not a cure by any means,

but a modification of all the distressing sympts., so that the patient is now decidedly comfortable.

Now, why did I not give lach.? There was agg. after sleep, irritable heart, sense of suffocation, etc. Surely all of them marked indications for lachesis.

I did give lach., but it was a careless prescription, and it failed me. I should have known better.

Referring to the provings of *sambuc.*, we find the following symptoms:

"Very *easily frightened, trembling, anxiety and restlessness.*"

"*Fright*, followed by *suffocative attacks, with bluish, bloated face.*"

"Face bloated and dark blue."

"Heat and perspiration in the face."

"Frequent desire to urinate, with discharge of urine."

"*Suffocative attacks when* waking *after* midnight out of a slumber, with half-open eyes and mouth, with *bloated blue hands and face, and heat without thirst.*"

"*Trembling of hands.*"

"*Bloating of fore arms and hands.*"

"*Œdematous swelling of feet, extending to legs.*"

"*Dropsical swellings of the body.*"

"General *trembling*, with *anxiety and ebullitions of blood.*"

"Frequent awakening, *as in a fright, with anxiety, trembling; dyspnœa, as if he would suffocate.*"

"*During sleep dry heat; after awaking profuse perspiration.*"

"*Pulse generally small, very quick, at times intermitting.*"

"*Dry heat over* the whole body *as soon as one falls asleep.*"

"Profuse perspiration day and night, BUT ONLY WHEN AWAKE, *first breaking out on face.*"

"Continual perspiration *while awake*, changing to *dry heat* as *soon as one goes to sleep.*"

Meeting, March 2d, 1889.

Natrum Sulphuricum.—Dr. Allen reported case of a gentlemen, aged forty-five, who for two years on getting into bed and lying on the left side (which on account of the position of the bed was the natural attitude first taken) was annoyed by a "bubble," as of accumulated gas in right inguinal region. It was painful and he would try to rub it away, but without success; finally, he would have to turn on the right side, and then he would feel it go to left inguinal region and he would be all right for the rest of the night. In looking over the symptoms of *natrum sulph.* in Boericke & Dewey's edition of Schüssler, Dr. Allen found the following: "Liver engorged, agg. by lying on the left side." The patient received one dose, 7th, between 8 and 9 P. M., and on going to bed some hours later was able to lie at once, without annoyance, on left side, and has been free from his trouble since.

Natrum Sulphuricum in Chronic Diarrhœa.—Dr. Allen cured a case of chronic diarrhœa by this drug on one symptom. A lady, aged forty, had

for several months a diarrhœa of yellow, painless, windy, gushing stools, agg. every morning on beginning to move about; while dressing she would have two or three movements of this kind, and six or eight during the morning. The agg. is characteristic of ***bryonia*** and ***natrum sulph.*** Bry. did no good, but after ***natr. sulph.*** relief appeared at once, and in two days the stools were normal.

Flushings at the Climacteric.—Dr. O'Connor has a case of nervous trouble in which the chief symptoms are flushings of great intensity, waking the patient from sleep, and accompanied by extreme palpitation of the heart, with sense of apprehension. Sulph., sulph. acid, lach., glon., seemed partly indicated, and were given in different potencies, but without effect. He intends using ***amyl. nitrite*** next. Dr. Allen suggested the magnolia, and referred to a study of this, and related remedies published some months ago in NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

Iodide of Arsenic in Asthma.—Dr. St. Clair Smith reports a case of asthma; patient was subject to attacks of the disease. He had not slept for two nights. ***Ars. iod.***, 2x, was prescribed, and next day the patient was down town attending to business.

Another case was an old lady from the country. Was said to be suffering from congestion of the lungs; she was hoarse, and had a profuse acrid coryza. Physical examination showed asthma. ***Ars. Iod.*** was prescribed and patient was well next day.

The next patient was a man aged thirty-five. Said he had "the heaves." He was subject to asthma all his life. ***Ars. Iod.***, 3x, in pellets, was given and patient was relieved at once.

Dr. Allen prescribed the same remedy to an old lady. It caused high fever, dry ***râles***, and the face became very red and greatly swollen. Patient refused to take any more of the medicine. ***Arsenicum*** 7 was now given and the case was cured.

Dr. Smith has had some cases of catarrhal sore throat; on the second day it becomes very red, and the upper lip gets red and swollen. No tonsillitis. ***Ars. Iod.*** relieves.

Potassium Iodide in Influenza.—Dr. Allen has had success with ***kali iod.*** 7, in influenza.

Antipyrine in Urticaria.—Dr. Smith has relieved cases of inveterate urticaria, in fact, the remedy has cured one case that had been to doctors all over. The rash was brought out by any, even slight, exertion, or by even slight pressure upon a part; itching was intense. Carrying a light basket would bring out the eruption on the hands, and getting down on the knees would bring it out on them with great swelling. On one occasion this patient was told by a surgeon that there was fluid within the cavity of the knee joint. Antipyrine one-tenth was given with great relief, but the 3d centesimal seems to have cured, as the patient has not had an attack for several months. In recent cases the remedy acts admirably.

Copaiba in Urticaria.—Dr. Allen said that copaiba produces urticaria, but has not cured in his experience, while in numbness it has been curative repeatedly.

Ptelea Trifoliata in the Nausea and Vomiting of Pregnancy.—Note from Dr. W. P. Robinson, Easthampton, Massachusetts. Woman aged thirty-two, fourth pregnancy. During three former pregnancies nausea up to seventh month. Treated by old-school physicians, but got no relief. The symptoms she gave me were: Incessant nausea, *worse lying down*, very seldom vomiting. Feels lazy, doesn't care to think about anything; forgets easily. Vertigo and accumulation of water in the mouth, *worse lying down*, or turning the head suddenly. A constant, dull frontal headache. No appetite, things she formerly liked disgust her. A feeling as if a round stone were at the pit of the stomach. Feels full after little food. Tired all the time, feels all "broke up." Gave ipec. 3 with no relief. Four days after stopping the ipec, prescribed *ptelea tri.* 3. It gave almost instant relief of all symptoms.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

THE 238th regular meeting was held November 13th, 1888. President J. L. Moffat in the chair. Bureau of Obstetrics, Gynæcology and Pædology, Edward Chapin, Chairman. L. L. Danforth, of New York, presented a paper upon "Eclampsia and its Treatment."

E. Hasbrouck: In an experience of more than 1,100 obstetrical cases only five have been complicated with convulsions, and the greater part of these were of a comparatively mild type. Dr. Danforth's suggestion in regard to catharsis is new to me, and that regarding morphia, while known, has not been tried. I have recently seen in consultation a patient, seven and a half months pregnant, who had a few days previously severe uræmic symptoms accompanied with three convulsions. Chloroform relieved the convulsions, and internal treatment, in a measure, cleared up the other symptoms. My advice was sought in regard to the expediency of inducing premature labor. Although albumin in large quantity was present in the urine, convulsive and other uræmic indications were absent. In view of the latter circumstance I advised delay in delivery, and that the patient be closely watched and kept under the action of homœopathic remedies. Was the advice that which would have been given by Professor Danforth and others? The patient did well and was delivered spontaneously at about full term of a still-born child.

Dr. Danforth: It is advisable to carry these patients along as far as we can. Even though the albumin is of renal origin, I should allow gestation to continue on to full time, if patient had no headache, gastralgia or other nervous symptoms, such as I have described in my paper. If marked symptoms of uræmia supervene, then delivery must be brought on. I should not hesitate in a severe case, at the eighth month, with nervous symptoms, swollen limbs, tendency to convulsions or coma to proceed to the delivery. The amount of albumin in the urine is no criterion as to the danger which threatens the patient. Some patients with a high degree of albuminuria have no symptoms of blood-poisoning. Such patients should be allowed to go on to full term. Others, with mild mani-

festations of uræmia, may be allowed to go to full term. Such a case as Dr. Hasbrouck describes should be watched very carefully. If the convulsions return or coma threatens, or if child's heart grows weaker, in my opinion it would be good practice to bring on labor. Conservatism is a good thing, but it may be carried too far. Delivery undertaken at the right time and in the right manner may be made as natural as a spontaneous labor at full term.

Dr. Hasbrouck: Is there a tendency to a decrease of albumin after the child's death?

Dr. Danforth: I am unable to say positively, but I think the tendency is for the albumin to increase. I have seen a case where the convulsions supervened upon the death of the child, and another where albumin appeared after the death of the child, which occurred from an injury.

Dr. Cardozo: Bell.[200] has carried over one or two cases of convulsions for me. In others with rigid os, a stupid feeling and threatened convulsions gels. warded them off. The question arises, Are we sure the child is the cause of the convulsions? So long as I am not sure I let nature take its course, relying as long as possible upon our remedies. In regard to catharsis, nature wants rest for the uterus and rectum at this time for four or five days. My teaching is that we leave nature alone, trusting to the homœopathic remedy, which will not bring on a diarrhœa.

Chas. L. Bonnell: A recent case, which had had two normal pregnancies, was found in the middle of the seventh month to have considerable albuminuria. The urine is diminished in quantity and the albumin is increasing. There is no headache or gastralgia. She is unable to lie down on account of the anasarca. There is some œdema of the lungs, and perhaps some effusion into the pericardium. I am not prepared to induce labor yet. Digitalis has relieved the heart.

Dr. Danforth: I should feel insecure about such a case as Dr. Bonnell describes. It is wiser to take these cases in time, so that artificial labor may be invoked by methods that will make it as near as possible like the normal.

Alin B. Campbell: Dr. Moffat says that when he has arrived at the limits of his knowledge of homœopathy he does not hesitate to use anything. I cannot conceive of any circumstances justifying a departure from the law by its professed adherents.

John L. Moffat: Theoretically, stramonium ought to be one of our remedies for these cases. Practically, hyos. is of great service. I always examine the urine as soon as I accept an accouchement case. Morphine and catharsis in these circumstances have never suggested themselves to me, but I have understood that inflammation of the kidneys contra-indicated opium. I should say that catharsis is not necessary unless you have fecal impaction. Copious draughts of hot water might be of service. In a number of cases Lithia water from the Bear Spring has been helpful. Its laxative action is less violent and of longer duration than that from the Buffalo Spring. The provings of Lithium afford me no clue to an explanation of this action.

Dr. Danforth: I have stated in my paper that *opium* in small doses is appropriate to eclampsia by reason of its similarity to that condition. It should, therefore, only be given when the symptoms of the patient correspond to opium, and then in the minimum dose. But *morphine* in full doses (one-quarter to one-half grain) is given by many old-school physicians, on the same principle that they (and many of our own school as well) employ chloroform, merely as a palliative to hold the convulsions in check until delivery can be accomplished or the blood relieved of its poisonous ingredients. The question which I hoped I should get some light upon is whether we are ever justified in the use of morphine in this manner, and for the object stated. Personally, I have never used morphine but once

in a case of eclampsia, and then it acted in a very satisfactory manner. The patient had already been improving somewhat under strictly homœopathic treatment, but symptoms arose of a mixed convulsive and hysterical type which I thought would be quickly and safely relieved by a hypodermic injection of morphia (one-sixth grain). The result proved the wisdom of the plan of treatment, for the intervals between the spasms increased, until they ceased altogether. *Mercurius dulcis* IX trit (five grains) was then given and repeated until five doses had been taken; some saline laxative was administered, and several loose evacuations from the bowels took place, evidently much to the patient's relief. A hot flaxseed poultice was placed over the loins, and with renewals was kept on for twenty-four hours. Urine dark and turbid was then passed, and the quantity steadily increased until the patient was out of danger. The employment of the two great emunctories of the body—the bowels and the skin—to rid the blood of its deleterious material does not in any way prevent the use of the indicated homœopathic remedy.

John L. Moffat: Would not venesection be better, as it would extract the solid as well as the watery constituents of the blood?

Dr. Danforth: Venesection is advised by many old-school physicians at the present time. But the effete matter is carried off in the watery elements of the blood quite as rapidly, and there is less prostration than when the blood itself is withdrawn.

R. C. Moffat reported the following indication for opium, which he has verified: A state of erethism, the patient exclaims "Oh, don't touch me, don't touch me, don't touch me!" with a falling cadence, the hands and voice quivering.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Regular monthly meeting, January 10th, H. M. Dearborn, President, in the chair. After President Dearborn's inaugural, J. M. Schley, the retiring President, read his address entitled, "Can a woman become syphilitic through the fœtus alone." On motion, it was resolved that the thanks of the society be extended to Drs. Dearborn and Schley for their able and instructive addresses, and that they be published in such form as the writers may select.

F. E. Doughty commended Fournier's "Syphilis and Marriage" as a valuable addition to one's medical library. The infant procreated by a syphilitic father becomes syphilitic chiefly through its mother. The mother becomes syphilitic by conception, *i. e.*, directly from the fœtus and without having been preceded by any chancre or adenopathy. In fact, a healthy woman may cohabit for years with a syphilitic man without manifesting any sign of the disease until she becomes pregnant. The physiological secretions are not contagious, syphilis by conception taking place through the fœtal circulation.

B. G. Clark: I fully believe that the mother may be affected through the child, but there are many instances on record where a woman has given birth to a healthy child from a syphilitic father, while the father has been under treatment for syphilis, then the treatment discontinued and has given birth to a syphilitic child, and after treatment again another healthy child has been born, showing that the syphilitic lesion came from the father alone. There are cases also where the mother may escape this lesion, and in connection with this I would ask the question may we, or rather ought we, to treat every woman with anti-syphilitic measures who has given birth to a syphilitic child? I have had several cases where the children died from syphilis and the mothers have failed to show any symptoms of secondary syphilis.

Dr. Doughty agrees with Ricord and many others in waiting until there are evidences that the woman is infected.

Dr. Schley: Dr. Doughty has well said that a child may or may not become syphilitic; it depends upon circumstances, but it is *the rule*, I think, that a syphilitic man will give rise to an infected child.

The President announced the death of Dr. W. M. Pratt, and appointed a committee to present a suitable memorial thereon.

The Secretary reported that, in obedience to the instructions of the society, he had ascertained that the official vote of the Medical Board of the Ward's Island Hospital to decline to furnish a report from that hospital to the American Institute of Homœopathy was not in accordance with the will of the majority of the members of said board, as he had received replies from a majority of the members to the effect that they were either not present or did not favor such action. On motion, the following was unanimously adopted:

Whereas, The Medical Board of the Ward's Island Homœopathic Hospital has refused to render a statistical report of the medical work done therein during 1887 to the American Institute of Homœopathy, and,

Whereas, The sole reason given for such refusal in no wise concerned the interests or sphere of said Board in its corporate capacity, the reason as given by the Chairman of the Bureau of Organization, Registration and Statistics (who is also a member of said Board) being that "the Institute, at its session held at Saratoga last year, grossly insulted its President, Egbert Guernsey, M.D., and its Secretary, Alfred K. Hills, M.D. It was in vain that it was stated to them that the Institute had no intention of insulting them when the motion in regard to the dropping of the *Medical Times* from our list of Journals was passed; that it was not done from any personal feeling against those two gentlemen, one of whom is an esteemed senior of the Institute, but simply because of the stand they had taken against homœopathy, and their great desire that our distinctive name should be dropped"; and,

Whereas, it is desirable that the American Institute of Homœopathy should be courteously assisted in its work of collecting statistics of homœopathic hospitals by the respective medical boards thereof;

Resolved: That this society condemns said action of the Medical Board of the Ward's Island Homœopathic Hospital as an unwarrantable assumption of the private interests of members, as editors, whose relations as such have no connection with the responsibilities or functions of the Medical Board;

Resolved: That, in the opinion of this society, the medical boards of all the hospitals of New York County under the charge of homœopathic physicians should render reports of their statistics from year to year to the American Institute of Homœopathy;

Resolved: That a copy of these resolutions be transmitted by the Secretary to the Commissioners of Charities and Corrections, to the medical boards of the several homœopathic hospitals of New York County, and to the Secretary of the American Institute of Homœopathy.

REVISION OF THE MATERIA MEDICA.

THE Materia Medica Committees of the New York and Kings County Societies were called together at the house of Dr. T. F. Allen, March 25th, to meet Drs. C. Wesselhoeft and J. P. Sutherland for the purpose of discussing Dr. Wesselhoeft's plan for revising the homœopathic Materia Medica. Present—Drs. E. H. Porter (chairman), Conrad Wesselhoeft, J. P. Sutherland, T. F. Allen, J. E. McMichael, A. R. McMichael, W. M. Butler, H. D. Schenck, W. B. Winchell, W. S. Rink, Helen C. O'Connor, J. T. O'Connor, W. S. Pearsall and J. L. Moffat—the latter was chosen clerk.

Dr. Allen: Our materia medica is built in an unscientific manner; it must be rebuilt, and Dr. Wesselhoeft's scheme is a hopeful plan. I would adopt the very broadest ground, exclude no experiment from examination which appears to have been made in good faith; we should criticise equally provings by the cm. and by the tincture. The objection to this is that it will leave us without a working materia medica. But we still have our present literature; we cannot throw all the past behind us, and would not if we could. This work will give us a reliable ground on which to fight our way in scientific bodies; it will be a basis on which to build.

Dr. Wesselhoeft: This plan is the result of hunting many years for a way out of the woods; how shall our wheat be winnowed from the chaff? If there be a better way than this, let us find it and adopt it. As it is, we are but falling into the rear end of the procession of scientists the world over, who are engaged in experimental research. These never accept an experiment unless it can be duplicated; unless it is corroborated by a large number of similar experiments coinciding with it. In my mind the principal idea in this work was to give everybody an idea how each can make his own materia medica. Although a short proving might present internal evidence of its value and reliability, we would not accept it unless corroborated. A fundamental error in our materia medica is the axiomatic statement—assumption—by Hahnemann that "every symptom that follows the taking of a drug is an effect of that drug." Another error is in assuming that all the symptoms in, maybe 150 provers are the results of the drug, although they are all different. We can no more prove that a drug has different effects upon different provers than that it has the same effect upon all provers. We have enough work before us to study what is common to all, without devoting ourselves to idiosyncrasies. Every proving should be analysed critically and impartially; we must guard against prejudice. What shall we preserve and what reject? In some instances a larger, and in others a smaller, number of agreements should be required to preserve a symptom. No iron-clad rule can be made about the horizontal comparison; I judge a great deal by the vertical study—and the circumstances under which the proving was made; it should have a certain amount of pathological congruence. I would encourage each to use his own judgment in this matter; his result might not be quite mine, but in the main we would tally. In summarizing let him compare his chart with the materia medica, and preserve those symptoms that strike him as congruous, as rational.

Dr. Sutherland: "Similia" was an advance in therapeutics; let us make another advance and have some scientific method of pathogenesis. A poisoning is different from a proving because it was not taking a drug for the express purpose of ascertaining its effects. In studying Belladonna we made five charts: (1) Provings—thirty-one records; (2) Poisonings—127; (3) Overdosing, in patients—twenty-eight; (4) Extracts from Authors—forty-four; (5) Miscellaneous: fatal poisonings, local applications and observations on animals—a few. The provings in the Cyclopædia of Drug Pathogenesy are condensed by individual judgment and, consequently, are not scientific.

Dr. Allen: We must accept no general statement as to what a drug does, but must go to the original sources—the day-books of the provers; if we do only one drug a year, let that stand on the originals. Accept no compilations!

Dr. Moffat: Making these charts is mere clerical work, but summarizing requires experience, knowledge of the drug and, above all, mature judgment. If we propose a book, this should be done by a committee of our very best men; ask any and everyone to send in charts to this com-

mittee, each chart-maker may summarize his work for his or her individual use and publish the result in some journal, but there must be unity, harmony and responsibility in the summarizing of the new materia medica if we would have it accepted as a permanent authority.

Dr. Sutherland: If this is a scientific method why can only a few apply it?

Dr. Moffat: Is bacteriology no science because only a few can apply it?

Dr. Allen: I believe it possible to make a materia medica scientifically accurate. The study of any polychrest will show a group of provers with congruous symptoms in, say, the gastro-intestinal tract varying with individuals, but when we get a sufficient number of observations we will find even the peculiar symptoms duplicated. Another group will be affected in the lungs instead of the stomach, and if this group be large enough we can establish its finer symptoms. At first our work will establish the generic symptoms, but when we have a large enough number of observers we will get the fine points, and until then let us use them *sub judice*. I should be in favor, temporarily at least, of incorporating every symptom that has been corroborated, first, in one individual after repeated careful observations, guarded by proper checks; second, I would accept a definite symptom observed on two different provers (at least for a tentative report) and note how many times it has been observed.

Dr. Wesselhoeft: There is no harm in mentioning what the summarizer thinks valuable, but he should give its sources. Many do not know a source from a common statement, and consider a repertory a "source."

Dr. Butler: The clinical experience of the summarizer will influence him, unless we decide to work upon the mathematical basis.

Dr. Porter: If possible it would be desirable to establish some rule in regard to concordance of symptoms. If left to individuals the results will differ in value as the members differ in ability. Although the method may be scientific, unskilled workers will not produce scientific results, and if this plan is not to lead up to a thorough revision of our materia medica and its publication, there will be lacking that enthusiasm in the profession which alone could insure success.

Dr. Wesselhoeft: That brings up the question, are we going to make a compilation of clinical experiences or of provings? In my mind this work is specially called for in reference to new provings. How shall we judge a new drug that has had no clinical observations?

Dr. Allen: What drug shall we study? Let us proceed alphabetically, work up the A's, publish them, and so interest the whole profession of the country. I move "That it is the sense of this meeting that we adopt for work only such drugs as have observations recorded by at least seven individuals, including high and low potencies and poisonings, but no observations on sick people or animals. Carried.

It was moved that "Those symptoms shall be preserved on which there is an agreement of approximately twenty-five per cent. of the observers recording effects in the anatomical group." Carried.

Dr. Schenck moved a vote of thanks to Drs. Wesselhoeft and Sutherland. Carried.

The following letter has been received:

NEW YORK, *March 27th*, 1889.

I understand that the result of the meeting the other night is as follows:

1st. No drug is to be accepted for the new materia medica unless at least seven experiments, either voluntary in the way of provings or involuntary in the way of poisonings, have been made with it.

2d. No proving is to be accepted, even for criticism, unless a full statement has been made concerning the method adopted in making the proving, and unless detailed results of the experiment (day-books) are given.

3d. No effects of over-dosing on patients are to be accepted.

4th. Experiments on animals are to be kept entirely separate as an appendix to each drug.

5th. Such symptoms only are to be accepted as have been corroborated by at least twenty-five per cent., or thereabouts, of the observers (the larger the number of observers the greater percentage needed to establish the value of the observations).

6th. Perfect fairness is to be observed towards all records, no distinctions to be allowed on account of the potency used in making the proving.

Note. In using the bibliography of the encyclopædia take only those provings of which proper records have been kept, excluding all general statements of the effects of the drugs, all lists of symptoms given without references and without day-books, and all quoted at second-hand, as far as possible.

Note. The question arises as to the admission of symptoms furnished by Hahnemann's early provers as recorded in his Materia Medica Pura. I think it follows from our rules that these early observations of Hahnemann cannot be accepted, although we feel sure that they were made with great care and scrutiny by Hahnemann.

If the above forms the basis of the future work of the new Materia Medica Association, I think it would be well to make a minute of the meeting held at my office, giving the names of the Boston committee, the Brooklyn committee and the New York committee who were present, publish these rules as the accepted basis of the work in all the journals of the country. At the same time let it be understood that this new departure is not to overthrow our present materia medicas and therapeutics, but to form the basis of a new and absolutely reliable work.

Yours very truly,

T. F. ALLEN.

RECORD OF MEDICAL PROGRESS.

INJECTIONS OF SUCCUS CITRI FOR EPISTAXES.—Dr. Geneuil injects at first fresh water into the nose in order to remove all coagula, and then a full syringe of the freshly expressed juice of a lemon. After one or two minutes the bleeding stops, and hardly ever a second injection will be necessary. A concentrated solution of citric acid will not do, and our reliance must be based on the freshly expressed juice.—*Wiener Med. Presse.* S. L.

DIPHTHERIA.—Longuet, of Paris, found that diphtheria is three times as frequent among the French cavalry as among other military branches, and blames the dung-hills which surround their barracks. Another physician, Teissier of Lyons, believes that the infectious agent of diphtheria is carried by the air into the respiratory organs. He considers the diphtheria of fowls identical with that affecting human beings, and it is well known that fowls love to be on dung-hills. In cities the refuse ought to be carried away in hermetically closed wagons, and dung-hills ought to be well isolated and so constructed that they will not allow the diffusion of dusts.—*Wiener Med. Presse.* S. L.

THE ETIOLOGY OF CATARACT.—Schön, of Leipzig (*Archiv. f. Augenheilk.*, xix., 1) gives the following conclusions: Cataracta simplex is not a result of advanced years, but is found in its early stages in young persons, frequently between the twentieth and thirtieth years. Three-fourths of all cataractous eyes are astigmatic. The microscopically visible points and striæ of a beginning cataract correspond exactly to the insertions of the anterior and middle zonula fibres, and indicate their site. The effort of accommodation is the cause of simple cataract. The dragging of the zonula fibres in accommodation produces by irritation proliferation of epithelium. We know now in what eyes to expect cataract and where the first beginnings are to be sought. If these or other symptoms of over-exertion in accommodation are present, correcting glasses must be prescribed and their use insisted on. O'C.

TREATMENT OF ERYSIPELAS WITH ALCOHOL.—Dr. Behrend reports, *Berliner Klinische Wochenschrift*, No. 4, 1889, a new method of treating erysipelas, based upon reported experiments showing the fatal influence of alcohol upon the coccus of erysipelas.

In his experience as physician to a penal institution for women he met many cases, some being apparently constitutional and with frequent recurrences, and every year epidemics of the disease would break out. From such experience the disease was readily recognized in the earliest stages. The new treatment consists of simply bathing the affected parts, as well as the outlying unaffected skin for two or three centimeters, three times a day in ninety per cent. alcohol. The result of this method was the cessation at once of the local process with complete retrogression in from three to five days. There were no disturbances of the general health. The patients were enabled to be about, and, in fact, to perform the daily work required of them. O'C.

FRESH AIR THE REMEDY FOR TUBERCULOSIS PULMONUM.—Already 1870, Brown-Séquard inoculated 100 guinea-pigs with tuberculous matter and fed them then abundantly in his garden, where they enjoyed fresh air day and night. He did the same with another hundred which were equally well fed, but were kept housed up in his laboratory, where the air certainly is none of the purest. Of the first hundred none became infected; of the second hundred all perished. He records, then, three cases of phthisis, that recovered by being constantly kept in the fresh air. One patient, treated by Stokes, had already large cavities in the upper lobes of his lungs, and, after remaining two years constantly in the open air, the cavities were found cicatrized. Another one, observed by Blake, who had a large cavity, a cure was only effected by a long-continued sojourn in the fresh air. A third case, under the treatment of Brown-Séquard, had also by cavity healed by the same process, and enjoyed good health for many a year till he finally succumbed to a disease which had nothing in common with tuberculosis.—*Wiener Med. Presse.* S. L.

PHLORIDZIN DIABETES.—G. Sée and E. Gley have reported (*Academie des Sciences*, January 7th, 1889) concerning Phloridzin diabetes, discovered by Von Mering. They succeeded—thus supporting Von Mering's observations—in producing in animals by the administration of phloridzin an excretion of sugar varying in amount from 10 to 12 grams per diem no matter what kind of food the animals received. This evidences that in these cases the sugar was formed at the expense of the albuminates. At the same time with the glycosuria there was polyphagia and also slight emaciation. The authors now endeavored to cure the artificially produced diabetes by administration of drugs. Sodium bicarbonate and arsenic were without effect. Potassium bromide had some influence; under its

use the amount of sugar decreasing from 12 to 10 grams per diem. Antipyrin in doses of 1 gram was of more value ; in a dog, notwithstanding a mixed diet, the excretion of sugar sank from 9.6 to 5.8 grams. From these observations antipyrin has been prescribed to diabetics, and very good (more definite details are not given) results attained.—*Berliner Klinische Wochenschrift*, No. 6, 1889. O'C.

APROSEXIA NASALIS.—The causal connection between intranasal hypertrophies and other diseased states and the occurrence of headache, vertigo, asthma, and even eye troubles, has been made prominent by the writings of rhinologists. A new and serious symptomen-complex from such cause has been noted by Guye, of Amsterdam, who read papers on this subject at the meetings, 1887 and 1888, of German naturalists. Vertigo, gradually increasing loss of mental power and memory, headache, especially in the morning, increasing to violent hemicrania, aversion or even inability for any activity ; disturbances of hearing and aversion to alcohol are the chief conditions noted in this new group, which he classifies together as aprosexia nasalis.

The pathogenesis of this condition is dependent, Guye thinks, upon the connection shown by Axel, Rey and Retzius, between the sub-dural lymph spaces of the brain and the lymph vessels of the nasal mucus membrane, when the nasal passages are more or less diseased. Guye considers the disease as a retention-exhaustion from the impaired or impeded elimination of the products of tissue change. He also thinks that vaso-motor disturbances caused by alterations in the nutrition of the nasal mucus membrane must be included as a causal factor, for there are cases in which it would seem that these increased vaso-motor reflexes bring into existence the symptomen-complex referred to. Brügelmann, of Inselbad, from whose article in *Therapeutische Monatsheft*, February, 1889, this abstract is made, reports one case in which there might be doubt as to the diagnosis. The intra-nasal symptoms were so slight that neurasthenia cerebro-spinalis was thought of, but the absence of the ordinary phenomena of the latter and the presence of alcoholophobia determined the diagnosis of aprosexia nasalis. Treatment consisted in cauterization of the slight enlargements within the nasal cavities, and as a result of the first there was a marked swelling within the nose and the vertigo increased to such a degree that the patient had to keep in bed; vomiting occurred and complete loss of appetite, with, in addition to the alcoholophobia, aversion to flesh meat in any form. Under a continuance of the cauterizations the case completely recovered. O'C.

TREATMENT OF LOCOMOTOR ATAXIA AND OTHER DISEASES OF THE NERVOUS SYSTEM BY SUSPENSION.—Charcot reports (*Progrès Médicale*, January 19th, 1889) concerning this method and its results as follows: "By the aid of a Sayres' apparatus (for the application of plaster jacket) the tabetic patient is suspended during a period, gradually increased in succeeding applications, from one-third to three minutes, the longest being four minutes. The application is made every other day. Every fifteen or twenty seconds, by raising the arms of the patient, the extension of the spinal column is increased. In fourteen tabetic cases treated for three months by this method an improvement was noted, and in eight of these in a marked degree. After the application the gait is easier, the improvement lasting the first time only two or three hours, but after eight or ten times it is permanent. After twenty or thirty applications Romberg's symptom disappears. Next the bladder symptoms, and then the pains lessen or disappear. Impotence gives way to normal desire and erections, and the general condition improves. The absent knee-jerk and the pupillary symptoms persist. In one case the patient became worse under the treatment, also in a thirteen-year-old girl with Friedreich's disease,

and in impotent neurasthenics improvement followed every treatment. On the other hand, in a case of multiple sclerosis, spastic paralysis occurred after two applications; it disappeared later." From the Paris correspondent of the *New York Medical Record* we learn that the above procedure is original with Dr. Motchoukowsky, of Odessa, who got the idea from the following circumstance: Wishing to apply a plaster corset to a tabetic patient affected with scoliosis, with the view of straightening the spine, he suspended the patient from under the arms by means of a Sayre apparatus. A few days after the patient returned and expressed himself as being very much relieved of his sharp pains. At first the Doctor was inclined to attribute the improvement to the application of the corset, but he soon perceived that the diminution of the pains was really due to the suspension. This led him to apply the method to a great many other tabetics, nearly all of whom experienced great relief by the treatment.

O'C.

A NEW DIAGNOSTIC SIGN OF PERICARDITIS.—Dr. E. Pins, of Vienna, calls attention to the difficulties in the diagnosis of pericarditis from endocarditis, and from large exudation in the left pleural cavity. It is especially difficult to make a diagnosis of pericarditis when there is a large amount of fluid in the cavity of the pericardium, for then the diagnostic friction-sound is lost, and when there is adhesion between the two layers of the pericardium the peculiarity of the heart's impulse and the characteristic outline of cardiac dulness in pericarditis are altered. On percussing the chest of a patient suffering from pericarditis exudativa the author says, "The patient being in a sitting posture or lying on the right side, the percussion-sound from the angle of the scapula downwards is more or less dull. This percussion-sound extends downward until it merges into the percussion dulness of the spleen, and extends laterally to the axillary line, where it either passes over into the full percussion note of the lung or disappears in the cardiac percussion dulness. The alteration of the percussion note is most marked over a round area about the size of a silver dollar, its upper border being about three fingers' breadth below the lower angle of the scapula, and its lower border two fingers' breadth from the lower edge of the lung, and is limited to the right by the spinal column. By auscultation at the spot of greatest dulness there is heard bronchial breathing with increased vocal fremitus in the whole area of dulness, and in the middle of this there is distinct bronchophony; other sounds are absent. There is neither crepitation nor friction sound.

If the patient is made to bend over, and after some minutes the examination is repeated, the whole condition will be found different; the percussion dulness no longer reaches to the angle of the scapula, and instead of the former dulness about three fingers' breadth below the scapula there is full resonance, the former absolute dulness is replaced by a tympanitic sound and the bronchial breathing has disappeared. These changes occur, although in less degree, if the patient is made to lie on the left side, but in a most striking manner if the patient assumes the knee-elbow position. The explanation of the changes is found in the alteration, by the action of gravity, in the heart's position.—*Weiner Med. Wochenschrift*, No. 6, 1889.

O'C.

NEWS.

ALL news or matter relating to "News," "Comments," or Correspondence, should be sent to 161 West Seventy-first Street.

MRS. LELAND STANFORD has given $500 to the Hahnemann Hospital College of San Francisco.

PERSONAL NOTE.—It is stated that Dr. Phil. Porter has resigned the editorship of the *Homœopathic Journal of Obstetrics* because of illness. He has removed to Cincinnati.

A NEW JOURNAL.—The *North-western Journal of Homœopathy* is the latest candidate for professional favor. Dr. A. C. Cowperthwaite will be the editor and the publication office will be in Cedar Rapids, Iowa.

DR. SMITH announces that the "Photographic Group" of the members of the American Institute of Homœopathy is at last ready for delivery. It contains the photographs of 591 members, is accompanied by two keys to facilitate the finding of any picture, and will be mailed to any address on the payment of two dollars.

ANNOUNCEMENT.—The Hahnemann Hospital College of San Francisco sends out its sixth annual announcement. The next regular term will begin on the first Wednesday in May and continue for six months. The college has arranged its course of study on a three years' basis, and has greater advantages in the way of clinical instruction than a few years ago.

"MEPHISTOPHELES."—The "Woman's Guild" will give a performance of "Mephistopheles," a travesty, in aid of the new hospital, at the Metropolitan Opera House, Wednesday evening, May 8th, at eight P.M. It is hoped that all interested in the new college and hospital will aid in making this entertainment a great success.

THE Hahnemannian Society is to be congratulated upon securing Dr. Pemberton Dudley, of Philadelphia, to deliver the address at its Commencement on April 17th in Association Hall. Dr. Dudley is Professor of Physiology and Hygiene in the Hahnemann Medical College, and for some years has been Secretary of the American Institute of Homœopathy.—*Chironian.*

JOURNALISTIC REVIVALS.—The *Investigator* has been disposed of to Dr. W. E. Reed. The number for December, 1887, is just out. We wish Dr. Reed success, and hope he will make the *Investigator* worthy of its name. The *Medical Current*, some time moribund, has also revived, and under the editorial management of Dr. E. F. Storke promises to be of value.

HOW TO BE HEALTHY.—All that one has to do to maintain perfect health is to carry a buckeye and a potato in the pocket, wear a lung-pad, a couple of porous plasters and a magnetic belt, go to bed at nine o'clock every night and get up at six in the morning, taking a cold-water bath and walking seven miles every day before breakfast; abstain from the use of tobacco, tea and all manner of intoxicants and rich food of every description. By obeying the above simple rules your life may be made one continual round of giddy health.—*Texas Siftings* and *N. E. Med. Gaz.*

DR. POPE AND THE "REVIEW."—After a quarter of a century of arduous editorial work on the staff of our esteemed contemporary, the *Monthly Homœopathic Review*, Dr. Pope lays down the pen which has so long delighted and confirmed in the faith his readers in many lands. Such an event ought not to pass unmarked, and we are glad to see that a movement is on foot among his colleagues and friends to present him with a testimonial in recognition of his services in the past. . . . At the invitation of the Earl of Dysart Dr. Pope has gone to do pioneer work at Grantham. . . . The good wishes of all go with him. We hereby tender him our own, and at the same time our sincere regret that we greet him as a brother editor for the last time.—*Hom. World.*

JOURNAL OF OPHTHALMOLOGY.—This new homœopathic magazine, entitled "The Journal of Ophthalmology, Otology and Laryngology" and issued quarterly, presents a most creditable appearance. In the introduction the editors state that the journal is intended only for specialists. "Also the scope of the general periodical is and should be distinct from the special. That which is of interest to the specialist will be of little benefit to the general practitioner, and *vice versa*." This is undoubtedly true, and this attempt to establish a strictly special magazine will, we hope, receive the cordial support of every specialist in the homœopathic school at all interested in the eye, ear or throat. The introductory number contains a large number of valuable special papers, and ranks at once among the first of journals of its class. The Journal is published by Chatterton & Co., with Dr. Geo. S. Norton as editor and Dr. Chas. Deady assistant editor. Dr. Malcolm Leal assists in the editing of the Laryngological department.

WESTBOROUGH INSANE HOSPITAL.—The fourth annual report of this institution is very satisfactory reading to those who are interested in the care of the insane. The whole number of cases treated within the year was 642. The daily average number of patients was 369.60. The recoveries to total number discharged equals 33.05 per cent., and recoveries to whole number treated 12.15 per cent. In regard to the question of inebriety, the superintendent has reached the following conclusions: 1. Inebriety is a vice, not a disease. 2. Hospitals for the insane are not the proper places for the commitment of inebriates. 3. A conditional or penal institution should care for inebriates. 4. Inebriates should be sentenced, after a trial by a judge, for a definite term. 5. While imprisoned inebriates should support themselves and repay to the state the cost of their trial and the damage they may have done. 6. Hopeful treatment consists in daily work out-of-doors, as far as possible, for a long period, in an institution by themselves under influences that are strongly religious.

LAURA FRANKLIN HOSPITAL.—The second annual report of the Laura Franklin Free Hospital for Children is a marked advance on that of last year, excellent as that was. The number of patients admitted during the year ending November 21st, 1888, was 114. The total number treated during the year was 143, of these there were discharged cured 58; relieved, 31; not improved, 4; not treated, 7; died, 31; number of medical cases, 67; number of surgical cases, 76. The mortality rate for the year is 2.1 per cent. It is desirable once again to direct the attention of the *Record* to the "criminal" incapacity of homœopathic physicians and "surgeons (?)" as evidenced by this death-rate. Can our allopathic friends beat it? Can they even equal it? If they can, a remarkable and unusual modesty has prevented their proclaiming it. During the past year the hospital has been incorporated, and the charter, section 3, declares: "The following persons shall comprise the Board of Trustees: Warren Delano, Jr., Frederick D. Hitch, George De Forest Lord, Sidney S. Harris and Frederic D. Weekes." The President of the Board is Sidney S. Harris. The medical and surgical staff remains unchanged. No. 10 of the by-laws states that: "The medical treatment of the patients shall always be homœopathic, and expressly and exclusively under the professional charge and direction of homœopathic physicians or surgeons, who shall be members of the Homœopathic Medical Society of the County of New York in good standing." The hospital is open for the reception of patients between the ages of two and twelve only, and of any race, color or religious creed; but none admitted suffering from any incurable or contagious disease. Too much credit cannot be given to Sister Gertrude, who has charge of the internal economy of the hospital, and to whose large experience, untiring watchfulness and energy much of the success attained is due.

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North American Journal of Homœopathy.

ORIGINAL ARTICLES IN MEDICINE.

LITHÆMIA IN ITS RELATION TO PULMONARY PHTHISIS.*

By J. W. DOWLING, M.D.,
New York.

OF late years I have been called upon to examine a large number of cases of pulmonary phthisis whose etiology was obscure; no hereditary taint, no history of frailty in early life, of neglected colds or of occupations tending to fibroid changes in the lungs. In the majority of instances the onset of these cases has been, so far as the knowledge of the patients was concerned, a pulmonary hemorrhage, prior to which, they often told me, they had enjoyed perfect health, never a sick day in their lives; in fact, on many occasions I have been informed that they had led active, laborious lives, with good appetites, great physical strength and a superlative degree of health. In these cases I have invariably noted a remarkable amount of shrinkage of one or both apices of the lungs, with greatly diminished vital capacity, and in some, flatness of the entire chest, with shrinkage of both lungs to an extent which seemed incompatible with fair health and ability to attend to the ordinary duties of life; pathological changes which must of necessity have been very gradual, and yet these patients have told me that till the time of their first hemorrhage, or the contraction of a cold, perhaps only shortly prior to my examination, they had enjoyed perfect health; but upon questioning such I have learned that for a long time they had not been equal to great exertion, and that they had been short of breath on ascending stairs.

Formerly I contented myself with an examination of the lungs and air passages, and directed my treatment solely to the control of the

* Read before the Homœopathic Medical Society, County of New York.

hemorrhage or to the arrest of the bronchial trouble and the inflammatory or ulcerative processes going on in the lungs. Since I have had my attention called to lithæmia, and have studied the varied pathological processes which by very slow development arise as a direct outcome of the uric acid diathesis, the etiology of these cases has become perfectly clear, and further examination never fails to demonstrate the existence of permanent changes in other organs remote from the lungs, and inquiry into the personal and family history so far as disease is concerned, and into the habits of life, particularly as regards food and stimulants, not neglecting inquiries as to occupation, whether leading to active or sedentary habits, have given me a clue to the cause of the development of this excess of waste material in the blood. Treatment directed to the relief of the weakened and over-taxed liver has often rewarded me by an amelioration of distressing symptoms, and arrest of the disease process in the lungs and air passages.

The onset and subsequent history of the acute inflammatory process, the ulceration or the tuberculosis resulting therefrom, and the immediate cause of the hemorrhage, if this be a feature of the case, may be thoroughly understood and readily explained; but the changes which antedate these conditions, the development of fibrous tissue in the lungs, with the compression and obliteration of air-cells and bronchioles and subsequent lung shrinkage, are certainly not satisfactorily explained on the theory of tuberculosis, or tubercular infiltration, with its accompanying changes. Every fatal case of pulmonary phthisis may, at the time of death and long prior thereto, be characterized by the presence of the tubercle bacillus; in but exceptional cases, however, there has been a period of grave and alarming changes when there was no tubercle, a period when the soil was being fitted for its reception, lodgment, growth and multiplication. If this stage be recognized, a proper line of life, with but few medicinal measures, will arrest a process which must inevitably sooner or later prove fatal; and, too, by a death slow and harrowing to both patient and friends.

So recently as Tuesday last, a patient presented himself before the class for examination, with a well-marked fibrosis of the upper portion of each lung. He was fifty years of age, and until the past fifteen months had been perfectly well. No history of consumption in the family; he had been remarkably temperate through life, but his habits had been sedentary, and he had had mental troubles of a nature calculated to undermine any constitution. The temporal arteries were tortuous and hard; the radials in the same condition; the urine, although not albuminous, contained an excess of lithates.

Upon stripping him, the lung shrinkage was apparent; the chest movements and the breathing capacity were diminished; there was dullness over the upper portion of both lungs; auscultation revealed largely dilated bronchial tubes, but no rales. From the time he had first begun to fail there had been but little cough, and he told me he had not expectorated and had had no hemorrhages. From the attending physical signs showing fibroid and atheromatous changes in the walls of the vessels, and from the history of the case, I was satisfied that the interstitial pneumonia owed its origin to a lithæmic state of long standing; that the development of fibrous tissue in this case had been more marked in the lungs. I think it probable that in this patient a tuberculous process is now developing, for although there were no rales evidencing an acute inflammatory or an ulcerative process, the temperature was 101° at four in the afternoon, and there was great pallor and loss of strength. Undoubtedly, if an opportunity for an autopsy is ever given, evidences will be found in the kidneys of destruction of capillaries and tubules and a development of fibrous tissue in their places; and so in the liver, a destruction of the secreting tissue and minute biliary ducts, with a development of adventitious fibrous tissue, but not to such a marked extent as when the kidneys or liver from some exciting causes have been the organs most affected by this process. This man was not a syphilitic patient, he had not been a user of alcohol, but he had been for thirty odd years a book-keeper, for six days in the week confined for ten hours each day to desk work, and he told us that he had been very domestic through life, and had always spent his evenings and Sundays, except when in church, at home, and had been blessed through life with a good appetite. An outward curvature of the spine showed too plainly the stooping position he had assumed during the working hours of all these years. Taking these circumstances into consideration it is not surprising that the fibroid changes should be in such a case most marked in the lungs, and that a phthisis should result to destroy life, instead of an interstitial nephritis, a cirrhosis of the liver, a locomotor ataxia or a paresis, for undoubtedly these diseases, except when syphilis is the etiological factor, in nearly every instance arise as a result of the lithic acid diathesis continuing over a period of many years, often owing its origin to gross indiscretions of life.

The gradual changes in the arterioles and capillaries as a result of lithæmia, which culminate in a general arterio-capillary fibrosis, with organic and destructive changes in many of the organs vital to life, are too well understood at the present day to require review in this paper, which is intended to call attention to that process where the

lungs are the organs mainly affected, and which ultimately results in tubercular phthisis.

It is now conceded that it is not the systemic vessels alone that are involved in these arterial changes which do so much damage to health and which destroy so many lives; the pulmonary artery and its branches are also involved. Take a lithæmic subject with an occupation and a life such as characterized that of the patient whose case has been cited, which is but one of very many which I have had the opportunity of examining and studying; it would be expected that the disease process would show itself with greatest intensity in the lungs. We see cases where the nervous system is mainly involved, exceedingly trying ones, too, cases which, to the surprise of all, yield, so far as many of the distressing symptoms are concerned, to measures calculated to diminish the amount of waste material in the blood. I am satisfied, too, that many obstinate neuralgias can be explained by fibroid tissue development in the nerve sheaths, with subsequent contraction of this newly-formed tissue, the primary cause of this adventitious tissue development being functional disturbance of the liver.

A review of the pathological process in the lungs may be of interest. First, arterial spasm; then changes in the arteriole and capillary walls; development of fibrous tissue; desquamation of the epithelial lining of the air-cells and destruction of the mouths of the lymphatics in the air-cells. As the fibrous tissue development progresses, actual destruction of capillaries, collapse and final obliteration of air-cells and minute bronchioles; and at the point first involved, generally the extreme upper portion of the lung, a mass of worse than useless newly-developed fibrous tissue has taken the place of the physiological tissue which has been destroyed, the pervious cartilaginous bronchial tubes being all that is left to remind one of the former existence of normal lung tissue in this locality; while this process goes on, gradually extending downward, the cicatricial tissue first formed, in accordance with a pathological law, contracts, the chest walls sink in, the bronchial tubes become dilated, owing to the eccentric traction of this newly-developed fibrous tissue, which is contracting in every direction, irregular dilatations take place in the walls of the tubes, which are subsequently the receptacles of secretions liable to decompose, and so the process goes on little by little till the entire upper lobe is a mass of cirrhotic tissue, permeated by dilated and in places saccular bronchial tubes, the two layers of the pleura being adherent whenever the lung immediately beneath is involved in this process. The bronchial walls become involved, the ciliated epithelium lining them is destroyed and an important aid to the ejection of secretions is lost.

The arterioles, capillaries and venales having been destroyed, new blood vessels form to nourish this neoplastic tissue.

Perhaps till now, aside from a little shortness of breath on exertion, the patient has been in good health and well nourished, but these newly-formed bronchial vessels rupture easily and, as in uterine fibroids, the hemorrhage is not readily controlled. From an extra exertion, or during a paroxysm of coughing, an hæmoptysis occurs ; the loss of blood, combined with the terrible fright which even in the strongest always attends such an accident, depresses the system generally ; the patient stays in bed, scarcely daring to move, afraid to cough for fear of a return of the bleeding ; eats nothing and sleeps but little ; the coagulated blood remains in the changed bronchial tubes, decomposes, excites inflammation, a peri-bronchitis results, with subsequent ulceration extending through and involving the cirrhosed lung ; a splendid nest for the tubercle bacillus, which is said to be always present in the atmosphere of nearly every section, is formed ; here it propagates, and from this nidus it is sent to all portions of the system ; established in such a locality, it is never eradicated, and an incurable pulmonary phthisis is the result.

Perhaps there has been no bleeding, but from exposure a cold has been contracted ; a catarrh results, involving the pathologically changed tubes passing through this fibroid mass on top of what remains of the lung. There is no ciliated epithelium, no elastic lung tissue surrounding the tubes involved, the pleura are adherent, secretions are not easily gotten rid of, and they lodge in the saccular receptacles formed by the irregular dilatations of the bronchial tubes, and as with retained blood, decomposition takes place, resulting in peri-bronchitis, ulceration and finally a fatal tuberculosis.

It is conceded that there is no permanent cure for a pulmonary tuberculosis, but there are preventive measures, and one of them, I am satisfied, is an early recognition of the first signs of the lithic acid diathesis ; then counsel can be given which if followed will in some instances ward off a tubercular phthisis, in others equally fatal disease of the heart walls, in others nephritis with its fatal consequences, in others locomotor ataxia or paresis, in others cirrhosis of the liver or prostatic disease, cystic diseases, and in women, I am satisfied, fibroid changes in the uterus, which from the attending hemorrhages embitter and frequently destroy life.

A STUDY OF EQUISETUM HYEMALE.*

COMMON NAMES: SCOURING-RUSH, HORSE-TAIL, SHAVE-WEED.

By ST. CLAIR SMITH, M.D.,
New York.

FROM time immemorial *equisetum* has been used by the laity as a specific for strangury and retention of urine. In some sections of our country the rush is gathered during the summer and dried for future use as religiously as *cat-nip*, *horehound*, *pennyroyal* and many other herbs which, along with a few patent medicines, go to make up the medical armamentarium of the house-wife. It is usually taken in the form of a tea.

Equisetum, however, is not gathered for its medicinal virtues alone, but on account of the siliceous covering of the stems; it is used for scouring the kitchen furniture and wood-work about the house generally. Hence the name *scouring-rush*.

From my earliest childhood I have heard the virtues of the *rush* extolled, and have listened with wonder to accounts of marvelous cures of bladder troubles, after the village doctor had said there was no hope for the patient, when some good house-wife in the neighborhood had stepped in with her *rush*-tea and effected a speedy cure.

Some practitioners in the country have used an infusion of *equisetum* successfully for retention of urine after confinement. Dr. Marsden has reported some successful cases in the medical journals, and, if I mistake not, Dr. S. A. Jones has somewhere reported similar cures with the infusion.

As Dr. Dunham, in his article on "Euphrasia," so wisely says: "We may be sure that no substance ever gains, and for centuries maintains over a whole continent a high reputation for power to cure diseases of any organ without there being something of solid foundation in fact for this reputation, whatever errors in diagnosis, whatever absurdities in hypothetical explanation may have grown up around this fact and obscured and disfigured it." *Equisetum* is no exception.

I had long been anxious to know how and why it relieved vesical disorders so speedily and completely, and often wondered if it would cause similar troubles. So some years ago I obtained some of the fresh plant, made a tincture and commenced to prove it; but was taken sick a day of two after and was obliged to abandon it.

Subsequently, however, I induced Dr. Hugh M. Smith, who was then a student in medicine, to undertake a proving of it, and my object to-night is to call your attention to the marvelous similarity of its

* Read before the N. Y. Hom. Med. Society.

effects upon the healthy, to the disorders it has so long been known to cure, establishing beyond a doubt its homœopathicity, and also to show the wonderful identity of the symptoms produced in the different provers.

Dr. Smith made the provings with the co-operation of Drs. Edward Chapin, F. L. DeKorth and Clara C. Plympton, and made them the subject of a thesis for which he received the Allen gold medal, which was offered each year for the best original investigation of new remedies.

These provings were made at different periods during the autumn and winter of 1875, and each prover was ignorant of the name and nature of the drug (except Dr. Smith), and that others were proving it. The symptoms were recorded as they appeared, and it will be seen that there is a striking similarity of effects in all the provers.

Dr. Smith commenced taking the drug in August, 1875, and took frequently repeated doses of the 30th dil. on the 24th, 26th and 30th.

The symptoms produced were chiefly confined to the head, left eye-ball, back, left hip and thigh, left testicle and cord, urethra and appetite. With the exception of a transient pain and stiff feeling just back of the left mastoid process, the head symptoms were confined to the front of the head and temples, and consisted of sharp pains and dull pressure, and a feeling of constriction of the scalp over the forehead. The sharp pains were confined to the temporal regions, but predominated in the left, and are described as severe, sharp or darting pains, coming and going, or occasional sharp stitch in left temple. The pain in left temple extended forward to roof of left orbit, and at the same time there was soreness of the left eye-ball. The temporal and orbital pains were aggravated by movement and going out into the open air; not relieved by keeping quiet, but were relieved by eating.

The dull pressure was confined to both temples, and continued during afternoon and evening.

The feeling of constriction. or tightness, of the scalp was confined to the forehead and temples, and felt as if the scalp was drawn too tight, and was often associated with shooting pains in the temples.

The head symptoms were the first developed. The whole head felt heavy and dull, and there was a general feeling of weakness on the least exertion.

On the third day of the proving he was attacked with a severe rheumatic-like pain in the region of the left sacro-sciatic articulation and left hip-joint, which extended down the outer side of leg and terminated in front and about three inches above the knee. There had

previously been some aching under the patella. This pain in hip and leg was not continuous, and appeared deep seated. It was relieved by lying on the back and keeping perfectly quiet; aggravated when first commencing to move, but somewhat relieved by continued motion. It increased gradually until very severe, and then gradually declined.

The urine was scanty and high colored, and there was considerable smarting and pricking in the urethra while urinating, extending back about an inch from the meatus. There was also pain and soreness from the least pressure in the left testicle during the whole proving.

The appetite was increased so that he "hardly knew when to stop eating."

He took no more of the drug from August 30th until September 10th, and, so far as I know, recorded no symptoms in the interval. It would be interesting to know how long the pains in head and back continued, but as he makes no statement to the contrary, it is fair to suppose the symptoms did not reappear after he discontinued the drug.

On the 10th and 11th of September he took frequently repeated doses of the 3d dil., and reproduced the constriction of the scalp and boring pain in left temple. The constriction this time extended over the whole scalp. which felt as if drawn tightly over the skull, with continual inclination to raise and contract the brow, and when contracted it seemed to require quite an effort to smooth it out again. There was also a pricking sensation in the scalp when rubbing the hand over it, together with a dull, heavy headache with inability to study. Occasional sharp pains in lumbar region and through hip, with frequent desire to urinate, with biting sensation in the urethra during and after passage of urine; soreness in both testicles and cords, worse in left; cords sore the whole length.

The remainder of the proving was made with the tincture, and now we come to a new set of symptoms.

From the 12th to the 16th of September he took the tincture at short intervals, commencing with five and increasing to fifty drops at each dose.

The only new symptoms about the head were a dull, heavy feeling across top of head and through temples, and drawing pain in back of head and neck in the evening; flushing of face with burning in face, neck and right ear, without much redness.

The same constriction of the scalp and sharp stitches in temples, without the supra-orbital pains.

The majority of the symptoms refer to the urinary organs. There was frequent desire to urinate, with increased amount of clear, pale

urine, which gradually diminished in quantity while the desire increased and was accompanied with pricking and burning in the urethra and soreness of the meatus.

Towards the last of the proving the desire to urinate became constant, and was not relieved by passing water. Along with these symptoms were dull, aching pains in lumbar region; sharp pains in right, then in left, kidney, extending down left side of sacrum into the thigh; constant feeling as if the bladder was distended with urine, even after urinating; tenderness and soreness over region of bladder and right side of abdomen, extending into the groin—same on left side; distended feeling of whole abdomen; soreness of testicles and cords; lame feeling in back below the scapula increased by motion and deep breathing. The pain in back and loins was aggravated by keeping still. There was also a sharp stitch in left breast near the nipple. The soreness and feeling of distention of the bladder continued some days after he ceased to take the drug.

The urine was loaded with mucus, and became cloudy after standing.

There were slight chills running up the back, marked lassitude, easily fatigued, stool with aching in anus and feeling as if the rectum would protrude, followed by smarting in anus and a feeling as if more fœces remained.

I have given Dr. Smith's proving somewhat in detail, partly to show the difference between the symptoms produced by the dilutions and those produced by the tincture, and also as a basis of comparison with the provings to follow.

Dr. F. L. DeKorth was the next prover, and it is remarkable how closely his symptoms correspond to Dr. Smith's; in fact, with a few exceptions, they are identical. Dr. DeKorth took the tincture only from the 14th to the 17th of September, commencing with ten and increasing to 150 drops at each dose. The first symptom he records is *pain in right temple;* the next, frontal headache with feeling of *tightness of the scalp* and pain in *roof of right orbit.*

Then he records a symptom not found in Dr. Smith's proving, viz.: Pain in top of shoulders near vertebra prominens increased by least motion. Then follows *pain in left temple extending to supra-orbital region, with redness and burning of face.* Quantity of urine increased with burning and biting in urethra, tenderness in region of bladder and feeling of distention of bladder, not relieved by passing urine. Pain and soreness in testicles and spermatic cords. Increased sexual desire with constant erections (not found in Dr. Smith's proving).

As his proving progressed he records increased headache in frontal and supra-orbital region, flushed face and increased appetite; lassitude and weak feeling from least exertion. Sleep disturbed by confused dreams of many people who had no relation with each other; pains under sternum and in region of heart increased by taking a deep breath; a sharp pain just above the crest of the ilium, left side, extending forward towards the umbilicus; pains in abdomen and sticking in anus as from pins. He always awoke unrefreshed, with dull headache.

He also records burning in urethra, sharp pain at root of penis, together with pricking pain in penis a short distance from the meatus (identical with symptoms recorded by Dr. Smith); pain and tenderness in region of bladder and increased appetite, so that he "hardly knew when he had enough."

Dr. E. Chapin commenced to prove the drug July 29th, and took occasional doses of the 30th dil. during the 29th and 30th.

Within one-half an hour head felt heavy with pains above right temple; then pains in both temples, but more in left. These pains moved from one temple to the other in straight lines. He also records sharp, sticking pains in left of occiput near sup. curved line, and dull pain in lumbar region extending down to coccyx.

Dr. Chapin records symptoms not mentioned by the other provers, viz.: A confused feeling in each ear, or rather sounds, seemed to intermingle in such a manner as not to be distinguishable, worse when moving the head; experienced on the first day of the proving.

On the second day he notes sticking pain near left temple; it proceeded in a straight line on the anterior portion of the frontal bone to left temple, after which slight, darting pains extend to top of head. Confused noises in ears, the whole brain felt dull and heavy. Dartings in occipital bone, sup. curved line, vertigo when moving head, and pains in lumbar region.

He took no more of the drug until August 3d, and then took the first dose—a few pellets of the 3d dil.—at 11 A M. In fifteen minutes confusion of sounds in ears, more marked in left, and sharp pains darting from one temple to the other, and darting pain in occipital region.

Did not take any more till August 26th, when he took three doses at short intervals. In less than one hour severe pain near and a little above right temple, and in a short time pains in both temples, with confused feeling in head.

There was *excessive hunger during the whole proving* (increased appetite).

He took repeated doses of the 3d dil. again August 30th, September 1st, 2d and 7th, and again developed the temporal and occipital pains, confusion in ears, pain in right hip-joint and also near the knee.

He commenced taking the tincture September 18th, and took ten drops—one dose.

The first symptom recorded is severe pain in right lumbar region.

He did not take any more until September 28th, and then took one dose of fifteen drops of the tincture. Very soon he experienced a severe pain directly over the right temple, and a heavy sensation like a lump in right lumbar region, directly above hip-joint. The skin over the frontal bone felt tight, great desire to urinate, with pain in penis when urinating.

He took the drug again November 27th, commencing with fifteen and increased the dose to fifty drops.

Passed forty-five ounces of urine during the next twenty-four hours. Sp. gr. 1.028. Desire to urinate was frequent, and after the first twenty-four hours the quantity of urine was less at each urination, while the desire increased with severe burning and aching pain in penis while urinating; also a severe, dull pain in bladder which did not abate after urinating. The urine was very cloudy after standing. The dull, aching pain in bladder continued for two days after, and was so troublesome as to make him fear inflammation.

Dr. Plympton took the 30th dil. September 15th and 16th. She records dull frontal headache, hot, flushed face, with a feeling as if the blood rushed into the face, was very sleepy, and sleep was disturbed and full of tiresome dreams of many persons.

December 7th and 8th she took three doses of the 3d dilution. In an hour after the first dose she records full feeling in frontal region with dull pain; integument of forehead feels as if drawn tight, with heat of face but no redness. The tense feeling in forehead was aggravated by looking up and opening the eyes. Heavy, sleepy feeling in eye-lids. During the night had confused dreams of the presence of many people not at all related to each other.

Early in morning slight urgency to stool, and passed three thin stools during the morning. Inclination to stool, with slight pain in bowels continued during the day.

The proving of *equisetum*, although incomplete, is very remarkable, and few provings in our materia medica are so corroborative. There is hardly a symptom which was not recorded by each of the provers.

Dr. Chapin alone recorded symptoms different from the others, and these refer to the ear.

All had the same flushing and heat of the face, the same tightness of the scalp, the same increase of appetite.

All of the male provers had soreness and pain in the testicles and cord; pricking, smarting and burning in the urethra about an inch back from the meatus during and after urinating; pain and soreness in bladder, with a feeling as if the organ was over distended, not relieved by urinating; frequent desire to urinate, with increased discharge of pale urine at first, and afterward scanty discharge loaded with mucus; pains in back in region of kidneys, extending to one or the other hip; into the groin, down the thigh and towards the umbilicus.

Drs. Smith, DeKorth and Plympton had disturbance of the bowels; Dr. Smith, stool with aching in anus and feeling as if the rectum would protrude, followed by smarting of anus and a sensation as if more feces remained.

Dr. DeKorth, sharp pain in lower abdomen, with passage of flatus and sticking like pins in anus.

Dr. Plympton had three stools in the morning quite thin.

Drs. DeKorth and Plympton experienced the same dreams. Dr. DeKorth while taking the tincture; Dr. Plympton while taking the 30th and 3d, viz.: Confused and tiresome dreams where many people were present not at all connected. All of the provers awoke unrefreshed. One fact, I think, deserves mention, viz.: The kidneys and bladder were not affected by the dilutions. Dr. Smith alone mentions pricking in the urethra after urinating while taking the 30th, while the head symptoms, the neuralgic element of the proving, if you please, were brought out beautifully, as well as the pains in the hip and down the left thigh, along the course of the sciatic nerve, and soreness of the left testicle and cord.

It was not until the tincture had been taken that the urinary system became affected, but it is noteworthy that the tincture also produced the head and other symptoms quite as marked as did the dilutions. The symptoms about the head deserve especial mention. One of the first symptoms observed by Dr. Smith, and also recorded by Drs. DeKorth and Chapin, is very striking and apparently characteristic of the drug, viz.: Sharp, darting pain in left temple, extending over the left eye in *roof or orbit*, with soreness of eye-ball, increased by motion and going out into the open air. Dr. DeKorth had a similar pain on the right side.

This symptom, together with the sharp pains moving from one temple to another in straight lines; the constriction of the scalp, as if it were drawn too tightly over the skull, with flushing of the face, have no counterpart under any drug that I am acquainted with.

From the provings as they now stand it would appear that *equisetum* acts chiefly upon the urinary organs, affecting the whole urinary tract from the kidneys to the urethra, causing, at first, hyperæmia, and doubtless, subsequently, inflammation.

The disturbance of the testicles and cord was evidently sympathetic. There was tenderness and pain, but no heat nor swelling—nothing that would point to an inflammatory affection of either. These symptoms, however, are very significant, and taken together with the pains in the back, hip and thigh, the pain running from the back forward toward the umbilicus; the frequent desire to pass water, with constantly diminishing quantity of urine loaded with mucus, with great lassitude, would suggest the commencement of mischief, either in the pelvis of or the kidney itself. From these symptoms *equisetum* ought to be a remedy of first importance in acute nephritis and pyelitis.

The symptoms which refer to the bladder are very significant, and point toward something more than mere irritation. Each prover describes, in language more or less emphatic, a feeling of discomfort in the region of the bladder, with a feeling of distention of the organ with pain and soreness; constant desire to urinate not relieved by passing water, which was scanty and loaded with mucus. Dr. Chapin discontinued taking the drug on account of this condition. The pain and soreness which continued for several days after was so severe and persistent as to make him fear inflammation of the bladder.

The above symptoms, taken together with the pains in the urethra while urinating, form a pretty good picture of cystitis, and have led to the successful use of *equisetum* in cases of cystitis, both acute and chronic.

I have prescribed it a number of times with complete success in cases of vesical troubles, caused by exposure to cold, and other cases of painful and difficult urination where I could not trace the attack to its origin. I have also, in one case, relieved, in a great measure, the pain and urgency caused by stone, and in another where there was an enlarged prostate. But by far the most brilliant result was in a case of cystitis during the lying-in period, caused by the introduction of a catheter.

In this case the suffering exceeded anything I have ever witnessed.

The desire to urinate was constant and was attended by the most terrible pain, causing the patient to cry out and often to faint during the effort. She would grow cold about the extremities and face,

which was pale and sunken, and a cold perspiration would stand on her forehead. The urine was scanty, high-colored and was mixed with blood and pus.

After *canth*, *prunus spinosa*, *pareira brava*, *uvaursi* and other remedies had been tried in dilutions, fl. ext. and tincture, and had failed me, I gave *equisetum* in the 30th dil., with immediate and permanent relief. I gave the 30th potency because in several cases I had seen better results from this potency than from anything lower.

This patient was in a desperate condition, and I feared a fatal issue. Her temperature was elevated—I have forgotten the exact elevation—her pulse was rapid and weak; the milk had entirely left her breasts, and she was extremely prostrated—so much so that several times I feared fatal collapse.

I don't remember of ever seeing a more prompt result from any remedy in any case. My experience with the remedy leads me to a greater confidence in the higher dilutions than in the lower. I have very little confidence in the tincture.

The pains in the lumbar region, hip and thigh also deserve mention, and point to some affection of the sciatic nerve.

Guided by the symptoms of his proving, Dr. Hugh M. Smith tells me he has cured a case of sciatica of some months' standing.

CAN A WOMAN BECOME SYPHILITIC THROUGH THE FŒTUS ALONE?

By J. M. SCHLEY, M.D.

[Continued from p. 218.]

AGAIN, and do not let us lose sight of this important fact, experience expresses itself in two ways—by authority (autocratic dictation) and by facts. Custom tends to listen to the latter in our day. I must confess my tendency to concur in this, and can easily understand this preference in questions where phenomena easy of establishment furnish an evident solution. But in problems like this, surrounded by circumstances which prevent us from going beyond a mere probability, the opinions of men who draw conclusions from their practical impressions are, it appears to me, of great weight, even when the impossibility of bringing forward incontestable facts causes them to regard it as useless to relate the cases upon which those opinions are founded. This authority is especially decisive when it emanates from celebrated writers, consummate clinical observers and representatives of the positive school.

Finally, it acquires a higher value for me when two writers known to differ upon several other points entirely agree to decide here in the same sense. But I think I may find myself in a position to furnish this proof of the reality of the infection of the mother by the fœtus.

Ricord writes (*Gaz. Méd. de Paris*, 1849): "This opinion is not easy to prove beyond dispute; for the virtue of the women may always be more or less doubted. But in spite of the incredulity and scepticism induced by my long practice, I have been forced to yield to the evidence of facts." Depaul further states: "The mother being incontestably healthy, while syphilis could have been transmitted by the father alone, and that only at the moment of fecundation, the embryo, being for some time alone diseased, may in its turn, during its sojourn in the womb, infect its mother ("Extrait du Mémoire lu à l'Acad. de Méd.," 1851). No one, certainly, will be inclined to believe that Ricord and Depaul would bring forward such a theory so explicitly without having before them numerous facts in support of it. Tyler Smith also believes that syphilis is propagated from the father to the mother through the fœtus. (*The Lancet*, March 11th, 1854.) Dr. Langier, of Vienna, cites several cases to fortify this subject. His experience is that of Tyler Smith.

Rosen ("Maladies des Enfants," p. 540) tells us of a most remarkable instance coming under his own observation. A man infected beyond hope of cure, in the tertiary period, married a strong, healthy girl, who consented to this marriage, saying that with the large fortune he would bring her, in case of infection, she would have the means of getting cured. The young woman was delivered of a child covered with ulcers, from which it never became entirely free until sixteen years of age. The mother sank, some months after her delivery, under the sequelæ of venereal disease.

Besides this detailed case and others that may be presented, in which constitutional syphilis appear in the mother after delivery, there are other instances, less decisive, perhaps, because the syphilis does not put on its normal type in them, but which bear witness, at least, to an analogous influence exercised by a syphilitic child upon its mother. How many robust and healthy young persons do we not see who marry syphilitic husbands and retain all the attributes of health until their first confinement? From this moment, and although the confinement has terminated happily, they become feeble and begin to loose flesh. They miscarry or bring forth syphilitic children. Each new pregnancy aggravates their distressing condition. Are not there conditions which Lallemand has mentioned, which Masionneuve and Montanier admit and describe, and which I myself have observed

with others, an effect of the disease in the fœtus, a disease which, sometimes without vitiating the humors of its mother to such an extent as to develop in her the true syphilitic virus, has effected in her organism a derangement only too real? Of the many physiological secretions of syphilitic persons, the milk, saliva, urine, perspiration and tears most probably are not vehicles of the luetic poison. By common consent, however, to-day the semen seems to form an exception to this rule. All writers of any note admit that a syphilitic father begets, as a rule, a syphilitic child, whether the mother be healthy or not.

Whether the semen of a man affected with latent syphilis may be the medium of contagion (without conception) I must admit remains as yet an open question. Von Baerensprung ("Die Hereditäre Syphilis," Berlin, 1864, p. 53) claims that this can be so only when the wife conceives. Others, as Porter (*Dublin Quarterly Journal*, May, 1867) and Langston Parker (*Med. Times and Gazette*, July 4th, 1863), have reported cases which tend to show that infection of the wife may take place without conception, solely through the direct action of the semen, and at the same time without the production on her part of any discoverable primary lesion. The shorter, also, the space of time since the infection, or since the outbreak of the general symptoms in the parent, the severer is not only the infection of the offspring liable to be, but also that of the mother.

When the syphilitic poison operates through the fœtus upon the pregnant mother, a modified infection ensues, lacking the primary local affection, together with the stages of eruptions and condylomata. Gradually increasing pallor and emaciation, alopecia, glandular enlargements, isolated bony nodes, gummata of the cellular tissue, or ulcers of the mucous membranes, or psoriasis palmaris, are the sole affections which these women present (Zeissl, Hutchinson). Zeissl (l. c., p. 43) states that such women often complain of profuse menstruation, or abort when they become pregnant. It is claimed that this contamination, termed by the French "choc en retour," is the result of a resorption of syphilitic embryonic fluids, the embryo owing its disease to the father. Hutchinson claims that lues acquired this way does not make its appearance sometimes until the climacteric, or even later.

To bring our subject down to date, I will submit all the literature bearing upon this important discussion, pro and contra, that I have been able to study. In the November, 1886, number of the *Journal of Cutaneous and Venereal Diseases*, we read: Some three years ago Dr. Roig Bofil read a paper before the Royal Academy of Medicine

and Surgery of Spain, in which he took the ground that syphilis could not be communicated from the fœtus to the mother, basing his views upon the anatomical facts opposing such a theory. Recently Dr. C. Shadek has published in Kieff a brochure, in which he also endeavors to refute the theory of the "choc en retour," or syphilis by conception. The author believes this theory, advanced over sixty years ago by Gardien, has held its ground simply from the fact that its opponents have contented themselves with a simple negation, instead of citing proofs and of submitting the assertions of the partisans of this theory to rational criticism. He asserts that the examination of the mother in such cases shows conclusively that the lesions are of greater age than they could be had the disease been acquired from the fœtus. He says also that no facts (?) have ever been brought forward to show that solid substances or formed elements can pass from the fœtus through the placenta into the maternal circulation; and as at the present time it is admitted (?) that syphilis can be transmitted only through the medium of formed elements, he says, it is therefore highly improbable that the child, while still in the womb, can communicate the disease to its mother. Again in the March number of the same journal—author, Professor Otis, page 68: It has been proven (how and by whom?) and accepted by such authority as Fournier (??), Cornil (Paris), Mirreur (Marseilles), Van Buren, Bumstead and Taylor (New York), Hill and Cooper (London), and others, that the physiological secretions, mucus, milk, tears, sweat sebum, urine, semen (?), etc., do not contain the contagium of syphilis. I think the Doctor is in error about his statements here. Fournier, Cornil, Van Buren, Bumstead, Hill and Cooper admit that a syphilitic father begets, as a rule, a syphilitic offspring. If they admit this, the semen (provided the mother be healthy at time of conception) is most assuredly the means of conveying the contagium. A consideration of this important fact enables us to eliminate from the mysteries of syphilitic contagion such cases as those where the father is claimed to have infected the embryo or fœtus, while the mother escaped the disease, and also makes it clear beyond dispute that syphilis is never, under any conceivable circumstances, communicated from the father directly to the fœtus, but that, in order to infect the product of conception before birth, the mother must first be infected; the semen having been proven not to contain the contagium of syphilis, settles (?) this much-discussed question, inasmuch as, through the semen alone has the father any possible access to the ovum or the fœtus. In the same article, after quoting many authorities, Dr. Otis states, that one, two or more years must elapse from moment of infection to date of marriage! And pray

why is this? We have just learned that there is no danger from anything save the chancre that the infected person has about him. At the end of six months all secondary lesions in all probability, have disappeared, with or without treatment. Why not let him marry then? Simply from the danger he runs of bringing forth a syphilitic child, and at the same time infecting the mother through her offspring. It is an established fact by the best informed clinical observers in this branch of medicine that the more virulent the attack and the nearer the time of conception from moment of infection, the more certain is the fœtus liable to be syphilitic.

June, 1884: Kassowitz (Simas-Polyclinic) says the fœtus cannot transmit syphilis to the mother through the placental circulation, and in all (?) cases where the mother becomes syphilitic during pregnancy the disease originated in some other way. In the *American Journal of Obstetrics and Diseases of Women and Children*, 1878, we find quite a lengthy abstract from the *Med. Times and Gazette:*

TRANSMISSION OF SYPHILIS FROM THE FŒTUS TO THE MOTHER.

"Joseph Hutchinson claims that he, as early as 1856, reported a number of cases in which mothers had been infected with syphilis from their own children while the latter were still in utero. This syphilis of the mothers did not show itself in the form of regular secondary eruptions, but usually in less striking, irregularly occurring signs, such as sores on the tongue, psoriasis palmaris, gummata of the cellular tissue, etc. It generally is a much milder form than that which follows the acquisition of a chancre. As a convincing fact that syphilis may be acquired in this way, Hutchinson brings forward the fact that mothers who have borne syphilitic children are not infected from them after birth, a fact which in England is known as "Colles' Law," a law which H., however, extends still further, saying that such mothers are altogether protected from syphilis, although the statement is somewhat modified by the fact that a considerable percentage of them have had a chancre syphilis. It must be admitted that this method of infection through mediate contact of the blood masses is very peculiar; that syphilis so acquired differs from that following a chancre somewhat as vaccinia differs from variola; that it frequently gives no peculiar symptoms of disease, but gives immunity by means of a specific change which has taken place in every cell in the affected organism. It is also improbable (?) that such syphilitic infection can ever cause severe secondary appearances; at least this happens extremely rarely. The symptoms are usually very slight—some indisposition during the pregnancy, loss of hair, soreness of

tongue, spots on the palms of the hands, or nodules in the cellular tissue. Rarely these are followed later by tertiary symptoms. It is also possible, though not proven; that tertiary symptoms appear after a long time in some women who have shown no secondary signs whatever. In conclusion, he wishes that physicians might, from their own experience, answer the following questions:

"1. Has anyone seen a chancre on the nipple of a mother nursing her own hereditary syphilitic child?

"2. Or, on the mother of hereditary syphilitic children, a chancre or a well-marked secondary eruption, which made the existence of a fresh chancre probable?

"3. Has a mother who has borne syphilitic children, yet never had chancre-syphilis, in a second marriage with a healthy man borne healthy children?

"4. Has any one seen tertiary symptoms occur in late years in such women?"

Carleton (*British Med. Journal*, No. 12, 1887) publishes a case of infection through the saliva in the act of tattooing on the arm. The infection was in the tertiary stage. Anti-syphilitic treatment cured. Two chancres were transmitted. A similar case of infection through saliva is reported by Porter, same journal, December, 1887.

Oewre, in a series of articles extending over the years, 1868, 1872 and 1874—taking the statements of Mirreur and Cullerier as patterns—makes the following assertions from personal (?) experience:

1. A syphilitic father is probably without influence in conveying the contagium.

2. The semen of a syphilitic does not transmit syphilis to the mother.

3. The child of a syphilitic father is healthy.

Diday, Hutchinson, Köbner, Bäumler, Gerhardt, Von Baerensprung and many others as well known maintain that a woman impregnated by a syphilitic man may become syphilitic through the fœtus.

Gamberini and Ercolani have seen a syphilitic child infect its mother in utero (*Archiv. für Dermat. und Syphilis*, 1870).

An impartial article to help solve this important question, and therefore unusually interesting, is that entitled:

"Observations on (apparently) Healthy Mothers of Hereditary Syphilitic Children." J. Caspary, Privatdocent an der Universität zu Königsberg. He closes his article by a personal communication of a woman being unable to become syphilitic by vaccination, after being delivered of a syphilitic child. The case is very carefully detailed. She had borne healthy children prior to infection through fœtus.

There were no miscarriages until this syphilitic child was born. The mother's health remained apparently good after the abortus. Syphilitic vaccination was performed by Caspary, and the virus was obtained from another patient in secondary stage, the symptoms being well pronounced. The matter was taken from a condyloma, and in one instance blood was mixed with the secretion. The insertions were made in four different points. No local or constitutional symptoms followed this experiment.

Caspary claims that his patient was not experimented with any more than she would have been had the child been allowed to suckle. Inunction treatment was instituted. Professor Neumann was given the placenta, funis and the four and one half months fœtus for examination, and diagnosed syphilis from his findings, following Fränkel's division, according to his original work on placental syphilis in the *Archiv. für Gynäkologie*, 1873.

Drysdale, on syphilitic infection (*Med. Press and Circular*, July 7th, 14th, 21st, and August 4th, 1875), claims that children may be born healthy of syphilitic fathers, provided the mother does not become infected through the fœtus. He cites and accepts a notation of M. C. Swiney's that women may and do become syphilitic through a diseased ovum.

Diday cites, in 1877, twenty cases where mothers became syphilitic through the fœtus.

Kassowitz, in 1875, writes against the possibility of the fœtus infecting the mother. (This essay and one other of his is much quoted by those of a similar frame of mind.) He admits the mother may infect the child, but does not see how the contagium can get from the fœtus to the mother. He claims as no blood passes between mother and fœtus, no contagium is carried. He seems to have overlooked the discoveries on diapedesis made by Stricker, Cohnheim, Klebs and E. Neumann, also Gusserow's experiments on the allantois. We notice further here the finding of cancer in the fœtus where the mother has a cancer (Friedreich, cited by Gusserow), the noting of tyrosin, bile and bile-coloring matter in placenta in acute liver atrophy of mother, morbus maculosus Werlhofii in fœtus where mother had it (Dorn cited by Bernicke, Zeitschrift für Geburtshlfe und Frauenkrankh., von Martin u. Fasbinder), Morbus Brightii in fœtus where mother was Brightic (C. Ruge, same journal, measles and variola infection, etc.).

Magendie injected aniline (colors) and camphor emulsions into veins of pregnant rabbits, and found them in fœtus.

On the other hand, Reitz (*Sitzungsbericht der Akademie zu Wein*, 1868), to test Kassowitz's assertion about the placental circulation, injected cinnabar into a pregnant rabbit, and found in uterus, placenta and in a heart-clot of fœtus, particles of it, and so on. Most of the foregoing covers a reply to Kassowitz's statements by Caspary. He (Caspary), in summing up his case, closes his paper with the remark that in all truthfulness the possibility of placental infection, as stated by K., has much uncertainty about it, and his theories cannot and do not settle the matter. Further and continued clinical observation will settle the issue, but they must be of a positive nature. *Zur Genese der Hereditären Syphilis.*

Kassowitz, in his article, inquires if the mother of a syphilitic child may remain healthy? In my opinion such a thing may occur.

But one of the most remarkable assertions for a man to make nowadays is that if mother and fœtus be healthy at time of conception, and mother acquire syphilis at any time later, it is not transmitted to fœtus; it may cause abortus, etc., but does not affect the fœtus. I have seen two cases in my own practice—one in the eighth month, one in the seventh—where the mother acquired a hard chancre (Hunterian), and in both instances syphilitic offspring were born, luetic symptoms developing at third month.

If Kassowitz can advance such statements as facts, how much of his argument should we consider reliable and worthy of credence?

Engelsted (*Ugeskr f. laeger*, 1876) wants to join the school of Cullerier and Oewre, but says that the inheritance from father is still (?) uncertain, and says, in these cases, that the mother is suffering from latent syphilis, because such women, apparently healthy, do not develop syphilis if they suckle their infected children. If the mother shows syphilis later on it is a tertiary or a late secondary form.

Diday (syphilis through conception) *Annales de Dermat. et Syphilis*, 1877, cites several cases of his own and others, reiterating his belief in such a possibility. He mentions one case especially, where, after years of marriage without children, the woman becomes pregnant, aborts and shows later syphilis. Her husband had a chancre before marriage, not since.

We note in *Volkmann's Sammlung* further on the statement that Cullerier, Notta, Charrier, Sigmund, and Oewre uphold the theory that without a syphilitic mother there can be no syphilitic child.

Swediaur, Trousseau, Vidal, Ricord, Parker, Drysdale, Hutchinson, Köbner, Behrend, Hebra, Gerhardt, Bäumler, declare that a syphilitic child may be born of a healthy woman, or one that seems in good health.

Professor A. Wiel, in No. 130, *Sammlung klinische Vorträge* (Volkmann), has a most interesting and exhaustive article entitled, "Ueber den Gegenwärtigen Stand der Lehre von der Vererbung der Syphilis." He closes his brief in summing up for those who maintain Sir Jonathan Hutchinson's theory that the infection of the mother through a syphilitic child on the father's side appears very possible from a theoretical standpoint, but has not been definitely settled by observation (?). Further on he gives in his adhesion to the law of Colles, viz.: that no mother of a syphilitic child contracts syphilis through the father (in these instances), but if this same luetic child be given to a healthy wet-nurse, she, in all probability, will become infected. Hereditary syphilis is as contagious as the acquired. He admits this as a strong argument in favor of the transmission of syphilis from the fœtus to the mother.

(The cases of Müller and Brizzio Cocchi, cited as exceptions to this rule, are hardly to be included in this category.)

Again, in 1881, Professor Caspary (*Volkmann's Klinische Vorträge*) answers the different views of Vajda and Kassowitz, as presented at the Royal Society in Vienna of the preceding year. One by one he demolishes their peculiar theories and statements pertaining to the contagium of fœtus to mother. Caspary gives the evidence of Zeissl, Darwin, A. Wollf (Strassburg—*Zur Frage der Paterneninfection bei Hereditären Syphilis*, 1879), Fournier, Geigel and Grünfeld as being the most recent authorities on this vexed subject. They all uphold his (Caspary's) assertions. Grünfeld—"Ueber Vererbung und Uebertragung von Syphilis bei Neugebornen."

Wein. Med. Presse, XX., 47, 1879, publishes at length a case of a man who, at the height of his secondary symptoms, impregnated his wife. A healthy child was born, and the mother three years after seemed to remain free of syphilis.

Apolant. "Ueber die Uebertragbarkeit der Syphilis vom Kinde auf die Mutter."

Berliner Klin. Wochenschrift, 18, 6, rather upholds Diday's attestations.

Another article, "Zur Lehre von der Vererbung der Syphilis," in the same journal, 18, 8, 9, holds out little of interest, as does a third in the same weekly, 17, 48: "Zur Casuistik der Hereditären Syphilis."

Orth speaks out: 1, for the possible immunity of mothers bringing forth syphilitic children from luetic fathers; 2, the dying out of the intensity of the malady with time; 3, the possibility of children doing well when of syphilitic fathers. In the three cases he mentions the husbands were luetic; so were the children, but no syphilitic lesion could be found in the mothers at any time.

Champneys (*British Obstet. Journal*, No. 8. p. 666, November, 1880, also *Medic. Jahresbericht, Band* 189, *Heft* 181): "Einfluss der Syphilis-infection in 8 aufeinander folgenden Schwangerschaften."

A woman, æt. 31, married twice in nine years. In the fifth month of her first marriage and pregnancy she suffered from sore throat and squamous syphilide. Her first child was carried to the seventh month, second one to eighth month, third to seventh month, fourth to eighth month, fifth to full term. Each child was dead from a few days to weeks before birth. First child of second marriage was born at term and is alive. The seventh pregnancy terminated at eighth month, with a child dead about a month. In the fifth month of eighth pregnancy she came into C.'s hands. Anti-syphilitic treatment carried her through, and a strong, healthy child was born. No signs of lues up to its eighth month. The first child of second marriage was markedly rachitic, with a flattened nose, but no marked signs of lues. Second husband was not syphilitic.

Lutaud (*France Médicale*, Paris) transmission de la syphilis par la voie placentaire.

Behrend, G. Contribution à la doctrine de l'hérédité de la syphilis, revue critique, par P. Diday et A. Doyon. (*Annales de Dermatologie et Syphilis*, Paris, 2 sér. III., p. 285.)

J. Herrmann Ueber Vererbung der Syphilis. (*Allgemein. Wien. Med. Zeitung*, 28, pp. 207–262.)

Engel, H. A contribution to the study of the manner of transmission of syphilis in utero. (*American Journal of Obstetrics*, New York, vol. XV., pp. 961–972.)

Lesser, E. Die Vererbung der Syphilis. (*Breslauer ärztl. Zeitsch*, v. 4. pp. 133–136.)

Routh on the difficulty of diagnosing true syphilis in women and the nature of its contagion, etc. (*Lancet*, London, II., p. 1038.)

All these essays of Lutaud, Behrend, Diday, Herrmann, Engel, Lesser and Routh bear more or less upon our subject, and maintain the law of Colles and the "choc en retour" of the French.

Herm. Zeissl. Zur Lehre über die Vererbung der Syphilis. (*Wiener Med. Wochenschr.*, Nos. 4 and 5, 1880.)

He claims that a healthy woman at time of conception becomes luetic through her fœtus. It is difficult, he admits, to decide whether she becomes syphilitic through the sperma or placental circulation from side of the fœtus. He is positive that he has seen women become syphilitic through the semen of their husbands without becoming pregnant (?), though it does appear by far the largest majority become syphilitic through the placental circulation.

Max Zeissl. Ein Beitrag zur Lehre von der Hereditären Syphilis (*Allgemein. Wiener Med. Zeitung*, Nos. 50 and 51, 1879) holds the same views as his father.

Wolff. Zur Frage der Paterneninfection bei Hereditären Syphilis (*Centralblatt für Chirurgie*, No. 32, 1880) denies an hereditary syphilis in the child unless he sees evidence of lues in the mother, or who does not admit having had a chancre.

Ricord's and Von Baerensprung's "choc en retour" need confirmation.

G. Behrend. La soi-disant loi de Colles, est elle une loi ou non? (*Annales de Dermat. et Syphilis*, Paris. 2 sér., tome 4, pp. 71–78.)

P. Diday and A. Doyon. La lettre et l'esprit de la loi de Colles, réponse à M. G. Behrend. (*Annales de Dermat. et Syphilis*, Paris, 2 sér., p. 79.)

I imagine M. G. Behrend has found his interrogations satisfactorily answered in Messrs. Diday and Doyon's réponse. I think so.

Doctor E. Arning. Fall von Syphilisinfection einer graviden Mutter seitens des recent luetischen Ehemanns. Gesundes Kind. Spätere Infection desselben durch die Mutter. (*Archiv. für Dermatologie und Syphilis*, 1883.)

The painter M——, married four years to his present wife. At end of the first year of their married life, a healthy child was born; second child died in birth (80–81). The husband sought work out of town, and on his return infected his wife, then four months pregnant. Some three months after she noticed a syphilitic eruption, and applied at polyclinic for treatment. She was cured, and the child born apparently healthy. About six weeks after its birth she noticed a plaque at corner of child's mouth, which, rapidly extending, destroyed part of lip. The appearance was very much like a primary lesion-adenitis, well marked. The mother had cracked nipples. Diagnosis of primary affection of lip made by Lesser. A macular eruption followed, and other symptoms, as periostitis, etc.; child died of weakness.

Carl Szadek. Kritisches Studium (*Gazeta Lekraska*, 1886) is a critical study of his of the history of "choc en retour," commencing with Jardien, 1824. He claims, all cases cited to substantiate this theory, cannot throw out the possibility of the woman's being previously syphilitic also, and he considers improbable the gradual syphilization of mother through the fœtus. In the third division, the theory is combatted on the ground of an anatomico-physiological one, inasmuch as no proof of solid and organized material wandering from fœtus to mother has been proven. In the fourth part the carrier of the syphil-

itic poison is touched upon, and until this is found to pass between fœtus and mother the theory cannot be proven.

Kassowitz, Ueber Vererbung und Uebertragung der Syphilis. (*Jahrb. für Kinderheilk.*, N. F. 21, 1883.) Kassowitz refers in this paper to the progress (?) of his inquiries made in 1875. He closes his article as follows:

I. A fœtus can (?) (formerly it could not) become syphilitic through a luetic father.

II As to the transmission of syphilis from the diseased fœtus to the healthy mother, and the health of such women who have not been infected by other means, he sums up as follows: It is settled (?) that a very large number of women, who have borne syphilitic children from luetic men, have remained absolutely healthy during years of close observation.

2. When a child is born to such women of a healthy father the result is a healthy child, though this same woman may have borne syphilitic children in times gone by.

3. Also the clinical observation, as well as the experimental vaccination show that the mother of hereditary syphilitic children are decidedly less susceptible to a syphilitic infection than other individuals. In some instances, however, infection has been proven.

4. The assertion of authors about a proven syphilitic illness of some mothers without primary lesion, contradict each other, and can be used as a scientific basis in very few cases only. The establishment of such a possibility must further undergo a minute test.

5. The fœtal and motherly circulation form in a large measure an obstacle of the passage of the syphilitic contagium from fœtus to mother, and it is not yet settled whether even in isolated cases this impediment could be broken through.

III. He argues in this division still against the probability of a healthy woman (at time of conception) becoming syphilitic, and then conveying the virus to the fœtus in utero, in spite of the recent well-attested cases of Hudson, M. Zeissl, Vajda, Engel and Behrend, Michelson. Zum Capitel der hereditären Syphilis. Einiges nähere über den Fall Ranke's. (*Monatschr. für Dermat.*, 84.)

Ranke presented his case at a meeting for scientific investigation, held in Cassel, '78. Michelson adds to it:

The father, æt. 30, infected eleven years ago, but nine years without symptoms, married three years ago. In the first year a syphilitic child was born, but was cured by anti-syphilitic treatment. The mother remained healthy until after second pregnancy. The second child in second week presented a macular eruption and plaques muqueuses.

During the suckling a rhagade formed on the left mammæ, and eventually a hard chancre developed, and subsequently a roseola on the mother. Inunctions of mercurial salve cured. On the man as well as child, after the seventh month of second pregnancy, no morbid symptoms were seen.

Michelson, who looked into the case, testifies:

I. That the diagnosis of hereditary syphilis in the first child depended entirely upon the anamnesis of the father and the prescriptions given by the attending physician. This child, besides, is said to have had other luetic symptoms, as ulcers in mouth, and was not nursed by its mother.

II. After birth of second child adenitis in both axillæ develops in mother, dependent apparently upon an intertrigo sub-mammary. During pregnancy, after a thorough examination, no signs of syphilis were found. After the appearance of the hard chancre, in the axilla adenitis became marked, and in a short while rheumatic pains and a well-marked macular syphilide were noticed.

Gaudichier. Deux cas supportant la loi de Colles. (*Annales de Dermat. et Syphilis.*)

Gaudichier in one year noticed two cases, confirming—one at Fournier's (Hospital St. Louis) clinic, one at Prof. Besnier's clinic—Colles' Law.

In the former case the father was infected eight years prior to the birth of the child. The woman had had four children—first one healthy, two abortions, the third diseased. The mother nursed the two living ones, and seemed healthy.

The second case, in Prof. Besnier's clinic, the mother was apparently healthy at time of examination; child with plaques, and rhagades at corner of mouth, papular eruption, etc., mother nursing it. The husband was infected eight years previously.

(To be concluded.)

BELLADONNA—ITS ACTION ON THE SKIN.*

By A. B. KINNE, M.D.,
Syracuse, N. Y.

BELLADONNA causes an erythema of a bright scarlet redness, in which the skin is exceedingly sensitive to the touch. This may be in a uniform blush over the entire body, as in the Sydenham variety of scarlatina, or in streaks radiating from a central point in all directions,

*Read before the Homœopathic Medical Society of the State of New York, February, 1889.

the color being quite bright and swelling rapidly, having an erysipelatous appearance; the pains are of a lancinating and stinging character, with a great deal of throbbing.

In erythema *bell.* is indicated when there are inflamed red patches, irregular-shaped scarlet spots over the body, especially on the face and upper part of the body.

In erysipelas: bright red, non-vesicular swelling, especially of the right side; intense fever; the skin imparts a burning sensation to the hand; brain symptoms prominent; tendency of the inflammation to spread in streaks.

In urticaria: bright scarlet, elevated, puffy spots, surrounded by a white border; parts sensitive to touch.

In acne: bright, large, red pimples on the face, back and scapulæ, especially in young people; fine stinging in the tips of the pimples; worse during pregnancy and menstruation.

In eczema of the face, with scarlet redness, burning, itching eruption, sensitive to the touch. In teething children, with tendency to convulsions.

In pernio: chilblains bright red, shining, swelling, with pulsative pains; burning in the skin when touched; tingling itching worse at night.

In herpes: small pimples on the lips covered with a scurf, smarting as if they had been touched with salt water; pimples on upper lip tingling when not touched; contact excites a stinging itching in children, with jerking of limbs during sleep.

In pemphigus: painful, watery vesicles on the palm of the hand sensitive to touch; chill mostly on arms, with heat of head.

In ecthyma: pustules, surrounded by a whitish areola, burning and itching, with great sensitiveness to touch.

In anthrax: bright redness, with throbbing pain, when cerebral symptoms arise; erysipelatous inflammation around the carbuncle.

In furuncle: in the early stage, if the boil is inflamed and painful, red, hot, shining swelling.

In scarlet fever of the true Sydenham type: the eruption is perfectly smooth and truly scarlet; the skin is so hot that it imparts a burning sensation to the hand.

In ulcers: with red streaks radiating in all directions, or, when suppuration suddenly stops, causing pains; ulcers, with bloody ichor and discolored fundus and raised edges.

Such are the symptoms as we find them in our materia medica, and most of them verified in the clinical application of the drug. In general *belladonna* causes varied forms of inflammation of the skin,

which are characterized by suddenness and intensity of action; the skin is hot, smooth and dry, and sensitive to touch. Another action of *bell.* on the skin is the production of boils or abscesses indicated by the violence of the symptoms: radiating redness, with throbbing and tendency toward suppuration.

The writer has verified these symptoms: skin is red, hot, shining; smooth eruption, sensitive to touch. Concomitants: throbbing pain in parts, or sharp, darting pains; starts suddenly in sleep or at noises; if eruption is on face (as in erysipelas) and there is evidence of brain irritation without metastasis.

I usually give 3x, and use low potencies in acute diseases, and higher (30th) in chronic, or after amelioration from low as long as improvement continues, then return to low; this in acute or chronic cases. I generally prescribe *bell.* alone, but find it alternates well with *acon.*, *bry.*, *merc.*, *rhus.* I use *bell.* almost daily, and rely upon it alone in tonsilitis and true Sydenham scarlet fever.

Among the most important drugs to compare with *bell.* in action on the skin are *lach*, *crotalus*, *rhus*, *hyos*, *sulphur* and *calc. carb.*

Lach. has, in common with *bell.*: crying out in sleep, restlessness, irritability on waking, strawberry tongue, redness of whole surface of body, suppression of urine, sore throat and vomiting; but the blood poisoning is more profound than in *bell.*, the skin is either pale or purplish and bluish, and the cerebral symptoms are those of stupor rather than of furor. *Crotalus* much resembles *lach.* *Rhus* often precedes *lach.*, and the rash is of the miliary type—dark color. *Sulphur* has a smooth erythema, and should be thought of when *bell.* fails, although the symptoms call for it. *Calc. ost.* is complimentary to *bell.*, but pales off, with pale, bloated face, urine scanty or suppressed, with *bell.* brain symptoms. *Hyos.* has pale eruption, with marked mental symptoms, hot, dry skin, with absence of sensitiveness.

THE ACTION OF BELLADONNA ON THE URINARY SYSTEM AND MALE SEXUAL ORGANS.*

By GEO. R. STEARNS, M.D.,
Buffalo, N. Y.

THE action of *belladonna* on the kidneys and bladder, as well as, to a less degree, on the male sexual organs, seems to be very similar to that observed in other parts of the body, causing a greater or less amount of congestion of all the organs and structures affected,

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with, at the same time, a hypersensitive condition of the muscular tissues involved. The kidneys are accordingly surcharged with blood, occasioning for a time a possible increase in the flow of urine —little, if any, altered in quality—from simple hypostatic transudation through the Malpighian corpuscles due to increased blood-supply and augmented blood-pressure. The hyperæmia may become so great as to cause stagnation and hence diminution in the flow of urine. Associated with this condition there will be sensations of heat, heaviness and pressure, felt mainly in the bladder, with sharp, darting and crampy pains, due mainly to the irritable condition of the muscular structures, as before-mentioned. These sensations of heat and fullness in the bladder may sometimes be without desire to urinate, but there will more often be found a frequent desire to urinate—but a small portion being passed at a time—the urine passed being mainly clear and colorless or normal in appearance. This same irritability of the bladder, especially about the neck, will often cause involuntary urination at night and during sleep, associated in such cases with restless twitching and starting in sleep, heat of the surface, etc.

Sexual appetite appears to be diminished or even altogether lost in the action of the drug, while nocturnal emissions from the relaxed organs are not infrequent. There may be also straining and pressing sensations about the genitals, with stitching pains in the testicles and an upward drawing in the left cord, especially while reclining in bed in the evening.

This apparent combination of excitation and irritation, with relaxation and depression, is common to the symptoms of *belladonna* in many other departments of its widespread action, and well it is for us that we are not compelled to reason it all out and explain in full the *rationale* of the action before availing ourselves of the benefits to be derived from the proper use of this most wonderful polychrest.

Clinical experience has shown the following symptoms to be reliable: Frequent desire to urinate, passing but a small quantity at a time; nocturnal enuresis; dull, aching pain in the region of the kidneys.

Concomitants leading to the selection of *belladonna* are: Dryness and heat of surfaces generally, without thirst; sudden attacks of distress and urging; nervous twitching and starting in sleep, etc.

I usually give the 30th potency for children; 3d for adults.

I generally prescribe it alone; occasionally it alternates well with *mercurius*—rarely with other remedies.

I rely upon *belladonna* alone for the cure of congestive headaches; congestion of conjunctiva—in fact, local congestions anywhere; incipient pharyngitis, constipation, prophylaxis of scarlatina.

I prescribe it, comparatively speaking, quite infrequently.

Belladonna is similar to *cantharis*, but has more sudden attacks of distress and pain than the constant urging of *cantharis;* also more heavy pressure and heat than the intense irritation and burning of the latter. The distinction from *cann. ind.* is much the same.

CASE I.—Enuresis in pregnancy, æt. 30. Duration, one day, cured in two hours by *bell.* 3, grs. 5 in aq., oz. 4; two spoonfuls half-hourly. Relief was so immediate that she thought she must have had morphine.

CASE II.—Fever, 105° F., æt. 8. Duration, twelve hours; cured in two hours by one spoonful, half-hourly, of the same preparation. Temperature 99° by morning; was 105° on previous night.

CASES III., IV. V.—Little girls, æt. 4, 6 and 3, took 6 to 8 pills *bell.* 30th, three times a day, escaped scarlatina, which was in the house.

CASE VI.—F——, æt. 4. For a week sudden waking from sleep every night with dreams; cured in two days by *bell.*, 30th, 6 to 8 pills on retiring.

SOME VALID REASONS IN OPPOSITION TO IMMEDIATE PERINEORRAPHY.*

By GEO. CLINTON JEFFREY, M. D.,
Brooklyn, N. Y.

CUSTOM, unfortunately, regulates too often our mode of action in the methods of life in opposition to what mature judgment and the evolution of new experiences should readily teach us to have been erroneous and false; even sacrificing forethought, and without weighing in our own minds the results of cause and effect, we too often find ourselves, without question or protest, the willing devotees of custom, and the blind followers of our predecessors in manner and method. Such conditions do not apply to our profession alone, but embraces men of every class and station, in every civilization, and from whatever origin; not confined alone to our own age, but has characterized and become the experience of all time.

In the progress of medical and surgical science none are so bold or imbecile as to deny the rapid progress of thought and method that has marked not only the period of our own time, but even the past very few years. Plans for the cure of disease and the alleviation of suffering have worked a perfect revelation by the simplicity with which pathological conditions are now made easily controllable and manageable that previously were the ensigna of confusion and doubt. In offering to discuss such a commonplace subject as the method of

* Read before the Homœopathic Medical Society of the County of Kings.

operation upon the ruptured perineum, I do not do so without, in advance, being aware that my views are very certain to be met by the opposition of many surgeons, whose experience has been very much greater than my own, and who are, I will admit, as fully competent to discuss the merits of this or any other surgical subject with fully as much intelligence and reason as I can ever possibly hope to attain; but yet what I believe to be a just criticism of the present method is within me, and I feel that it is not improper that I should express my own views even though the profession should as one man arise to silence and contradict me.

I am opposed to the immediate repair of the ruptured perineum, and believe that the interests of our patients and ourselves can be fully proven to be better subserved by a more deliberate interference in such cases. It is conceded, I may safely admit, that the perineum in its entirety and perfection, acts as an important and indispensable factor to the maintenance of healthful function in the female pelvic viscera, and when I say entirety I mean the perfect harmony of arrangement of the muscular tissue and fascia that forms the normal perineal body. Where the perineum is intact, pathological conditions are most exceptionally found that are rarely absent in those cases where it has been ruptured and neglected. Hyperplasia, and its train of symptoms, with ultimate prolapsus of the uterus, are seldom found except where the perineal body is deficient in repair, reduced and partially absorbed by a uterus in the process of sub-involution, or absent owing to its never having been restored by a proper and carefully arranged operation. I am opposed specifically to an immediate operation for the following reasons, namely:

First. Because the union of such a rupture always constitutes an important operation.

Second. Because it necessitates prolonged exposure of the perspiring, and at the same time chilly, patient.

Third. The lack of assistants and proper illumination are important factors.

Fourth. If the union with sutures is *not exact* it is even more dangerous than the simple antiseptic treatment of the open wound, because it may give rise to the stagnation of wound secretion in the necrotic cavities.

Fifth. Because, during the process of sub-involution, the pressure of the heavy uterus upon the newly-united tissues, through the posterior vaginal wall, in most instances produces a partial or complete absorption of the perineal body, thereby destroying its integrity, and in that way defeating the purposes and intention of the operation.

In discussing the first section, it must be apparent that the hasty and ill-prepared performance of any operation, however simple, can never, for obvious reasons, be mentioned as compared with the period when deliberation, the best possible condition of health and blood may be depended upon to assist us in repair, and the success of the undertaking. And where, may I ask the surgeon, will he ever be called upon in the performance of his duties to require any better reparative material than when called upon to restore the floor of the pelvis, made by the hand of Nature so compact and firm by the interlinings of carefully-arranged muscular fibres, and yet with so much depending as regards a patient's future health upon the positive integrity and arrangement of these layers of tissue? The accoucheur, by the dictum of present custom, is required, under pain of severe censure by the patient and her friends—and alas! too often some unsympathizing and hypercritical professional rival—to perform an operation under circumstances presenting conditions that would be the last to be accepted in a patient requiring many another operation very less important to her future physical welfare and health. In most cases we find our patient pale and anæmic from the impoverished nutrition of her own tissues during the period of gestation just completed; depressed mentally by the shock and exhaustion to her nerve-forces, owing to a fatiguing and possibly tedious labor; the tissues of the fœtal passage semi-paralyzed and benumbed, owing to the long pressure of the descending child, together with such changes existing within the mother's blood as to counter-indicate, in my judgment, the proper period for the performance of this operation or any other as important.

It is plain, also, I feel, according to the *second section*, that to appoint for an operation of such serious import to the future welfare of the patient, a period when with the dangers liable from exposure to the lowered temperature of the surrounding air, of her body perspiring from her painful and tiresome exertions, when her circulation is unevenly distributed and congestion to the uterus or some other internal organ is made very probable and not to be unexpected; besides, as indicated in my third section, proper light and capable assistants form a very important and essential adjuvant to the proper performance of the task, together with the after-attendance of a skillful and well-trained nurse to carefully catheterize, and prevent, as well as expert nursing can make possible, the entrance of lochia and other discharges into the wound—all a luxury which some of the patients whom I have been honored to attend in labor, who have had very unstable and unresisting perinea, could barely afford.

My fourth section permit me to repeat in its entirety: "If the union with sutures is *not exact*, it is even more dangerous than the simple antiseptic treatment of the open wound, because it may give rise to the stagnation of wound secretion in necrotic cavities."

In the surgical treatment of this wound, when fresh, the application of carefully-devised and deliberately prepared antiseptic methods cannot be overestimated, and every means provided to defeat the entrance of germs or particles that may possibly decompose into the interstices of the united wound. The danger of septic infection cannot well be overlooked, and I doubt not that many cases of septicæmia have been treated after immediate repair, when the source of infection has been hidden in the interstices of a wound supposed to be perfectly compact and united, a fact which, if proven, offers another argument against its performance. After a very unhappy experience during the past few months from unjust criticism in a family (where I had deferred operating on the night of delivery), simply because the patient and her family heard the next day that every other doctor in every case they were familiar with had operated at once upon his patient, and "with such wonderful success in every case," I felt that, in defence of my reputation and the severe strictures that must follow if I lived up to my belief and convictions upon the subject, I must humble myself and follow what I looked upon as a mistaken policy in the practice of midwifery simply as a matter of advisability and necessity.

At a case of delivery which I attended very shortly after the above-recited case I had the misfortune to meet another case of ruptured perineum. The patient was a primipara who, after a very tedious labor, in which the progress was very discouraging, I concluded to deliver by the use of forceps. Without much difficulty I brought the head to the vulva, where, as is always my custom, I removed the blades, and by manipulation soon succeeded in delivering the child. The head being large, or owing to the sudden distension of the perineum or from some other cause, a rupture occurred, extending to the sphincter ani, without involving it. A post-partum hemorrhage of unusual severity followed, and the patient was without proper uterine contraction until she was very nearly exsanguious. Notwithstanding, having fresh in my mind the unpleasant strictures that had been placed upon me in my previous case, and feeling that although the union might not be as satisfactory as a future operation would certainly make it, I concluded at once to operate. In the co-aptation of the tissues catgut was used, and the usual means employed in the performance of the operation were fully car-

ried out; and fearing that the success of my operation might in a measure depend upon skillful nursing, a nurse, who had been employed to my satisfaction in varied surgical cases, was employed to carry out instructions, to protect the wound from such irritating discharges as might embarrass a proper union of the parts. Early on the third day my patient was taken with a very slight rigor together with a moderate rise in the temperature, which never touched the normal point during the five succeeding weeks, although at no time did it exceed 102°, being most frequently found at 100° or thereabouts. The lochia remained at all times free and without odor, while the abdomen in all regions had never the slightest degree of sensitiveness, while the parametrium, from the first examination to the last, gave certain evidence of freedom from inflammatory conditions of any kind. My judgment, allow me to say, was confirmed upon all of these points by very competent medical gentlemen. The perineum was united in a very unsatisfactory way to me, lacking throughout that firmness that proves perfect muscular restoration; instead, it was flabby, and gave very poor evidence of a proper union. My deductions in this case point to the entrance of septic material into the system through the interstices of this poorly-healing wound, and is only a case in point of many that would be of greater credit to the patient and physician if deferred to a season when the patient was best supplied with well-nourished blood, so essential to the *perfect repair* of wounds whether perineal or any other. The patient first spoken of was operated upon by me, owing to her importunities, upon the fourteenth day after her delivery. After being anesthetized (much care having been observed in every detail of preparation) the operation was begun, my labors being very ably seconded by Dr. H. M. Lewis, who, by his valued experience in many similar cases, made me some very timely suggestions during the operation. I may be pardoned in saying I feel that all that three assistants, a careful and experienced surgical nurse, together with the valued counsel of Dr. Lewis could do to make the operation perfectly successful, was thoroughly done and carried out. At a later period, owing to some differences of judgment (which were trivial in themselves), I was requested by the family to meet in consultation Professor Charles Jewett, of Long Island College, to which I consented. He examined the patient with much care, and especially the perineum, which he pronounced as perfect and as well united as though it had never been ruptured and repaired. Three weeks since, which was a month after the visit of Dr. Jewett, during a painful operation from the bowels, the patient felt a sensation as though something had given away. An examination revealed

a fully developed, though very small fistula in ano, due to the lack of resistance in that part of the perineum adjacent to the sphincter muscle. This discovery and the announcement of it was too much for the family and patient, not to say too much for me, and it ended by my resigning any further treatment of the case. Knowing that the family would prefer Dr. Jewett to follow me, I suggested that they place the patient in his care. Dr. Jewett, after receiving my cordial consent and concurrence, accepted charge of the case. The night of the same day he penned me a letter very thorough in detail of his findings, from which I desire to give the following extract: "The perineum, as I now believe, was at the time of my first examination fully united; to-day I find that the tension on the new tissue has caused some absorption, and that the perineal body is not quite as complete as when I first examined it." My own experience and observation in the repairing of the lacerated perineum has been varied, and conclusions which have suggested the subject of this paper to me, have emanated from the unfavorable results that have followed my efforts as compared with those cases where I have operated, after the period of sub-involution had passed, and the patient regained a good degree of her former health. I say it unqualifiedly, without fear of contradiction, that no such result is ever possible after the immediate operation that is equal to the experience of the operator who operates upon his patient when she has arrived at the proper time, which I believe is never under a period of three months from the date of her delivery. As long as sub-involution is in process I do not believe that the perineal body is ever restored permanently to its original condition.

I copy from page 130, "Skene's Diseases of Women," the following: "The restoration of the function of the muscles, as already stated in speaking of general treatment, is the *great object* of all surgical operations for the relief of these injuries of the pelvic floor. It matters not how much tissue may be gathered together and united in the region of the perineal body, it will have no functional action if destitute of muscular tissue. The success of all surgical procedures depends upon the restoration of the muscles, elastic tissue and fascia, and not the mere uniting of the tegumentary and areola tissue. In this plastic operation, known as perineorraphy, or restoration of the perineum, *much surgical skill is necessary* in order to succeed. This is true of all operative surgery, and yet special care is necessary in this operation because union by the first intention must be secured, or else the operation will fail. In many operations in surgery, if the wound does not heal by first intention, union may be secured by granulation and a perfect result obtained, but in the operation under consideration, if

the whole or *part* fails to unite promptly, partial or complete failure is the result. The following may be given as the conditions necessary for the healing of the wound in question:

"*First.* A condition of the wound and of the *general system favorable* to the repair of injuries.

"*Second. Perfect* coaptation and retention of the parts to be united, and protection of the parts from extrinsic and offending agents during and after coaptation.

"If these conditions are all secured, success must of necessity follow. The management of wounds is not a matter of blind chance. The process of repair in living tissues is governed by definite laws, which are always the same under identical circumstances. To obtain the conditions necessary to the fulfilment of these laws is often difficult and sometimes impossible; still, the nearer we come to all the requirements the more surely will the desired ends be accomplished. The first of these conditions, viz., good general health, may be found wanting in many ways and degrees which are too familiar to require notice, but there are some of these which may be mentioned because they are very often overlooked. Preoccupation of the system by some highly-taxed function, like lactation, for example, and certain deranged states of the nervous system. These certainly have an important bearing upon the healing of wounds, although little, if anything, is said in our works on surgery regarding them. In fact, there is good reason for believing that enfeebled states of the nervous system have much to do with retarding the healing of wounds, even when the general nutrition appears to be normal. We frequently hear surgeons say that patients recover from injuries much more promptly when they have courage and hope without fear, but *exhausted* and *irritable* states of the *nervous system* retard the process of repair, although the patient may be indifferent or perfectly satisfied in regard to recovery." The same author further states: "Regarding the unfavorable conditions of the tissues generally met with the following are the most important": Contusions and hemorrhage. "Contusions accompanying wounds caused by parturition. Lacerated wounds of the pelvic organs often heal promptly if well coaptated immediately after they occur, but no such union should be expected in case the tissues are greatly contused; while this is true of the immediate treatment of wounds sustained during labor, it is pretty definitely settled that operation wounds made during the process of involution—that is, within four to six weeks after confinement—often fail to unite." Hemorrhage, he further states, "in these operations, is often a source of difficulty and delay to the operator, but worse than that, it is some-

times the cause of failure." Velpeau, in his work on surgery, page 867, speaking upon this subject, gives expression to this pertinent statement: "When the accident is recent, whatever may be the species of rupture, it is not proper to have recourse to a surgical operation; we must then confine ourselves to the approximation of the thighs and to repose. The tumefaction and congested state of the parts would not *allow* of the suture succeeding under such circumstances. If, at the termination of a month or two, the rupture has not reunited, nothing more is to be expected from the efforts of the system, but we must wait until the woman has *recovered her strength* and until the lips of the wound have cicatrized separately." In Lusk's work on midwifery, in speaking of this subject he says: "It is true that the object aimed at—which is the complete restoration of the perineal body—may not be attained."

Cazeaux, in speaking of perineal ruptures, does so in this language: "In cases of incomplete rupture extending to the sphincter of the anus a few points of suture have often been used, but for our own part we gave them up long ago, because *they are painful* and liable to give rise to small points of gangrene. In all cases of incomplete laceration I believe it best to abstain from operations of every kind. When perineorraphy is to be performed, the question arises as to the best time for doing the operation. Dieffenbach advises the suture immediately after delivery, for as at that time the lacerated edges are still bleeding it is unnecessary to freshen them, and the whole is resolved rather into a simple dressing than a bloody operation. Still, this course has its inconveniences, for the patients are deprived of a chance of a spontaneous cure, the lochial discharges impede cicatrization, and the diseases to which the puerperal state is so liable often prevent a successful issue. I think it much better, as advised by Roux and Velpeau, to wait until the patient has entirely recovered, and defer operating until after the first menstrual return." I also find that M. Nelaton, the eminent French surgeon, gives his preference against the immediate operation. These authorities which have been quoted by me represent fully as strong a protest against immediate perineorraphy as pages of argument would ever be capable of proving the necessity of it. I might add more authorities and further negative reasons which have occurred to me, but I feel that interest in this subject has ere this time reached a point that limits your attention and patience, but I cannot close without speaking of this question in a light other than the purely surgical or physiological. I consider perineorraphy to be one of the most important operations in its procedure and the results necessary to be attained that we are called upon

to perform. This proposition being conceded for the purpose of argument, if for no other, may I not ask, if by the perseverance of this condemnable custom we are not doing a very grave injustice to those members of our profession who, from want of practice or the requisite skill, are unable to perform at the bed-side an immediate operation of this kind in the careful and painstaking manner that *should always* characterize its performance? The laity become far too well acquainted and educated to our customs and methods, and the time is not far distant when every physician must attend the cases of obstetrics to which he or she may be called, prepared to perform an operation—in event of a laceration occurring—that experience and deliberation should have taught them by frequent opportunities for practice, and too often without proper surroundings or competent assistance, or be condemned as having neglected the full performance of his or her duty. My hope is that in presenting this paper that you will not view me as an agitator, but will endeavor to take new views of a very old subject; and while there may be very excellent reasons for the continuance of this practice, which I know is the plan many follow, yet I feel that you will agree with me that not all of the merits of the case lie upon that side. Operate in the future at once if you believe it best, but if you do, examine (if the opportunity presents itself or can be had) the condition of the perineum *two months* after you have pronounced it perfect, and you will find, believe me, that in the greater number of them the perineal body will present a very unstable and unsatisfactory condition to you. I have taken occasion to test this matter, and the results of my observations lead me to believe, as I have heretofore stated, that no operation should be performed until at least two months after delivery has expired.

ORIGINAL ARTICLE IN SURGERY.

ABOUT PERITYPHLITIC ABSCESS.

By W. O. McDONALD, M.D.,

New York.

PRACTICAL men do not need to be informed that the opportunity for remark about this affection is still immense. Seemingly nothing has as yet been so settled as to be beyond criticism.

While I recognize fully the propriety of making distinctions between typhlitis, perityphlitis and appendicitis, I wish to state that this article has reference to circumscribed suppurative peritonitis, devel-

oped in the vicinity of the appendix, and usually due to disease of this apparently useless bit of intestine.

Until I took occasion to look up the literature of the subject somewhat, I had supposed that there was one rule of treatment that was accepted by all surgeons as safe and proper: The rule being that a collection of pus in the peritoneal cavity could only be treated properly by such operative measures as would insure the evacuation of the contents of such a collection.

I am yet under the impression that the great majority of American surgeons accept this precept and expect to act in accordance with it, but there appear to be notable exceptions. In a discussion held in this city a few years ago, while most of the speakers appeared to agree that the operation was the proper remedy, and were considering the most favorable time for interference, Sands, who had had a somewhat extensive experience, protested against the assumption that operation was to be the invariable resort, saying that many cases did not demand it, getting well without surgical intervention, in fact.

In England the views of many of the prominent men coincide with the position taken by Sands. Not very long ago, Bull, an American, read an article before the British Medical Association upon perityphlitic abscess, and in the report given of the discussion, the most of those who spoke did not appear to consider that operation was either desirable or necessary in the majority of cases.

And, judging from such reports as have come to my notice, the Germans do not seem to think that operation is necessary, as a rule.

These references will suffice to show that there is a great lack of unanimity as to the need of the operative method of treatment. And more than this, among those who do operate there are differences of opinion as to the particular steps to be followed in intervention.

The different procedures which are comprised under the term operation in perityphlitic abscess consist of the incision of the abdominal wall, the evacuation of the pus, fæces, sloughs, etc., contained in the sac, the washing out of the pus cavity, and perhaps of the abdominal cavity, also, of the breaking up of the adhesions, of the closure of perforations, of the removal of sloughing tissues, of the drainage, and possibly of suture of parts of the incised abdominal parietes.

The operation ordinarily performed for the relief of perityphlitic abscess consists of an incision, oblique in direction, parallel with Poupart's ligament, and removed from it about one and a quarter inches, being, however, located over the central portion of the induration. Sands advised a similar incision made in the vertical line of the body,

but still over the central part of the swelling. Some laparotomists advise that the incision should be in the median line going through the linea alba.

While I am not prepared to say that the method of Sands is not a good one, I fail to see any reason why the median incision should be preferred, except in what I call irregular and complicated cases.

Perityphlitic abscess is dangerous mainly on account of its tendency to burst into the peritoneal cavity, and the best operation for its cure should be the one which will the most certainly and safely prevent this.

Rulably the pus in this disease is shut in by limiting adhesive peritonitis; exceptionally it is not thus sacculated, the pus cavity is so formed that its anterior wall consists of the anterior wall of the abdomen, included from the beginning, or taken in by extension of the process.

If these statements be correct, it follows that by cutting through the abdominal wall where it is included in the depot, we can penetrate through the pus cavity and be enabled to evacuate it through the operation thus made without opening the general cavity of the abdomen, and just this result is that which is aimed at and accomplished when we cut through the most prominent part of the swelling; but I here see no justification for the median location of the incision in simple cases.

Usually the abscess is located in the right iliac region, and usually it includes the anterior abdominal wall, but perhaps more often than we know it is not located in the usual site, or it does not include the anterior abdominal wall.

Bull, in his article, reported fifteen cases of perityphlitic abscess; in two of these he could not open the abscess without first opening the peritoneum, and both of these cases died. I am not in possession of the details, but I assume that in these two cases the abscesses were located against the posterior abdominal wall, and that in evacuating them he had first to let the pus flow into the general abdominal space. This accidental and apparently unavoidable misfortune corresponds pretty closely with the conditions which exist when spontaneous rupture of the sac has occurred. In such cases—the median incision —thorough cleansing of abdomen and sac, and careful and ample drainage are confessedly the most appropriate measures, but I am under the impression that the patient thus situated, who finally escapes with life, is to be considered as a rather fortunate individual.

As that which I have to advance is mainly in reference to the treatment of the affection, and as I have some statements of cases

to submit, I will, as a matter of convenience, divide the affection into two classes:

I. Simple and regular.

II. Complicated and irregular.

As simple and regular I would define such cases as are located in the right iliac region, formed against or taking in, in their growth, the anterior wall of the abdomen, the right iliac location and the inclusion of the abdominal wall being the essential conditions.

The simple cases are dealt with by incision over the central part of the swelling, either oblique or vertical, evacuation of the contents and drainage.

In regard to the irregular and complicated variety matters are not so clear; probably a large proportion will continue to end fatally; yet it would appear that most of them could be saved by operations which were properly adjusted to the special features of each case, could we only know what these were beforehand.

I will not attempt to enumerate all the irregularities which have been observed, but will dwell upon two forms of complications only.

The first obtains where the abscess is regular in its location, being in the right iliac region, but not reaching to and taking in the anterior abdominal wall. I assume that Bull had two cases of this class, and I, having met with two also, am under the impression that this variety is not particularly uncommon.

Another irregularity to which I will refer is where the sac is not located in the right iliac fossa; of these I have seen three, in one of which I operated and the patient survived; the other two being post-mortem observations.

Those who are curious as to the irregular locations which have been observed are referred to Fitz's article, p. 332, *American Journal of Medical Sciences*, October, 1886. According to a tabulated list given by him, over one-half were found to be in the right iliac fossa, the rest in the abdomen, hypogastrium, umbilical region, epigastrium, stomach, hepatic region, left iliac fossa and right hip and groin. Precisely what he means by stating that the abscess was located in the abdomen and in the stomach I do not understand. He also says that the appendix has been found in the sac of a scrotal hernia.

It would appear that many of the sacs which I include as being irregular in location are not diagnosticated; some are discovered during operations, but perhaps the greater number are found to exist upon post-mortem examination.

The first case on my list, in my opinion, presented a double irregularity; it was developed against the posterior abdominal wall, and

it was located in the right lumbar region of the abdomen, the incision made over its central portion being superior to the crest of the ilium and external to the anterior superior spine.

The subject, a woman of about fifty years, suffered on July 15th, 1884, from some abdominal pains attributed to constipation; on the 16th it was specified that there was a lump in the right iliac and lumbar region; enemata produced several stools which were followed by a diarrhœa. On the 18th the temperature was noted as being 101.5°, and pain and tenderness were mentioned as being suffered in the lump.

On July 25th pus was obtained by aspiration of the mass, and an attempt was made to open the abscess by an incision through the abdominal wall, made parallel with the iliac crest, and it is my impression that none of the cuts extended to the inner side of the anterior spine. Upon getting through the abdominal wall, my finger was free in the peritoneal space, and it could be swept around for a considerable distance. Opposite to the incision was a rather extensive elevation, which seemed to be composed of rolls of small intestine agglutinated, within which I presumed the pus cavity was located.

Not contemplating, with any degree of composure, the results of discharging the contents into the general cavity of the abdomen, I decided not to break up or disturb in any way the component parts of this mass. Hoping that the pus would now go in the direction of the least resistance—towards and through the abdominal incision—I put a plug of oakum into the section and waited for developments. During the next few days she had several loose stools, but on July 31st I got tired of waiting and relinquished the care of the patient, and since that time I have not had charge of it. But I have been informed of the subsequent progress, and will give a summary of the later history. Upon July 31st pus appeared in the wound, and it at one time was discharged quite freely, closing at last on October 23d. Before this result ensued, however, a lump developed in the right lumbar region, which apparently disappeared after an increased flow of pus through the wound. During the years 1886, 1887 and 1888 discharge of pus occurred not only from the site of the original wound, but also from two apertures which formed in the lumbar region. The pus thus produced was at times offensive, copious in quantity and once is said to have had a slight fæcal odor.

It has since been held that the original collection was a psoas abscess. Inasmuch as the patient still lives, the exact source cannot be demonstrated, so the name to be applied remains a matter of opinion. It is admitted by pathologists that cases of perityphlitic suppuration have frequently been taken for psoas abscess. I have since seen, in a post-mortem examination, an appendix so located that if it had produced an abscess its site would have been the same as in this one. Fitz gives instances where pus and fæces have trav-

eled in various directions, such as following the psoas and iliacus muscles into the pelvis, to the hip-joint finally, etc.

He also refers to a secondary perityphlitis as extending upwards, and causing perforation of the diaphragm.

But this point of diagnosis is a small matter, whatever the cause; there was such an abscess as I have described, located against the posterior abdominal wall, and projecting into the peritoneal space, and the great danger was that it would empty its contents into the peritoneum.

A friend of mine says that his "hindsight is always better than his foresight," the fault with this piece of wisdom being that foresight often produces results, while hindsight is usually productive of opinions, which we are prone to use as we do our religious beliefs, to pelt other people with.

There would appear to be two ways of treating abscesses of the character above described.

The first—the one which I adopted—the abdominal incision over the sac, as a matter of routine; then, having by digital exploration ascertained that the abdominal wall does not enter into the sac wall, stop then and there, hoping that adhesive inflammation will ensue between the external surface of the sac and the margins of the abdominal section, and that the pus will be forced into the direction of the least resistance into the gap in the surface, and so avoid the fatal peritonitis of internal rupture.

Of course, rupture into the cavity of the abdomen may take place notwithstanding the adoption of the above method of management; but if it does it will not be too late to resort to the second alternative.

The second method consists in the attempt at the obliteration of the pus cavity. And, according to Grieg Smith, this may be done at once or by several steps. However, if the patient will tolerate it, perhaps the safer way is to complete the operation at one session. Having by digital exploration ascertained that the abscess cannot be opened without emptying the pus into the peritoneal space, the first procedure would be either to extend the original incision or to make a section through the linea alba sufficiently extensive to furnish free access to the contents of the abdomen. With the finger the adhesions are to be broken up, the pus allowed to escape, the abdominal and pus cavity to be thoroughly washed out, and, as far as possible, the intestines to be freed from all hampers and hindrances.

Now comes another mooted point. Grieg Smith directs that the perforated, ulcerated or sloughing appendix should be removed.

In a case recently operated upon by Wylie, the patient surviving, he did not consider it to be "expedient" to seek for the appendix.

In another case the disease was found to depend upon a perforation of the cœcum; this was closed by suture and the patient also recovered.

In case of simple sacs I am of the opinion that most surgeons will be satisfied with incision and drainage.

But in those which are of irregular development and in those where rupture has occurred in the simple forms, it would appear that such an amount of investigation as would render evident the condition of the appendix or of the cœcum, as the case might be, is not only expedient but also is necessary, provided, of course, the general condition of the patient is such as will warrant the injury and exposure entailed.

(*To be continued.*)

ATROPHIA INFANTUM.—Dr. H. Zohn says simple atrophia infantum is the effect of a continued insufficient nutrition of the infantile body, and as there is thus a chronic state of hunger, there must necessarily happen a state of retrogression in its development. Skin, muscles, bones, and internal organs decrease in weight, especially the subcutaneous fatty tissues. Heart and central nervous system remain relatively the best nourished. The body becomes extremely emaciated, abdomen sunken, intestines contracted, like the intestines of experimentally starved animals. Every organic disease is entirely absent. Such a simple atrophy is mostly observed in the first six months of life, hardly ever at a later period. A congenital weak constitution, defects in formation which inhibit feeding, like hare-lip and open fauces; deficient light and air, and uncleanliness may be the cause. Most of these children suffer from habitual constipation; intestinal catarrhs are only rare complications, and then the abdomen is bloated with gases. Children with enteric catarrhs are more inclined to rachitis than to pure atrophy. Rachitic symptoms are hardly ever observed in pure atrophy, which may also be differentiated from anæmic states, as anasarca and exudations are never witnessed. Like all tissues, so also the blood takes part with its solid and fluid constituents in this retrogression, and hydræmia never sets in, as we see it in symptomatic atrophies in consequence of long-lasting dyspepsia or after malaria or from tuberculosis of the mesenteric glands. A thorough pathologico-anatomical examination will exclude any organic affection. Bronchitis, pneumonia, follicular enteritis are only accidental complications; atalectasis and venous thrombosis are frequent sequelæ of atrophy, and we never miss this excessive emaciation, especially in the intestinal canal. Baginsky considered it caused by the destruction of the glands of Lieberkuhn, but as this atrophy is especially noticed in the colon and lowest ileum, we miss it in those parts of the intestinal canal which serve most for digestion and absorption, and hence we see the possibility of a cure even in desperate cases, when we are able to remove all causes which produce marasmus, and improve the situation by better hygienic and dietary regulations.—*Arch. f. Kinderkrankh.*, 1888. S. L.

EDITORIAL DEPARTMENT.

"ILLIBERAL LEGISLATION."

UNDER this caption a New York newspaper says: "There is now pending in the Legislature a bill which provides for the appointment of a single State Board of Medical Examiners, and which is very properly opposed by the physicians of the homœopathic and eclectic schools, because by creating a perpetual majority membership of allopathic physicians it will establish a sectarian monopoly of the right of licensure. The proposed measure is incompatible with the genius of our republican institutions, and is as absurd as it would be to ask the State to appoint boards of Methodist clergymen to pass upon the qualifications of Baptist students in theology. The proper thing would be the appointment of three separate boards, chosen from the membership of the three recognized schools of medicine, and this impartial, effective and equitable plan would be certain to produce the desired result in elevating the standard of requirements for the medical profession." This is interesting as presenting a non-professional view of the situation, and there is no doubt but that it voices accurately the sentiments of those who, free from prejudice and partisanship, would deal with the question in a fair and impartial manner. As was said recently in the editorial columns of this journal, the legislation proposed by the allopaths, and of which the bill now before the Legislature is the perfected expression, is obliterative legisla-

tion so far as the homœopathic school is concerned. It is too well known how homœopathy and its followers have been dealt with in the past by our unreconciled brethren of the old school to inspire any reasonable hope of fair and decent treatment in the near future. Individual expressions of good will by a few more liberal and advanced allopaths must by no means be taken as indicative of the prevailing spirit of the rank and file. There is no more disposition to-day to accord to homœopathy its rights and privileges than there was twenty years ago. The old school has never yet conceded anything—not a solitary concession has it made. What has been gained has been won by hard fighting, and the present apparently pacific attitude of the "regulars" is due to the many and mortifying defeats they have sustained. What they could not gain by open warfare they now seek to obtain by guile. It cannot be too often nor too emphatically repeated that there is and can be no safety to the homœopathic school in the single board system with an allopathic majority. From obliteration of the name to obliteration of the school—from secret sympathy and aid to open alliance with the bitter enemies of homœopathy—there are easy and natural steps for those who long since pulled down the flag, repudiated the name and betrayed the cause, still clinging, nevertheless, to the "skirts" of that homœopathy that made them all they were, and without which they would sink into oblivion. What an edifying spectacle was that when before the Legislative Committee at Albany there appeared the old-school representative, supported and cheered by the influence and arguments of one of the editors of the nameless medical journal of New York. But the bill will probably fail, as it ought to fail, to become a law. The united efforts of the homœopathic physicians in the State can easily defeat any such patently unfair and illiberal measure. If a system of State examinations is to be established by law, the only one, practicable or fair, is that of separate boards for each school. Our Nebraska friends are just now happy because of the passage of a bill by the Nebraska Legislature recommended by the three schools, but providing for a single State Board, and with an allopathic majority of membership. We fear that this rejoicing is somewhat premature, and that it will be found, although "measures have been taken to prevent all unfair

dealing," that the homœopathic physicians of Nebraska have placed the future welfare of their school in the hands of its open enemies, and will be powerless to protect its best interests. The principle upon which the bill is based is eminently vicious, and is bound to produce partisan results. Whether the examining board system, when fully and equitably applied, will do all that its advocates claim for it remains to be seen. It is possible that too stringent laws may be passed—unnecessarily severe. Dr. I. T. Talbot, in his speech on "Law and Medicine," before the Massachusetts Homœopathic Society, made some points that are worth serious consideration. The law, as existing in some States, and the law about to be in others, declares that no person shall practice medicine in any form without a license from the examining board, under a heavy penalty. But this very stringency mars the law, for it seems to invade the rights of the citizen and visits no heavier punishment on the thieving quack than on others less culpable because honest. Says Dr. Talbot: "Let us examine for a moment the principle on which these proposed laws are based. Certain qualified physicians are licensed by one or more medical boards, and nobody else except those thus licensed shall be allowed to administer medicine to the sick. Let us carry this principle a step further. Certain qualified teachers are licensed to teach, and nobody else shall give instruction; or, in other words, no one shall be allowed to learn anything except from these licensed teachers. The same principle might be applied to the clerical profession, and even to all trades and callings. Shall the law restrain with fines and imprisonment the mother from seeking such means as she believes will cure her dying child, no matter whether it be the faith-cure, the 'laying-on of hands,' a drop of aconite or a dose of rhubarb? Do we, with all our knowledge, know that such means will not cure in a given case? Are all psychical and therapeutical measures so well understood that we can reasonably say what will and what will not cure? If we have not this positive knowledge, shall we forbid to others to use what they think will cure them?" The Doctor's remedy for the prevalent quackery is to strike at the deception which is at the bottom of the mischief. He advocates a law making it a penal offense for any one fraudulently to assume the title of M.D., or who shall

falsely advertise in any way to be a doctor of medicine when he is not. This law, we think, would work a great reform, and still preserve all those inalienable rights which inhere in the citizen. But even if this is all true, it remains still true that there must be some way of determining the qualifications necessary for a license to practice medicine, and no better plan has as yet been suggested than separate examining boards.

NAPS AND SNAPS.

OUR new and esteemed contemporary, *The North-western Journal of Homœopathy*, discusses in its initial number the subject of legislation in the American Institute in relation to certain questioned procedures when its editor was the Presiding Officer at the last session. The lesson which it draws is that members who were absent ought not to complain if they have been caught napping. Now it gives us great pleasure to agree that members, as a matter of duty, should be wide awake and promptly on hand at business meetings, even at the earliest hours appointed and although they may suppose that "business" does not include unexpected reversal of the Institute's previous decisions and new and important legislation; but we cannot agree that our contemporary has drawn a very impressive deduction from his subject. The proceedings, which have been questioned, exemplify methods of procedure which, if continued, would lead to the final disruption of any organization. Societies do not exist harmoniously upon the early bird method of catching worms. Legislation, in the true sense, is something more than smart tactics. It means that every meeting shall be legally organized in strict form: that not only shall there be a quorum and a presiding officer, but a recording officer appointed by the assembly itself, either permanent or *pro tem.* Then, after this legal organization, observed in and throughout every meeting, legislation, hoping to rise in dignity above the pot-boiling caucus, proceeds fairly and deliberately to arrive at decisions that express the will and command the approval of a majority of the members of an organization. Legislatures provide for preliminary, regulated notice, for several readings of proposed

bills and a stated time for action upon them, to the end that all members may have due time and opportunity for consideration and be fairly warned. If they then dally over their toilets and their breakfasts, they have none but themselves to blame. The larger lesson, then, seems to be that if our national society wishes to preserve respect for itself and its decisions, it should deliberate in the large and full sense, and put brakes upon the possibilities of snap. In this connection, we would remind our contemporary that we are speaking now, not of ordinary routine business, but of reversing and new legislation.

Our contemporary is also of an inquiring turn of mind. It wants to know how members have ascertained that the Secretaries were not present at the time in question. This is laudable curiosity, but somewhat too trivial to demand serious reply. By applying to the Secretaries, however, the following facts may be elicited: (1) that neither the Permanent nor Provisional Secretary had arrived that morning in the assembly room until after the two resolutions in question had been acted upon; (2) that neither of the Secretaries were aware of the passage of the rescinding resolution until a considerable time had elapsed after their return to their respective homes. If our contemporary will examine the press reports of that meeting, presumably emanating from the gentleman whom he describes as an official stenographer, he will find some explanation for the non-information of the Secretaries; and if, further, examination be made of the journal in discussion for August last, the peculiar method of its report of the action in reference to itself will appeal to the detective sense of our contemporary, that is, if our colleague wishes to have any; and inquiry of its allopathic editor may, perhaps, elicit still more exact information. We have no explanation to offer of the fact that there is no discrepancy in the printed transactions of the Institute, except that the report was certainly of the *ex post facto* order; and we would further direct the attention of our inquiring friend to the point that the printed minutes of that meeting contain no reference to the election of a Secretary *pro tem.* We trust that these bare statements are enough without commentary; but, in this connection, it is proper to state that the veracity of no gentlemen, who conversed with each other on the occasion

under notice, is impugned in the least. Nor would we cast the least reflection upon the Secretaries whose attendance at meetings, reports and editing are worthy of the highest praise. Oversight in railroading is not uncommon; passengers, owing to variation in chronometers, occasionally get left; and trains that start even a little ahead of time are liable to get switched upon the wrong track.

Our contemporary further deplores what it believes to be a disposition to push the claim of informal proceeding as the basis of settling this unfortunate business. For its relief we would inform the *N. W. J. H.* that editors and members of the Institute do not act in the same capacity. As an editor we have believed it to be a duty to expose publicly signs of danger in the methods of legislation in our national organization. As members of it, the action of our editors is in no way to be predicted by their editorial utterances. It may, or may not, be unwise to follow this method of approaching a reconsideration of what plainly cannot stand as a precedent of legislation. Let us assure our deprecatory contemporary that there is no reason why debate should be acrimonious, although it may be somewhat humiliating. We would suggest that the proper method would be for the movers of last year to reopen the whole question for amicable and permanent settlement. The honorable body of Seniors surely cannot permit their association to rest under the misconstruction of a secret caucus for determining legislation, or assume the position of supervision and check in matters over which the Constitution and By-laws gives them no jurisdiction; and surely our national organization cannot afford to accept a definition of its friendly allies and representatives before the public which logically embraces the London *Lancet* and the *Journal of the American Medical Association.*

It gives us great pleasure, after all this dissent, to concur most heartily in the following quotation from our contemporary, from which we eliminate the name of the journal in question as not believing in characteristic designations:

"It might as well be understood, once and for all, that we entertain no sympathy for the * * * * or for any other journal or individual who deliberately pulls down the flag of homœopathy and is no longer willing to sail under its colors, though at the same time

desiring and expecting the support of the physicians of that school of practice both in their individual capacities and collectively in their various organizations. Nor do we hesitate to express our belief that the * * * * by the attitude which it has taken, has done, and is now doing more to injure the cause of homœopathy within the sphere of its influence, than all other causes combined, of whatever nature."

But, esteemed contemporary, why do you dodge discussion of the merits of the question whether the *Asterisk* and its editors do not derive all of its and their power for harm from the school that avows and supports it and them?

COMMENTS.

A SYMPOSIUM.—When the American Institute, at its Niagara Falls meeting in June, 1888, honorably reinstated and officially branded as homœopathic a nameless journal avowedly hostile to homœopathic interests, the NORTH AMERICAN registered an emphatic dissent from this action, and gave its reasons for so doing. The discussion which followed was both interesting and instructive. The few who sustained this nondescript periodical and the action of the Institute in regard to it were, in a measure, forced to do so by a certain embarrassment of position in which they quite suddenly and unexpectedly found themselves when the discussion was begun, and they are justly entitled to a great degree of credit for the extraordinary celerity and persistence with which they have evaded the main points at issue. The views of the NORTH AMERICAN have been fully and heartily endorsed by the homœopathic press and by the homœopathic profession at large. The number of letters received endorsing the policy of the JOURNAL showed an unanimity of sentiment. We are glad to present herewith a few extracts from homœopathic periodicals, together with some individual opinions. From an article in the *Medical Counselor:* "The Institute in 1887 evidently felt that under publications which the Institute should recognize as devoted to the interests of homœopathy it could hardly classify a monthly, a very large portion of whose editorial ability and influence is spent in belittling the work of the national organization and in attempting to break down all systematic efforts in behalf of the school as a distinct organization. . . . On the other hand, any practitioner, journal or college professing to have no faith in the law of similars as one of supreme importance, or openly teaching that no 'school' in medicine can be tolerated, and urging, on all occasions, the necessity of disbanding any organization calculated to perpetuate the existence of the homœopathic, or of any other school of practice, is so utterly opposed to

the very spirit which permeates and gives life to the Institute that, regardless of any plea that can be made, he or it has no place among the members of the Institute or of the school, and should not be officially recognized as a friendly or helpful agency." The *New England Medical Gazette* says: " . . . Is there any reason why a journal that has persistently refused for four years to report to the Institute, and has constantly opposed all strictly homœopathic institutions and associations should be allowed three years' more time to pursue the same course before it can be dropped from the published list of the Institute? . . . We think Dr. Dake must agree with us that on Thursday morning, the fourth day of the session, at the unusually early hour of nine o'clock, when scarcely a dozen members had entered the hall, and both secretaries were absent, the action taken without previous formal notice, by which the deliberate action of the Institute of the previous year was reversed was not wisely taken; and the time, at least, of its taking may justly be called a 'blunder.'" Under the title "The Reward of Disloyalty," the *Medical Era* remarks: "If it be an act of loyalty to erase from one's pages the name of 'Homœopathy,' as was done by this now nameless journal; if it be an act of loyalty to advise and labor for the disorganization of our school, as was done by this apostle of negation; if it be an act of loyalty to oppose, with all one's remaining influence, the endowment of one of the foremost medical colleges of the world, as was done by this representative of medical Bourbonism, then should it have been replaced in the homœopathic column. But in our opinion it deserved no such distinction. When this nameless journal shall have replaced the title which it erased from its pages; when it shows some sort of loyalty to the homœopathic school of medicine, its colleges and its societies; when it shows some sympathy for that organization so essential to our work as a body of homœopathic physicians, it will be time enough for the American Institute of Homœopathy to welcome the prodigal home." Dr. Fisher, of the *Southern Journal of Homœopathy*, has decided opinions, and gives as his judgment that this "subscription-catching, straggling straddler" should have been left in its deserved disgrace, and that its editors should be promptly asked to step down and out of the positions of trust they now hold in homœopathic institutions. At the banquet of the Monroe County Society, April 10th, 1889, Dr. S. H. Talcott remarked: "There are those who, tired of the title which has been so long and so honorably inscribed upon our victorious banners, propose to erase this name, leaving a blank or substituting some other in its stead. These argue, no doubt, upon the time-worn but indisputable theory that 'a rose by any other name would smell as sweet.' But we are not seeking after smells but cohesive and fighting strength." Our highly esteemed contemporary, the *Hahnemannian Monthly*, has been so busily engaged in collating from its homœopathic exchanges that it has remained in blissful ignorance of this discussion so important to the interests of homœopathy, and we are therefore unable to present any opinion from it.

TURNING THE BARREL.—It is a venerable saying, albeit not notably true, that the patient and weary clergyman finding the end of spring and prepared discourses occur simultaneously, with a mild but resolute calmness inverts the cylindrical receptacle wherein his sermons are deposited, and proceeds with renewed and joyous zeal to deliver them again to a delighted and edified congregation. This extremely simple procedure, however unsuccessful in practice, may be well defended. It is both philosophical and psychological; and since it is so, we will assume one of the prerogatives of the clergy, and we are about to turn the barrel. It was observed that at about this period last year there was displayed a great anxiety on the part of the homœopathic medical press as to what progress the Institute was likely to make in its study of the materia medica. The annual session of the Institute is rapidly approaching, and the journals must again emphasize the public duties of the physician as related to his profession.

The duties and responsibilities of the doctor do not end with the last daily call upon his patients. He has other and not less important duties to perform. He owes a debt of honor to his profession that he should be quick to recognize and discharge. The physician who consciously or carelessly evades this responsibility, who belonging to no society or organization, leaves to others more public-spirited, the work of advancing the general good of the cause and the profession, damages not only his school but himself as well; for the benefits derived are mutual. A strong and vigorous society gives in return to every member more than he gives to help sustain it. There has been no time for years when homœopathic societies needed more hearty support than at present. Our national society especially should be strongly sustained. Important questions will come up at the June meeting for settlement. Some of these to be presented involve matters of vital interest to homœopathy. Then, too, the allopaths, with united front, are making formidable and concerted attacks upon homœopathy, while traitors in our camp are giving aid and counsel to the foe. It is the duty of every homœopathic physician to be at Lake Minnetonka next June prepared to help in making the session of the Institute for '89 a great success.

MEDICAL BILLS IN PENNSYLVANIA.—The bill providing for a State Board of Examiners in Pennsylvania has been so amended as to provide that no school shall ever have a majority of the members of the Board, and also to compel all colleges to adopt medical courses of four years. The *Medical News*, in comment, says "that the friends of the bill, however, are so earnest in their desire for a better medical education that they are willing to accept, deeming it at least as the first step, and also believing that our colleges will be careful to graduate only such men as will be able to pass such examinations as a fair-minded Board, however composed, would formulate. But in order that the inevitable tendency of the amendment toward a purer education may be counteracted, they have urged a further amendment that every candidate must be a graduate of a medical college having a four-years' graded course." The *Medical Record* does not

coincide. It believes that the four-years' provision "would send a rush of students to the cheap two-year medical colleges of this city." "The former provision is an absurd and unjust concession to decaying and dishonest superstitions." In the same issue the *Record* plumes itself upon a journalist upon its staff who has mastered Chinese, "and can write a prescription or decorate a tea-chest with mysterious and polymorphic characters that apparently breathe the deep joy of an ancient and Celestial origin." We would suggest that this must be the polymorphic gentleman who wrote about "decaying and dishonest superstitions;" it is quite like the Heathen Chinee.

Our Pennsylvania friends are to be congratulated upon their successful fight for sound medical education and the elimination of ruling sectarianism from the proposed Examining Board.

BOOK REVIEWS.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly by William Wood & Company: New York. Price, $10 a year; single copies, $1.

Vol. I. No. 1, contains (1) six lectures on "The Pedigree of Diseases," by Jonathan Hutchinson, F.R.S.; (2) eight lectures on "The Common Diseases of the Skin," by Robert M. Simon, M.D., M.R.C.P., and (3) fourteen lectures on "The Varieties and the Treatment of Bronchitis, by Dr. Ferrand, altogether comprising nearly 260 pages of text.

Dr. Hutchinson's discussion of *temperament, idiosyncrasy* and *diathesis*, under the general term of "The Pedigree of Disease," is both interesting and instructive. He speaks of "*temperament* as applicable to the sum of the physical peculiarities of an individual, exclusive of all definite tendencies to disease," but in his analysis of the indications generally supposed to distinguish temperament he shows how unreliable these signs are, and at the same time refers many of these differences to *race, climate*, etc., and not to "the original vital endowment of the individual." In short, while believing in the reality of individual differences called temperament, the author doubts "our ability to discriminate it," and finally says: "I cannot but think that what has been called temperament divides itself naturally into these two parts, *race* and *diathesis*. There is, therefore, but little advantage in retaining the word; more especially when we have regard to the inextricable complexity of the subject."

Though the soundness of the conclusions arrived at may not be questioned, the clinical importance of the differences heretofore embraced under temperament cannot be denied, and from that standpoint they can hardly be comprehended under what is understood as diathesis.

To *idiosyncrasy* Hutchinson gives a much wider significance, premising, however, "that this word is intended to denote our ignorance of causes, though in no degree to express disbelief in their existence. . . . Idiosyncrasy is, indeed, to a large extent, nothing but diathesis brought to a point. It is peculiarity of constitution in some one particular feature developed to a height which, at first sight, seems inexplicable and possibly almost absurd. It is individuality run mad."

Again, as to the possible origin of idiosyncrasies, he says, "they are diatheses, or parts of diatheses, developed, intensified and specialized by hereditary transmission. That they depend upon structural peculiarities we cannot doubt, although we may be quite unable to demonstrate their physical cause."

Thus it will be seen the author believes idiosyncrasy is not only functional but structural as well, always congenital, intimately related to diathesis in its inception and course, but not necessarily entailing any degree of proclivity to disease, and only brought into prominence by a variety of exciting causes.

In the succeeding pages the connection of certain affections with structural idiosyncrasy are dealt with—such as ichthyosis, psoriasis, etc. The relation of some diseases and unusual form or course of others to *tissue* idiosyncrasy is far from conclusively shown; indeed, to limit the inferential extent to which this etiological factor may not unreasonably apply is a most difficult problem, if its truth be admitted at all. Few observers will dispute the author's "claim for these forms of individual peculiarity a much wider sphere of influence than is usually accorded to them."

Diathesis is defined as "any condition of prolonged peculiarity of health-giving proclivity to definite forms of disease." The relations of diathesis to *climate*, to *diet* and to the *recurrence of diseases* due primarily to simple causes, etc., are quite fully discussed. The remarks in relation to syphilis are especially interesting. The conclusion is reached "that there are three great universal diatheses dependent upon the very commonest cause of disease by which man, and not man only, has been assailed from the most primeval times. These are the catarrhal, the rheumatic and the scrofulous." Then other forms are named of less importance but of a parallel nature; next those depending on local exposure or habits, and lastly, those which cannot be definitely classified.

In the "lectures on the treatment of the *common diseases of the skin*" very little that is new or advanced is presented. The commendable features are the concise statements in reference to various lines of treatment, and the frank avowal of their limitations. Overtreatment with drug remedies is a common error, we believe, but especially liable to be indulged in treatment of cutaneous disease because of the usual combination of internal and external means. The diseases considered by Dr. Simon are *pruritus* (as a common condition in various affections), *eczema*, *psoriasis*, *scabies*, *acne* and *ringworm*.

Of greater practical value are the series of "*clinical lectures on the varieties and the treatment of bronchitis*," by Dr. Ferrand, who has, with

much clearness, methodically classified and defined the varieties and sub-varieties of bronchial inflammation.

This issue of the "Monographs" indicates that the *series* may become as popular as "Wood Library" has been, and at such moderate cost as to surpass all previous efforts to place valuable material within the reach of all practitioners of medicine.

The volume is handsomely printed, and bound in heavy leatherette covers attractively designed. H. M. D.

DISEASES OF WOMEN. By ALEXANDER J. C. SKENE, M.D. With 251 Engravings and nine Chromo-Lithographs. Pp. 966. New York: D. Appleton & Co. 1888.

The preface states: "This book was written for the purpose of bringing together the fully matured and essential facts in the science and art of Gynæcology, so arranged as to meet the requirements of the student of medicine and be convenient to the practitioner for reference. In the plan adopted the diseases peculiar to women are, as far as possible, divided into three classes. The first comprises those which occur between birth and puberty; the second, those between puberty and the menopanse; and the third, those which occur after the menopanse."

The first part of the book is devoted, as usual, to the description of the various instruments and also to the necessary anatomical descriptions and illustrations. Then follows the "Injuries to the Pelvic Floor," with the conditions well described and illustrated, but not so profusely as in many of the works now extant. This is, we think, an advantage, rather than otherwise, for here the author, instead of showing all the varieties of operative measures and leaving it to the will or fancy of the reader to choose for himself, gives positive reasons for those methods which, in his judgment, seem best. This appears to be characteristic of the work, and adds to its value, because it gives in a way the results of the author's practical experience. Under the diseases of the ovaries are cited some very interesting cases, presenting some of the curious and unexpected conditions and complications which are to be met with to the same extent in no other class of surgical operations.

The section on "Diseases of the Urinary Organs" forms a complete work in itself, and occupies 320 pages of the book.

Here it is that the author's strong point lies, and he discusses in great detail all the diseases and abnormal conditions connected with the female urinary apparatus, with which he is so familiar, having made this branch of the subject a special study for many years.

One of the most interesting chapters in the book is on Gynæcology as Related to Insanity in Women. We think the author gives a fair and impartial view of the subject, his views being based upon the histories of many cases in the Flatbush Insane Asylum, in which he had charge of the gynæcological department.

The illustrations in this work are excellent, many of them new, and the chromo-lithographs are a desirable addition. W.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By AUSTIN FLINT, M.D., LL.D. Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, etc., etc. Fourth edition, entirely rewritten, and illustrated with three hundred and sixteen figures and two plates. New York: D. Appleton & Co.

A new edition of this standard text-book will be welcomed by students and practitioners of medicine. Physiology is a progressive science, and hence new facts or new explanations of established facts must be added every few years to furnish advanced information in this department. How great the changes have been may be inferred from the need experienced by the author of practically writing a new book after so short a period as eight years since a former edition was issued.

The production of a too bulky volume has been avoided by largely omitting historical references, the discussion of unsettled questions or peculiar theories, the elaborate description of apparatus or methods, and the following out in detail of intricate mathematical calculations. The result is a work rich in physiological facts, clearly and comprehensively stated, and actually requiring nearly one hundred less pages of text than the first edition published in 1875. This is improvement in the rebuilding of a book in a direction likely to be appreciated by all readers. To those unfamiliar with the metric system of weights and measures, the retention in the text of the English standard and the Fahrenheit scale of the thermometer with the metric equivalent given in parenthesis will be found a great convenience. The typographical appearance of the book is excellent. H. M. D.

TRANSACTIONS OF THE FORTY-FIRST SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY in June, 1888. Edited by the General Secretary, PEMBERTON DUDLEY, M.D.

The proceedings of the National Society of our school must always be of interest to the profession because they represent the growth and work of an organization practically untrammeled (in the sphere of its original aims and object) by adverse conditions; what it represents as a national body has grown stronger in institutions, members and patronage with added years. Hence, we have a greater right to hold the Institute to a strict fulfillment of its mission in the medical world. There is much interesting matter to meet expectations in this direction in the 226 pages of the "minutes" of the general sessions and the 400 pages of papers and discussions on the sectional meetings. We would call special attention to the work of Dr. Charles Mohr and his associates (pp. 138–175) in proving the salts of *zincum*, *chininum arsenicosum*, *lilium tigrinum* and *adonis vernalis*—the two latter reported a year before; and also to the excellence of the papers reported in the bureau of "psychological medicine."

The most important general advance measure taken by the Society relates to a higher standard of medical education in this country. The need of prompt action was stated concisely and forcibly by Presi-

dent Cowperthwaite in his annual address, and the firm stand taken by the Institute will (co-operating with other influences) lead to good results and open the way for further advance at a future time.

The transactions show careful editing as would be expected from the well-known abilities of the General Secretary. H. M. D.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES, embracing the entire range of Scientific and Practical Medicine and Allied Science, by various writers, illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D. Vol. VII. New York: Wm. Wood & Co. 1889.

The vast range of knowledge included under the term, medicine, is impressed upon one more and more as the volumes of this cyclopædic work follow upon each other. The present volume begins with Tetralogy and ends with Worms, covering 795 pages of imperial quarto size. The volume is both copiously and well illustrated with over 800 wood engravings, and chromo-lithographs of the tubercle bacilli and the human tympanic membrane in health and disease. The various articles present scholarly collations, oftentimes exhaustive in character and carried up to the most recent information. The work, in addition to being the fullest and best illustrated cyclopædia of medicine and surgery in the English language, is of great use in furnishing information upon the many allied topics which are not found in books ordinarily upon the shelves of the practitioner, and which the practitioner has often occasion to learn about, but which he is at a loss to know where to find. The unexampled liberality of the publisher should receive the warmest appreciation from the profession. The Reference Handbook is almost a Condensed Reference Library of the Medical and Allied Sciences.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. ARMY—Authors and Subjects. Volume IX. *Medicine* (Popular) *Nywelt.* Washington. 1888.

"This volume includes 13,151 author-titles, 6,834 volumes and 12,818 pamphlets. It also includes 9,999 subject-titles of separate books and pamphlets and 29,120 titles of articles in periodicals." The rare value of the Catalogue as a guide to research in medical literature has been already noticed.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contribu-

tions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Therapeutic Society, March 23d, 1889. Cure of reflex epilepsy of traumatic origin. Dr. Allen reported a case of seven years' standing. Attacks came on every week or every two or three days. Patient did not dare to ride in a wagon alone. Eight years ago, while driving a nail, it flew up and struck his eye. Inflammation resulted, followed by cataract and anterior synechia. Within a year the fits developed. Has been under treatment now for two years with no improvement, but rather increase of the trouble. Removal of the eye was suggested, but patient strenuously demurred. Then *hypericum* 7 was given two or three times a day. Patient has been free from the fits since Christmas last.

Calabar bean in lock-jaw of horses. Dr. Allen made the statement, on the authority of Dr. Faust, that Calabar bean cures lock-jaw in horses. Nineteen cases out of twenty cured. It was given in tincture, ten or twenty drops at a dose, and pushed. It seemed to limber up the animal.

Hypericum as a local remedy in chancroids. Dr. A. R. McMichael reports cases of chancroids so sensitive that even the application of water gave intense pain. Likewise sores in mouth with same sensitiveness. *Calendula* and vaseline could not be borne. *Hypericum* relieved at once. The remedy was of equal service in old ulcers of the leg with same sensitive condition. He always uses it with *calendula*.

Sepia in chronic diarrhœa. Dr. A. R. McMichael reported case of diarrhœa in lady aged fifty-five. *Sulphur*, *arsenic* and other remedies were of no use. A constant symptom was "a terrible pressing down, as if everything was coming out." Gave *sepia* 3 with immediate and permanent relief.

Sepia in hemorrhoids. Dr. Allen has relieved old ladies suffering with piles by *sepia* on the same symptom. Also, a lady, after confinement, thought she had falling of the womb. After the next baby she felt a great deal worse. Upon examination a cystocele was found and the regular sepia symptoms. Sent *sepia* 6, which removed all the subjective symptoms, but not the objective ones. The patient is able to go about, and has felt well for two months.

Spasm of anus. Dr. Allen: If spasm of anus is purely nervous, *silicea* is the remedy; the moment fæces touch the sphincter the spasms come on. The *plumbum* condition is not so irritable. *Plumbum* applied locally has cured vaginismus also.

Concerning dilutions, Dr. Allen stated that Hahnemann, in his earlier writings, recommends *stannum* 6, while in 1827 he writes that he finds it unnecessary to use this remedy above the 3d.

Meeting April 6th, 1889.—*Gelsemium in failure of memory.* Dr. A. R. McMichael: Case had for three years severe headache, resulting from miscarriage. Came under treatment in January last. *Arsen.*, *calc.*, *chin.*, *sulph.*, *phos.* were given with only partial success. Three weeks ago

gave *gelsemium* 1x. The headache has been relieved, but the most remarkable effect is the improvement of the memory, which had been much impaired.

Phosphorus in diphtheria. Dr. Vehslage reported case of diphtheria complicated by scarlatina. Was to intubate, but found patient better as a result of coughing up some membrane. Etherial solution of *phosphorus* was given, five drops in half a glass of water, a tablespoonful every three hours for eight or nine days. This remedy was prescribed on Kafka's indication to prevent paralysis. The case was an extremely bad one, but no paralysis followed. Still the result may not have been due to the remedy.

Dr. A. R. McMichael has been unable to prevent paralysis in such cases. Has tried *helonias* without effect.

Allium cepa in influenza. Dr. A. R. McMichael: A lady had taken cold. There was acrid discharge from eyes and nose, with burning and rawness in chest; lips and eyes sore. No remedy helped till he gave *allium cepa* 2, when immediate relief followed and then cure. He had several cases of this kind in the same house, all relieved by this remedy.

Alumina, aggravation while at stool. Dr. Allen: Stools soft, but the patient has to strain; then, in straining, seminal fluid comes away; eyes feel strained and head is confused. Cured by *alumina* 2, dry.

A case of epilepsy published years ago was cured by this remedy on this same characteristic. "The fit comes on while at stool."

Three cases of pneumonia. One had been sick for a week; both lower lobes solid; yellow watery diarrhœa. Respiration 64, temperature 102.5°. Second case, lower right lobe, resp. 52, temp. 104°. *Phos.* 1 brought down temperature and delirium (which was in both cases) and relieved. Another case occurred in same family five days later. Right lower lobe, temp. 104°. Had been coughing for several days. *Iodine* was prescribed, and in less than twenty-four hours fever was gone.

In none of these cases was there any expectoration.

Carbo veg. in acne. Dr. A. R. McMichael: In case of acne *puls.* and *sulph.* seemed to cure, but the trouble would return at the time of the menses. *Carbo veg.* 2x trit. was now given four times a day. Two periods have passed without recurrence of the disorder.

Meeting April 13th.—*Schüssler's Therapeutics.* Dr. Allen regretted the eagerness with which physicians turned to Schüssler's remedies as having special value more than other remedies. As Dr. Hering had shown some years ago, the indications of Schüssler were taken from the homœopathic provings and combined for the special compounds which he had introduced. The praises given to *magnesia phosphorica* ought to be given to our homœopathic provings. We have only to turn to the provings of the magnesias to find that already we have evidences of the pain-producing quality of these drugs. The proving of *magnesia carbonica* is filled with painful and other nervous symptoms.

Dr. Deschere said the same is true (although to a less degree because less fully proved) of iron and its compounds. We ought to use iron

oftener than we do for the influence of the substance in producing neuralgic pains is shown even by our present limited provings.

Dr. O'Connor had used ferric chloride in dilutions for neuralgia and so-called rheumatic pains about head, face, teeth and neck. It resembles *rhus* in some of its aggravations, especially from being chilled while perspiring.

From Dr. W. T. Laird, Watertown, N. Y.: "I have been able to verify Dr. Allen's symptom of bromine-cough worse in a warm room. I am subject to attacks of bronchial catarrh, which are peculiarly intractable. As a rule they last from one to three months, unless sooner relieved by change of climate. Last month I had another, with the following symptoms:

"Cough violent, spasmodic, hoarse, tight and croupal in the morning after rising, changing in a few hours to a hoarse, rattling cough, with scanty greenish-yellow expectoration, and again becoming tight and croupal in the evening; little or no cough during the night. Each paroxysm was attended with stitching pain in the head, back or umbilical region, and ended in gagging, sneezing, lachrymation and profuse greenish-yellow discharge from the nose, and especially from the left nostril; feeling as if a foreign body with rough edges were lodged in the larynx and upper part of trachea, tightness at the bifurcation of the trachea and in the left bronchus; slight rales during inspiration and marked wheezing on forced expiration. As *soon as the temperature of the room rose above 70° there was an intolerable tingling and smarting in the larynx, causing constant cough.* After reading the case in the Therapeutic Notes I took *bromine* 10, which entirely cured the cough in the course of five days."

From Dr. Clarence Willard Butler, Montclair, N. J.: "*Kali iod.* is possibly the remedy Dr. McMichael is looking for. I reported a case (dysenteric) to the *Hom. Physician* some time last year, where this was the peculiar symptom: *stool like white of egg.* I saw the evacuations, and the resemblance was perfect. Intense tenesmus followed stool, and the general condition was especially characterized by great 'nervousness' and apprehension of coming evil. Has his ataxic patients been overdosed with *iodide?* Possibly, if not, and especially if he has a syphilitic history, with accompanying mercurialization, this drug may stand him in good stead."

REPORTS OF SOCIETIES AND HOSPITALS.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REGULAR meeting, February 14th, President Dearborn in the chair.

E. F. Hoyt presented "Observations and Experiences Involving Rectal Diseases." Upon paralyzing the sphincter by dilatation the spasm was relieved long enough for nature to set up absorbent action. Dilatation is temporary, but it corrects thoroughly the function of the muscle. This treatment is not new, but the point I desired to make was its application to new conditions which had not been so treated.

E. F. Hofmann presented to the Society several specimens of membranous products which had been ejected from the rectum, in cases under

his observation. In one case there had been alternate constipation and diarrhœa, with the discharge of croupous membrane. Had been treated for exfoliation of the mucous membrane, but he thought that the mucous membrane must be replaced pretty fast to allow of the large amount which had been passed. In one of the specimens the microscope showed woolen, silk, even colored silk, fibre, and foreign substances scattered through it.

B. G. Clark said that we must not forget that some forms of prolapsus are amenable to homœopathic medication. He was very much interested in the paper because it was on subjects which the profession at large paid little attention to, and treated few cases locally. There was one condition not referred to, and that was the pockets and elevated papillæ, to which Dr. Pratt, of Chicago, had called attention. These may give rise to a great deal of irritation—more than the ordinary hemorrhoids. In removing one of these pockets, the operation was followed by a tenderness of the breast, which continued for three weeks. These pockets can be found by a blunt hook, and at the base will be seen an ulcerated condition, which keeps up a general irritation to the nervous system and a local one in the rectum.

J. W. Thomson said that he had seen many cases of the various forms of rectal diseases, but had never given other treatment than the indicated remedy. A lady suffering with hemorrhoidal troubles, with prolapsus of the rectum on defecation, was very materially relieved with one dose of alumina, 200th. He thought that in dynamic disease the use of the homœopathic remedy will cure, and that this heroic allopathic or eclectic treatment, or whatever you may call it, will not be necessary.

Mrs. Brinckman thought that most of these cases were but the expression of trouble elsewhere, and was glad that the matter of our remedies had been brought up. She recalled one case of prolapsus recti where a prolapse of two inches occurred. The sphincter was so relaxed that even walking across the floor would produce the prolapsus. She also complained of trouble with the eyes, and an oculist said there was commencing cataract in both eyes. There was great disturbance of the liver and general ill health. *Calc. phos.* and *nux vomica* were the two remedies used, and in about three months, with an occasional prescribing, the rectum was entirely restored to normal tone.

Dr. Hoyt, in answer to questions, stated that he used nitrous oxide gas in dilatation, as the operation only took a minute. He had never observed that vaginismus was apt to be a concomitant in these spasmodic conditions of the rectum. He had never attended obstetrical cases, but on theoretical grounds he would suppose that these same conditions would encourage rupture of the perineum in labor.

Phœbe J. B. Wait inquired whether we were to infer from this paper that the diseases of the rectum are amenable to two remedies—mercurius and carbolic acid. If so, this brings the question down to very narrow grounds. She thought that there were a large number of remedies applicable to these conditions, and that the Society was forgetting that it was a homœopathic one, and was too much inclined to branch off into operative and other forms of treatment, interesting to be sure, but we should remember the corner-stone of the Society was homœopathy, and unless we apply and understand our materia medica we are not homœopaths; we might be practitioners of some kind, but not homœopaths.

Dr. Hoyt, in closing the discussion, said that he had only expected in his paper to refer to those conditions not commonly treated in medical literature, but frequently met with in practice, and the more interesting on that account. In regard to the management of these cases by the internal indicated remedy, it was undoubtedly a very excellent idea, he had had in the past a very extended knowledge of the materia medica, but when one makes a specialty of a subject, he cannot expect people to wait. By

mechanical measures you get prompt results and gain the confidence of the patients at once. Formerly, when large doses of carbolic acid were used, we had sloughing, but under the smaller dose, which has been found beneficial, we do not get this.

F. J. Nott read a paper on "The Reported Increased Mortality-rate of Pneumonia."

G. M. Dillow referred to the experience of a physician in Vienna who placed his pneumonic cases on the expectant treatment, with very marked lowering of the mortality-rate, it being about seven per cent., but Dr. Fleischman, of the same city, with homœopathic treatment at the same time, made the rate still less. There were a great many things to be considered in determining the death-rate of pneumonia. For example, in cases of granular kidney the chances for heart failure were very much increased. Again, in alcoholic patients the chances were very much against them. There may be more tendency now to kidney lesions than in former years, and so it becomes a difficult question to determine how much death is due to pneumonia, and how much to complicating conditions. We are apt to think that old-school treatment is less heroic now than forty or fifty years ago, but it is a question whether the abuse of antipyretics of the present day is not a more disturbing treatment of the organism than the old treatment of bleeding, blistering, purging and salivating.

J. M. Schley thought that Dr. Nott had stated the old-school treatment very plainly. From his own experience, he would unhesitatingly say that many cases die, or are helped to die, by the treatment they receive. He believed that the only treatment for pneumonia was homœopathy, for certainly cases recovered much more readily where the patients received it. As Dr. Dillow stated, many of these cases had kidney complications. These very often die suddenly after the onset of the disease. He had looked over his books casually before coming to the meeting, and found seventy-one cases tabulated in his private practice. These had all recovered except four. They were all treated homœopathically. Of the four one was a lady, age 63 years, complicated with Bright's disease. Another was a nurse, 50 years of age, run down in her work, and suffering with double and pleuro-pneumonia. The third was a child, suffering with marasmus, ill forty-eight hours, and during the blizzard no one could get to her; the fourth case he could not recall. He mentioned these figures to show that homœopathic treatment undoubtedly presents the best form of treatment. In cases where there are kidney lesions, but the heart is in good condition, except, perhaps, simple compensatory hypertrophy, recovery could be looked for. But given a patient beyond 50 years of age, with renal trouble and cardiac valvular complications, and death was almost certain under any treatment. Children, otherwise in perfect health, almost always recovered under homœopathic treatment.

Dr. Dillow stated that the mortality among children in the old-school practice was quite small according to a recent writer.

H. M. Dearborn said that in a paper which he had prepared a few years ago, he went over the statistics of the Ward's Island Hospital so far as published, and compared them with the other city hospitals, finding the mortality-rate less than the others. He had also presented statistics gathered by a homœopathic physician in England, and in all instances the mortality under the homœopathic treatment was strikingly below that of the old school.

Dr. Nott, in closing the discussion, said that he had made inquiries among his friends as to their experiences with this disease, and had found that they corresponded with that mentioned here and with his own. In justice to his old-school friends, and as a partial modification of what he had said, we should remember that during the earlier part of the century pneumonia was not recognized as often as at present, as a cause of death;

in former times it was ascribed to bronchial conditions. It might be that the more accurate definition of the disease and the more careful differentiation of the various forms of pulmonary inflammation had had something to do with this apparent increase in the death-rate.

Miscellaneous Business.

The Committee appointed to draft a memorial of the death of Dr. Wm. M. Pratt reported, and Professors White and O'Connor's report of the autopsy was read.

SOCIETY FOR MEDICO-SCIENTIFIC INVESTIGATION.

AT the regular monthly meeting, April 2d, Hon. Rufus B. Cowing addressed the Society on "The Responsibility of the Physician under the Law"—an interesting, informal talk, which he extended to cover "The Rights of the Physician under the Law." He said, in brief, that: All sane persons are presumed to know the law (except judges—appellate courts were organized to correct their opinions and mistakes).

Privileged Communications.

The Civil Code prescribes: "A person duly authorized to practice physic or surgery shall not be allowed to disclose any information acquired in attending a patient in a professional capacity."

The statute seals up all information which it was necessary for the physician to know in his professional capacity, whether derived from the patient, from persons within the hearing of the patient, or whether the physician acquires the information by his own observation.

This statute is for the protection of the patient, not for the doctor; therefore another section of the law states that the patient has the right to unseal the lips of the physician. The latest decision is to the effect that no one else can do so; not even the personal representative or the people before or after the death of the patient.

In 1880 Judge Earl, of the Court of Appeals, held that the statute could not be construed so as to protect the murderer instead of the murdered; but in 1885, Westover *vs.* Ætna Life Insurance Co., the same judge reversed the former decision, ruling that the law is plain, leaving no room for construction.

The rule, however, requires that the relation of physician and patient must be definitely established. If the person had the idea that the other came to him as a physician, no matter who employs the physician, the knowledge gained is still privileged. The information must be of a character necessary for the doctor to properly treat the patient. The doctor cannot concoct a crime, or conceal facts which in no way aid him in prescribing for the patient. Neither is it necessary that a prescription be made, nor that the information be given in secret—that which is received in a public room is as secret as if communicated in the most private spot in the house.

The intent of the Legislature is to invite confidence with the physician for intelligent treatment, and that the peculiarities, deformities, or other personal matters relating to the patient shall not become public property.

Expert Fees.

In this State it is not well settled how far the doctor has the right to be remunerated as differing from the ordinary witness.

As a citizen he must testify on the witness stand as to any facts in the case which have come under his observation, if they are pertinent or relative to the issue and are not privileged. The speaker did not know of any

rule by which the physician could compel extra remuneration before appearing as a witness. It seems a gross injustice that a physician should be obliged, at the bidding of anybody, to appear in a court of justice and give his time and opinion, which is his stock-in-trade, so to speak, and which is the result of years of study and experience, for the paltry sum of fifty cents, the ordinary witness fee.

In some States it is provided by statute that professional gentlemen called as expert witnesses need not disclose their opinion unless paid a fair remuneration, the amount to be determined by the court. But in Indiana and Alabama it is held that a physician can be compelled, not only to disclose facts upon the witness stand, but to give his opinion on a hypothetical question.

Expert Testimony.

It is an actual fact that judges and courts of law are coming to look on expert testimony with suspicion. It is of little value, because the witnesses are always called for each side; their opinions are bought, and made to be consistent with the theory of the side by which they are bought, and juries have come to understand this very well. Being paid opinions they are not disinterested ones. They are not the opinions which professional gentlemen would give if called by the State to represent both sides without prejudice, and which they cannot do when called by one side or the other.

The expert is supposed to be able to enlighten the jury in matters out of the range of the usual understanding; but when this testimony is given in favor of each side, the speaker thought it better to strike the testimony out altogether.

The law lays down the following definition which shall justify the claim of insanity sufficient to excuse a man of criminal acts: If he has sufficient capacity to distinguish between right and wrong he must be held accountable. If, again, he has sufficient mental capacity to form a criminal intent, and sufficient to understand the nature and character of the act which he has committed, or know that the act is wrong, he has sufficient mental capacity to be accountable for his acts.

Some physicians oppose this on the ground that the insane most to be dreaded were those who did know right from wrong and comprehended their rights over others. Other physicians had lately taken the ground that an insane person should be hung. They base their argument on the fact that fear of punishment has the same effect over many of the insane as it has over the sane. That is the great object of criminal punishment; society must be protected. The people aim, not at retribution but to reform, and to deter others from committing crime.

Responsibility to the People.

It has been frequently held in the courts that for willful, wrongful injury to any person, the doctor is liable. The doctor guarantees, or assumes, when he takes charge of a case, that he is possessed of ordinary skill, and that he will use reasonable care in its treatment. He makes no pretence, or should not, to guarantee a cure; there is no implied promise that he will do so. He does guarantee that he will use his best efforts, and if through willful, culpable negligence the patient dies, he is liable for manslaughter. If, taking the whole consort of opinions, it is shown that he was not skillful in his treatment, he is liable to suffer for want of skill and due care.

The speaker agreed with Judge Barrett that a physician has no right to radically change his treatment—from homœopathy to allopathy—without informing the patient of his intention, and either obtain his consent or

give him an opportunity to call some other practitioner. The patient has a right to know this, and the physician should be honest with him.

Euthanasia is not allowable. The law of this State distinctly says that anyone who willfully takes the life of another is guilty of criminal homicide. Under no circumstances would a physician be justified in shortening life, even if it could be demonstrated that death had actually set in, and the patient and his friends joined in urging that his sufferings be shortened.

In the case of a woman in labor when it is necessary to take, or risk, the life of the child or mother in order to save the other, the intent is not to curtail life but to save it—a radically different position.

Mr. Richard H. Clarke, LL.D., in discussing the paper, suggested the consideration as to how far a doctor has the right to disclose these communications in social or political life, or in scientific or other organizations, which are forbidden in courts of law.

The speaker thought that heads of charitable institutions and their visiting physicians, in their communications to the boards of control, should give information which in court might be called privileged, because such boards are responsible for the well-being of the institution. For the same reason the head of the family was entitled to receive these communications, that is, in reference to children.

He detailed a case—in another State—of suit for malpractice, the patient having died from unskillful treatment. The physician stated that he had followed a treatment well recommended in the profession, one which might be called a classic treatment, and which was enjoined upon a physician under a given state of conditions; that at the time of doing so his own judgment disapproved of the treatment, and that he had in his own mind another treatment which he thought more suitable, but from a feeling of professional honor and duty he felt called upon to surrender his own judgment to that of the profession, and he added that he believed the treatment followed had contributed to the death of the patient. The verdict was against the physician, yet there was no malice, no ignorance, no neglect.

A. G. Vanderpoel, Esq., said: A man is an expert if, as a fact, not as a theory, he really knows what he pretends to know, and can demonstrate it, as far as such things can be demonstrated.

The rights of the physician all grow out of what we term a contract; a contract is an agreement, and, like a horse, stands on four legs: the consideration, the thing to be done, the date within which it is to be done, and the parties to the agreement. Doctors sometimes neglect to present their bills because uncertain who called them. The head of the family is responsible if the doctor, called by anybody, comes into his house, examines and prescribes for his child, and he makes no objection.

Patients or their friends often tell the doctor they will send for him if it be necessary for him to call again. But, when a physician takes charge of a case he assumes a legal responsibility for the rightful conduct of that case, and is not justified in relegating to some one else the deciding of when he is to go and when stay away.

Dr. J. W. Dowling could not agree with the statement that the head of the family should be informed on points which would be privileged questions in court. He also cautioned his hearers not to be too positive when on the witness stand, and related a case in which a doctor testified that the driver of an ice-cart had deliberately turned his cart and run into him; the court at once ordered a verdict against the doctor, saying that a company might be liable for the carelessness of an employé, but not for willful malice. The speaker was inclined to think that privileged communications extended to answering the questions in life insurance papers.

RECORD OF MEDICAL PROGRESS.

PUNCTURE OF THE ABDOMEN FOR TYMPANITES.—Mr. Blenkarne writes to the *Brit. Med. Jour.*, under date of March 9th, that in a case of cancer of the rectum, where the patient suffered from tympanites, he punctured the transverse colon on several occasions with immediate and great relief to the patient.

LOCAL TREATMENT OF OZÆNA.—Professor Rosenbach treats ozæna by painting the nasal passages with balsam of Peru. In the deeper portions of the nasal cavities a tampon of absorbent cotton saturated with the balsam is introduced. The treatment is repeated daily. Complete deodorization is accomplished.—*Therap. Monatshefte*, March, 1889. O'C.

CATARACT RESULTING FROM CHRONIC POISONING WITH ERGOT.—Tepeljaschin reports that in the winter of 1879–80 there was in the Glasow District, Russia, an extensive epidemic of ergot poisoning. During the following year he observed twenty-seven cases of cataract, in which the ergotism was apparently the cause of the cataract.—*Therap. Monatshefte*, March, 1889. O'C.

SULFONAL IN NIGHT-SWEATS.—Dr. Bottrich reports, *Therap. Monatshefte*, March, 1889, concerning the value of sulphonal in night-sweats. He considers it equal to atropin in this trouble, and it has, in addition, no unfavorable influence. It is more than temporary in its action, the sweat on the second night without sulphonal being considerably lessened. He gives it for this purpose in a dose of 7½ grains. O'C.

EXANTHEM FROM THE USE OF RHUBARB.—Litten, of Berlin, reports a case in which, after taking rhubarb the patient is troubled with exanthem. This has occurred fifteen times. The last time, after one teaspoonful of infusion of rhei. rad., 8 to 200, with natrum bicarb., in half an hour the exanthem appeared. It consisted of large, hemorrhagic maculous spots and a severe pemphigus. A chill accompanied the outbreak, which affected especially the elbows, hands, feet and scrotum.—*Therap. Monatshefte*, March, 1889. O'C.

PICROTOXIN AN ANTIDOTE TO MORPHINE.—Professor Arpád Bókai, of Klausenburg, considers picrotoxin the most rational antidote to morphine. The paralysing influence of morphine upon the respiratory centre is counteracted by the stimulant action of picrotoxin upon the same. Besides, the lowering of blood-pressure found in morphine poisoning is counteracted by the stimulant influence of picrotoxin upon the medulla which presides over the vascular contraction. Bókai also believes that picrotoxin can be employed as a prophylactic against the dreaded asphyxia in chloroform narcosis.—*Therap. Monatshefte*, March, 1889. O'C.

TREATMENT OF BED-SORES.—Gottstein has shown that lanolin protects the tissues from the invasion of micro-organisms, and Ebstein and Rosenbach have used this fact for the prophylaxis of bed-sores. All those portions of the surface exposed to pressure are, after a thorough cleansing, rubbed with lanolin, and are then protected from further pressure by plenty of cotton wadding. Where a suspicious redness, or even excoriation, is present the employment of lanolin causes restoration of normal elastic skin. The appearance of erythema and erysipelas after puncture for ascites or scarification of œdematous places are quickly relieved by energetic rubbing with lanolin.—*Therap. Monatshefte*, March, 1889. O'C.

ACTION OF CHROMIUM AND ITS COMPOUNDS.—The experimental results obtained in the Pharmacological Institute at Dorpat by Heinrich Pander offer the following items of interest: The chromoxide salts and the chromates cause similar symptoms, but the intensity of their actions differ.

Pander confirms the older view of Rosseau that chromates are a hundred-fold more poisonous upon warm-blooded animals than the chromoxide combinations. The latter are to be classed as poisons with the salts of silver, the chromates with the most active metallic poisons. Kobert, Director of the Institute, proposes that chromates be classed as poisons, and only sold as such. He thinks the therapeutic employment of chromates dangerous, and this is true of Güntz's chromwater treatment of syphilis, in which kali bichromicum dissolved in carbonated water is taken daily to the amount of three centigrams (nearly half a grain). As this is continued for weeks, the amount must be considered poisonous. Many patients who have undergone this cure have, according to Kobert, died subsequently of nephritis.—*Therap. Monatshefte*, March, 1889. O'C.

THE ACTION OF CYTISIN.—Radziwillowicz has investigated the action of cytisin, an alkaloid existing in the seeds of *Cytisus laburnum*. Its action is most marked upon the nervous system, both central and peripheral. At first there is a state of stimulation, followed later by paralysis. This is true as well of the brain (excitement, hallucination; later somnolence, torpor and coma), as for the spinal cord (contractions and convulsions; later paralysis) and the centres in the medulla, the respiratory and vaso-motor centres. The initial irritation of the latter causes enormous increase of blood-pressure, in which the heart and peripheral vaso-motor apparatus take no part. Paralysis of the respiratory centre, which follows a previous irritation, is the cause of death in warm-blooded animals. Upon the peripheral motor-nerves cytisin paralyses after the manner of curare. This action always precedes paralysis of the spinal cord. Sensibility also appears to be paralysed. The vomiting, a constant phenomenon in cytisin poisoning, appears to be of central origin. It appears probable that the drug influences the motor activity of the uterus, but this has not been positively shown.—*Therap. Monatshefte*, March, 1889. O'C.

LOCALIZED CEREBRAL SYMPTOMS IN URÆMIA.—Dr. Theodor Dunin, of Warsaw, calls attention to the fact that even the larger works of relatively recent date devoted to diseases of the kidneys make no mention that among uræmic symptoms are found limited spasms or paralyses, this indicating, apparently, focal cerebral lesions. Paetsch, in 1881, first reported two cases of complete right-sided hemiplegia occurring in the course of uræmia, no anatomical changes being found in the brain at the autopsy. Leichtenstern has published similar cases. Still more remarkable are the cases of uræmia accompanied by convulsions of the Jacksonian epileptic type. Chantemesse and Tenneson published six cases of uræmia, the symptoms having all the characteristics of a cerebral focal lesion; in three, Jacksonian epilepsy was typically present; in two others there was a fatal ending without any post-mortem evidence of changes in the brain. Chauffard, in 1887, published a case of uræmia ending fatally, in which at the autopsy no changes were found in the brain, while during life there were one-sided convulsions, at times of one, at times of the other side. Eichhorst remarks in his work that he has seen a case of uræmia whose symptoms were those of Jacksonian epilepsy, and Rosenstein, in his work on diseases of the kidneys, says he has seen convulsions and hemiplegia appear in the course of uræmia. These cases are of especial worth not only in regard to uræmia, but also because it is now held that the so-called Jacksonian partial epilepsy (that is, convulsions of one-half of the body or of single groups of muscles, or even of single muscles) appearing always on one side of the body gives positive evidence of cerebral focal disease. Some years since Raynaud, Lepine and Antoine showed the occurrence of one-sided convulsions, with the character of Jacksonian epilepsy, following the washing out of the pleural cavity, but their articles received no attention. Later, in 1884, Ballet and Crispin reported from Charcot's clinic

a case of hysteria, the symptoms being those of a partial epilepsy. Charcot saw the same in a case of hysteria in the male. Landouzy and Siredey, in 1884, saw a typical case of Jacksonian epilepsy, no lesion being discoverable in the brain at the autopsy. Similar cases have been reported by Adamkiewicz (1885) and Renniowski (1883), both without autopsy. The author has seen within a year or two six cases, five of them being of the typical Jacksonian epilepsy, and what is specially worthy of notice, in four of them the epilepsy was not only the single symptom of uræmia, but was even the first sign of latent kidney affection. In two cases of uræmia the author has observed aphasia, consciousness being complete. These four cases show that Jacksonian epilepsy is not rarely due to uræmia. And it may appear with any form of kidney affection, for the author has seen it twice after scarlatina, once with nephritis in pregnancy, once in chronic nephritis, with amyloid degeneration, and once with the so-called granular atrophy of the kidneys. It is possible that many puzzling cases of Jacksonian epilepsy have been of uræmic nature. To this class, the author thinks, the case lately reported by Luckinger belongs, in which, after parturition, aphasia first appeared, and next spasms, especially in the right half of the body. The patient recovered. He also finds an analogy in the cases reported by Oppenheim, in which, during the course of carcinoma (once of the stomach, once of the mamma), a paralysis of the right half of the body, with aphasia in one case and a typical one-sided epilepsy in the other. At the autopsies no changes whatever were found in the brain. The author thinks that, in both, the brain symptoms were of toxic nature, thus showing an analogy with partial epilepsy of uræmic origin, From both cases it is evident that certain toxic substances may act upon certain limited portions of the brain.—*Berliner Klinische Wochenschrift*, No. 7, 1889.

[The last sentence gives the key to the explanation of the symptoms, and is in accordance with our recent knowledge of brain localization. Cases of Jacksonian epilepsy have been operated on without any lesion being found in the cortical area diagnosticated as the site of an irritative lesion. And although some cases recovered from the spasms after excision of the cortical area referred to, the facts reported by Dunin impose on us the duty of excluding any kidney affection as a possible cause of either one-sided epilepsy or paralysis before resorting to operation on the brain. The importance of his paper upon diagnosis and prognosis is self-evident. O'C.]

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

SOCIETY NOTE.—At a recent meeting of the Hudson County Medico-chirurgical Society the following officers were elected for the year: President, L. A. Opdyke, M.D.; Vice-President, S. W. Clark, M.D.; Secretary and Treasurer, Charles Putnam, M.D.

DR. G. G. SHELTON, of this city, recently received from the grateful father of one of his patients a gift of $50,000 of Standard Oil stock, worth, with premiums, $85,000. We congratulate the Doctor, and hope this generous example may be followed by the patients of all physicians.

SOCIETY MEETINGS.—May 21-23, Minnesota State Homœopathic Institute, at St. Paul; June 18-21, International Hahnemannian Association, at Toronto; June 24-28, American Institute of Homœopathy, at Lake Minnetonka, Minn.; August 28-30, Western Academy of Medicine, at Rock Island, Ill. The International Homœopathic Congress will meet during the last half of August in Paris.

ROCHESTER SOCIETIES.—April 10th was celebrated at Rochester by the Monroe County Homœopathic Medical Society, as also by the factional seceders from that society. The Hahnemannians opened their new hospital, and listened to addresses by Drs. Biegler and Butler. The members of the Western New York Society and the County Society enjoyed a banquet in the evening, and were regaled by speeches by Drs. Talcott, Laird and many others. The occasion was a notable one because of the unusual ability of the speeches and the clear defining of issues.

WOMANS' MEDICAL COLLEGE.—Association Hall was occupied by the friends of the New York Medical College and Hospital, on Tuesday evening, April 23d. It was the twenty-sixth annual commencement of this institution. The Hippocratic oath was administered to all the graduates; the Dean of the College, Prof. Phœbe J. B. Wail, made an address, and the degrees were conferred by the Rev. Henry S. Day; Miss Maria H. Brokhaus delivered the valedictory address on the part of the class, and Prof. Edmund Carleton for the Faculty. An address was also delivered by the Rev. William Lloyd, D.D.

THE SOUTHERN JOURNAL.—Although Dr. Fisher is no longer editor of our southern contemporary, it still lives and has an active being. The numbers issued under the care of the incoming editor, Dr. G. G. Clifford, show that the journal has fallen into good and capable hands, and will most efficiently labor for the cause of Homœopathy in the South. It would have been a great misfortune had the journal perished, and Dr. Clifford is justly entitled to high praise for stepping forward and assuming the laborious duties and responsibilities of the position. He will have, no doubt, as he ought to have, the united support of the southern homœopaths, and he should have also support from the North and East. We wish Dr. Clifford the fullest measure of success and unlimited prosperity.

HAHNEMANNIAN SOCIETY EXERCISES.—On the evening of April 17th the Hahnemannian Society of the New York Homœopathic Medical College and Hospital, held its seventeenth annual exercises at Association Hall, Twenty-third Street and Fourth Avenue. The hall was well filled with an appreciative audience, that listened attentively to the interesting programme. The music furnished by the College Glee Club was much above the average. The address of the evening was by Prof. Pemberton Dudley, on "The Evolution of the American Medical Student." It was forcible, entertaining and well delivered. The Annual Address was given by the President of the Society, Edw. G. Tuttle; the Class Prophecy by S. W. Roberts, and the "Send Off" to '89 by C. B. Flint, '90.

NEW YORK OPHTHALMIC HOSPITAL.—The thirty-seventh annual commencement and reception of the New York Ophthalmic Hospital and College was celebrated Tuesday evening, April 9th, in the large hall of the hospital, corner of Third Avenue and Twenty-third Street. The exercises were opened by prayer by the Rev. W. H. Benjamin, of St. Barnabas' Church, Irvington-on-Hudson, followed with addresses by the President, T. C. Smith, Prof. Charles Deady and Prof. John N. L. Hunt, LL.D., of the Board of Education. The address delivered by Prof. Deady had been prepared by Prof. N. L. McBride, President of the Faculty, but he was prevented from delivering it on account of illness. A large audience was present, and, after the conclusion of the exercises, refreshments were partaken of and the floor cleared for dancing.

OBITUARY.—On Friday, April 12th, 1889, after a short illness, Dr. William E. McCune died at his residence in Brooklyn. Dr. McCune graduated in 1885 from the New York Homœopathic Medical College, and since that time has practiced his profession in Brooklyn. In college he was a faithful and diligent student, and was unusually liked and respected. He was

one of the first Board of Editors of the college paper, the *Chironian.* Soon after graduation he was appointed one of the resident physicians to the Cumberland Street Homœopathic Hospital in Brooklyn. During the past winter he had pursued a course of special study at the New York Ophthalmic College. He was a firm and consistent Christian and much interested in church work. Of genial disposition, of tolerant and dispassionate judgment, of transparent honesty of purpose, a firm friend, a kind and affectionate son his untimely end is mourned by all who knew him.

MASSACHUSETTS HOMŒOPATHS.—The annual meeting of the Massachusetts Homœopathic Medical Society was held in Boston, April 10–11, 1889. There was a large attendance, and the Bureau Reports were full and valuable. In the evening a banquet was held at the Hotel Thorndyke. Dr. James Hedenburg presided, and Dr. J. Heber Smith acted as toast-master. Dr. Conrad Wesselhoeft said, in response to the toast in honor of Hahnemann: "Hahnemann had given us the principles, but his methods, like all early methods, were imperfect. We forget that the pharmacy of Hahnemann was yet in its infancy. Now it was time to go ahead and see if we could not improve a little upon what he had done. Hahnemann had dared to know, and that he should say what he knew was a matter of course to him; but the motto of the past one hundred years had been not 'Dare to Know,' but 'Dare to Believe.'" Dr. I. T. Talbot responded to "Law and Medicine" in an interesting and suggestive speech. He opposed the prevailing legislative methods of licenses issued by State Boards as wrong both in theory and practice. Other speakers were Professor Walter Wesselhoeft, Dr. C. E. Fisher and Dr. Alonzo Boothy. The society elected for President for the coming year Dr. H. A. Houghton, and for Vice-Presidents, Drs. James Hedenburg and F. B. Percy.

NEW YORK COLLEGE COMMENCEMENT.—The commencement exercises of the New York Homœopathic Medical College and Hospital were held in Chickering Hall, Thursday, April 18th, at 3 P.M. When that hour arrived it found the auditorium filled with friends of the College and graduating class and the stage occupied by the Trustees and Faculty. The introductory address was made by Prof. T. F. Allen, M.D., LL.D., Dean of the College. He stated the progress made in the construction of the new college and hospital buildings, and said they would be ready for occupancy in the early fall. The tendency to endow schools and colleges other than medical was referred to, and the necessity stated for endowments for medical schools. The degree of Doctor of Medicine was conferred upon the thirty-seven graduates by Hon. Rufus B. Cowing, President of the Board of Trustees. The prizes were awarded by Prof. J. W. Dowling. The address to the graduates was given by Rev. Dr. Thos. S. Hastings, and the class valedictory was delivered by W. H. Bennett, M.D. The first prize, a microscope valued at $100, was awarded to Frank C. Bunn, M.D.; the second prize, a microscope valued at $50, went to Charles E. Wilcox, M.D. The Wales prize for highest standing in all junior and middle studies was taken by Mr. McMichael, of Toronto, Canada. The following received honorable mention: Edward G. Tuttle, Chauncey E. Low, William F. Honan, Paul Allen.

THE ALUMNI BANQUET.—Promptly at 7.30 o'clock on the evening of April 18th, President Smith's gavel fell, and the Alumni Association of the New York Homœopathic Medical College and Hospital was called to order for the transaction of necessary business. The session was one of the shortest on record, and at 8.30 P.M. adjournment was had to the banquet-room. The large hall of Delmonico's was never so well filled before by the Association. Extra seats had to be provided and some tables were

overcrowded. It was after 10.30 o'clock when, segars being lighted, the Chairman rapped for order and made some preliminary remarks. After congratulating the Association on its evident prosperity, Dr. Smith paid an eloquent tribute to the memory of Dr. W. M. Pratt, the first President of the Association. The toast-master, Dr. F. J. Nott, was most happy in his introducing speeches and felicitious in his jokes. The first toast, "Hahnemann," was drunk in silence and standing. "Alma Mater" was responded to by Dr. T. F. Allen. Among other things he said: "We need a laboratory for pharmaco-dynamics and experiments for the revision of our materia medica. There is nothing of the kind in the world, although it has long been the dream of our best workers. Our new buildings will afford facilities for this, and I hope it will be started. In accordance with numerous requests, our Faculty is at work trying to arrange a post-graduate course; we have specialists in every department—men of national and of world-wide reputation. A class of forty does not begin to pay our expenses; but all the professors give their services gratuitously. The present graduating class had thirty-two hours a week in the college, in addition to their necessary reading at home. Other colleges think twelve hours a full week. We would like to compress the didactic teaching into the first two years, leaving the senior year free for clinical work, and then add a post-graduate course. Our new building has been arranged with this in view. We have received twenty to thirty applications from allopathic doctors who want to come and study homœopathy. Some allopathic colleges are considering the plan of instituting chairs of homœopathy, and so crush out our homœopathic schools. The Rev. Dr. E. C. Bolles replied to "The Clergy," and the Hon. Theron G. Stronge responded to "The Law." "Surgery and its Growth" was the subject of Dr. Wm. Tod Helmuth. He said: "In my three years of study, 1850–2, saw three operations, and these were all simple ones. Surgery appeared almost beneath the notice of the pioneers of homœopathy, because they devoted their lives to the demonstration of the truth of the law for which they had sacrificed so much. The first distinguished homœopathic surgeon was the father of Dr. Conrad Wesselhoeft, who held that chair in the Allentown Academy. Then came Dr. Francis Sims of the college from which I was graduated." The doctor then read an original allegorical poem, which was in his happiest vein. Hon. Rufus B. Cowing responded to "The Trustees." "The Older Alumni" were talked about by Dr. F. H. Boynton. "The Ladies," a favorite toast, Dr. Doughty responded to in a witty and graceful speech. His text was, "First in war, first in peace and first in the hearts of their countrymen." Dr. C. E. Fisher, of Texas, formerly editor of the *Southern Journal of Homœopathy*, responded to "Medical Journalism." He thought the homœopathic journals throughout the country should urge the establishment of post-graduate courses. About forty per cent. of those attending the post-graduate courses in New York now are homœopaths. New Yorkers should write more for Southern and Western journals. It would be a mutual benefit. Contributions were needed more than money. In conclusion he said it was bad enough to fight our open enemies without having at the same time to keep an eye on traitors in the camp. There is a journal in your city which, supported and built up by homœopaths, and whose editors have been made what they are by homœopathy, yet constantly seeks to destroy that which gave success. The following officers were elected: President, J. Lester Keep, '66; 1st Vice-President, E. S. Coburn, '64; 2d Vice-President, John L. Moffat, '77; 3d Vice-President, Lyman A. Clark, '69; Alumnus Trustee, Everett Hasbrouck, '65; Recording Secretary, C. H. Helfrich, '84; Corresponding Secretary, J. B. Garrison, '82; Treasurer, E. J. Pratt, '81; Executive Committee, A. B. Norton, '81, Chairman, S. H. Vehelage, '79, C. W. Cornell, '77, C. S. Macy, '81, Charles Deady, '76, J. L. Beyea, '80; Necrologist, H. D. Schenck, '84.

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ORIGINAL ARTICLES IN MEDICINE.

A NEW MATERIA MEDICA CONSTRUCTED IN ACCORDANCE WITH STRICTLY SCIENTIFIC METHODS.*

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New York.

IT is well-known to the members of this Society that the practice of homœopathy demands, as a pre-requisite, a knowledge of the effects of drugs on healthy individuals, and that a collection of these positive effects of drugs constitutes a materia medica for the use of homœopathic therapeutists. It is also clearly recognized that it is absolutely essential to the practice of homœopathy to avoid in every possible way the falsification of our materia medica by the introduction of spurious material. This was indeed clearly recognized by Hahnemann at the very outset, and it is evident that in his earliest provings he followed strictly the plan of scrutinizing with extreme care every symptom experienced by him in his own person, and particularly those symptoms communicated by his fellow-provers. Since Hahnemann's time "provings" have been made by a host of physicians and their co-workers, down to the immediate present, but the same care has not always—indeed, has rarely been taken to retain only the positive effects of the drug. Three departures have been made from Hahnemann's early and strict methods, all of which originated with Hahnemann himself, and are clearly, we believe, "fatal errors" in the construction of a pure materia medica, and if perpetuated will lead to the complete demolition of homœopathy as an exact science of therapeutics. The *first* is found in section

* Read before the Homœopathic Medical Society of the County of New York, April 11th, 1889.

138 of the fifth edition of the "Organon" (it is not found in the first edition, but appeared for the first time in 1819 in the second edition). It reads as follows: "Supposing the above condition, necessary to insure the success and reliability of an experiment, to have been complied with (see §§ 124–127), every symptom and deviation from the normal state of health, observed by the prover while under the influence of the drug, is derived only from the latter, and must be regarded and noted as a symptom properly belonging to it, ***notwithstanding the prover may have observed similar and spontaneous sensations upon himself some time ago.*** The re-appearance of the same kind of sensations during the proving of a drug, shows the prover to be particularly susceptible to the influence of drugs, owing to his peculiar bodily constitution. In the present instance the effect should be ascribed to the drug; for symptoms do not come of themselves, but they are due to the active drug which has been administered, and which controls the state of feeling of the entire organism (Wesselhoeft's translation)." It is doubtless quite unnecessary to enlarge upon the necessity of ceasing to follow Hahnemann in this direction. Suffice it to say that a very great number of the symptoms recorded by Hahnemann, in his later symptom-lists, at least, have been admitted as genuine on this basis, and that this rule has been followed by numerous provers since his time.

The second fatal error is the introduction of symptoms observed in the sick subsequent to the exhibition of a drug and recorded as the effect of the drug. Hahnemann states in the "Organon" (§ 142, 5th ed.): "Among the symptoms, especially of chronic diseases, varying little in form, it is sometimes possible to distinguish certain symptoms (§ 97) resulting from a simple drug administered for curative purposes. But this is a matter attended with great difficulty and uncertainty, and should be left only to experts in the art of observing." Symptoms derived from this source appear in the earlier editions of the materia medica pura, abound in the later editions, and have been introduced with great laxity by numerous observers since Hahnemann's time. We deem it quite unnecessary to spend any time in pointing out the utter impossibility of admitting any such observations, even though they may seem to be genuine. They may be utilized by us occasionally, but not made a part of the foundation of our therapeutic temple.

The third fatal error consists in the introduction of symptoms supposed to have been cured by a drug, on the principle that if cured they would also be caused by the same drug. These symptoms comprise, for the most part (presumably), the chronic diseases of Hahnemann, have contributed to swell the "pathogeneses" of Hahnemann's

direct followers, and have found their enormous amplification in the "*guiding symptoms*" of the late Dr. Hering. While admitting the utility of these symptoms empirically, it must be acknowledged by all clear-minded men that they should be excluded from a pure materia medica.

Another class of symptoms which must be excluded is that which has been given now and then to the public by some observers, who have declined to furnish any information concerning the methods employed, the peculiarities of the provers, or the order of evolution of the symptoms; simple lists of symptoms are given, nothing more!

There remains to us a mass of material obtained from cases of poisoning and from systematic experiments on the healthy. As examples we may instance the provings of *kali bichromicum*, *lilium tigrinum*, *physostigma*, *fagopyrum*, *et cætera*. Such as these constitute the bulk of our present materia medica.

While it is true that numerous symptoms have proved reliable in therapeutics, it is nevertheless true that the great majority of symptoms are not reliable, and, it is fair to infer, are not genuine effects of drug action. What, then, shall we do? How can we construct a reliable materia medica?

Before attempting to answer these questions let us ask what constitutes the basis of any exact science? It is simply a series of observations or experiments, the methods and details of which are clearly set forth, which have been repeatedly verified, and which may continue to be verified by other observers or experimenters following the same lines of research. Science deals only with facts, and no scientific man is afraid of facts, only of false deductions from them. Can we apply scientific methods to the purification or reconstruction of our materia medica?

The American Institute of Homœopathy and the British Homœopathic Society discussed the lamentable condition of our materia medica, as set clearly before them by the publication of the "Encyclopædia of Materia Medica," and it was wisely resolved to set about purifying it, and this purification was undertaken by resolving that some experiments are more worthy of credence than others by reason of their being made with dilutions above a certain arbitrary line, *determined by resolution*. It is quite obvious that scientific accuracy can never be attained by such methods, and that "resolutions" will never uphold or demolish the experiments made with either high or low dilutions.

The conditions of an experiment on the human body in health are somewhat different from those of one made with inert substances,

especially if we seek to ascertain the variations of sensation caused by drugs. The pathological lesions produced by drugs are constant enough, but they do not suffice for the purposes of homœopathic therapeutics. Given a body in normal health, and a definite amount of drug sufficient to disturb that health, we have still to allow for possible variations of health due to numerous uncontrollable causes; the experiment must therefore be repeated several times in order to make sure of a positive result, and only results which re-appear in successive experiments are to be relied on with confidence. If, however, experiments are made on different individuals, and only one or two experiments on each person, the result is still more doubtful, and it is obviously safe to accept only those results which are common to many. Experiments made by physicians upon themselves with drugs, concerning whose properties they are more or less familiar, are notoriously unsafe on account of the unavoidable suggestion of effects which the mind is almost sure to make to the body—a kind of auto-hypnotism.

The consideration of all these and other sources of error led Dr. Conrad Wesselhoeft, of Boston, to advise a new method of purification of the materia medica, which is to be presented to you to-night; and at a meeting held in New York recently, at which Drs. Wesselhoeft and Sutherland, of Boston, met the Committees of Materia Medica of the Kings County and New York County Societies, it was determined to proceed with the sifting of our present materia medica upon the following general plan:

I. All experiments, the details of which have been fully recorded, are to be submitted to a critical examination; these include provings made with all sorts of doses, in both high and low dilutions and cases of poisoning, but exclude all compilations, symptom-lists and "general effects" so stated.

II. No drug shall be examined unless there are recorded at least seven experiments (voluntary or involuntary).

III. Symptoms are not to be accepted as positive unless corroborated by about twenty-five *per cent.* of all the observations. At least two observers out of seven should agree, and if the number of observations be larger, an even larger *per cent.* ought to be required.

A method like the above will give us a few perfectly reliable symptoms—symptoms which we can utilize with perfect confidence in curing the sick, but it is open to the objection, which will be urged against it, that it curtails our *armamentarium* to such an extent that very little will be left.

There is no reasonable doubt that there are a large number of trustworthy provings consisting of only a single experiment. These isolated observations have proved valuable guides in practice, and must continue to be used by us, but they cannot yet be accepted as material for a *pure* materia medica because they have not been corroborated. To say that they are reliable, because verified at the bedside, is to beg the whole question; for what happens at the bedside is so uncertain that very numerous repetitions are needed to establish a law, and the first thing to establish is the absolute certainty of the pathogenesis.

It is also urged that the above method of selection will exclude individual peculiarities and most of the contingent symptoms, retaining principally the absolute symptoms of drugs. This point I do not think well taken. We all know that it takes many observers to give us a picture of such a polychrest as *phosphorus*. One observer obtains from his experiment chiefly symptoms resulting from a derangement of the digestive tract in general, while other organs escape comparatively unharmed. This will be true of an observer who is particularly sensitive as to these organs; another will give us mainly respiratory symptoms; a third largely those referable to the nervous system, and so on. It is obvious, then, that seven observations, or even three times seven, will be insufficient to give us a complete knowledge of *phosphorus*. They may all, indeed, be "gastric" fellows, and it may—nay, probably would—be necessary to have at least seven times seven careful experiments to bring out a fair knowledge of this great drug. Now, from many of these we shall obtain the pathological lesions of *phosphorus*, gastro-enteritis, with ulceration and hemorrhage, hepatitis, nephritis, etc., from one set; pleuropneumonia, with hemorrhages, etc., from another; myelitis, paralysis, etc., from a third; but certainly, if we have a sufficient number of poisonings, we shall also surely find, clearly brought out, repeated observations of the peculiar contingent characteristics of the *phosphorus* vomiting, of the cough, of the sensations in the spine, head and legs, and the aggravations and ameliorations we so much prize. If there is one character more reliable than another about *bryonia* it is the < motion and > rest; does any one imagine that these would not be noted in nearly every good proving of *bryonia*? I, for one, would surely be willing to cease relying on them were they not susceptible of repeated verification; so of the anxiety of *aconite*, the coldness, with desire to be uncovered, of *ergot*, etc. It is all a matter of *sufficient material*. If we are trusting to a foundation laid with poor cobblestones the sooner we begin to build over the better. Some of

these stones will be squared and made useful; many will be rejected.

The new materia medica will be very small at first, but it will be solid; it will be added to block by block for ages to come. We must begin it now, and in a way to last for all time—strong enough to withstand all the storms of criticism that may be hurled against it. In a recent and most interesting correspondence, opened with me by a distinguished professor in one of our greatest universities, the point was insisted on that our principles lacked a secure foundation; that our materia medica consisted almost exclusively of unverified observations; that it would not endure rigid scrutiny, and while the practice of homœopathic physicians seemed to be extremely successful, he could not himself see that it was proved to be homœopathy, and that it certainly could not claim recognition as a science of therapeutics. He wanted a materia medica constructed in accordance with scientific methods and a therapeutics based on such a materia medica and hoped to find it in our system. He hopes it will be done, but denies that it has been done! Now, while we are not knocking at the doors of any university, the time will come, if it is not already at hand, when our claim of science in therapeutics will be rigidly investigated. Some of us hope to see homœopathy taught in all great schools of medicine, and it behooves us to examine well our position and be prepared to meet successfully all cavil and criticism.

This work, begun by Dr. C. Wesselhoeft in Boston, has been taken up in New York and Brooklyn, and will, we hope, secure many earnest helpers.

I am pretty confident that Dr. Wesselhoeft will eventually collate and edit the results and give us the nucleus of a new materia medica.

The following extract from the preface to my "Handbook of Materia Medica and Therapeutics" will more fully define my position in regard to the revision of the materia medica:

. . . "Much might be said concerning the reliability of our present symptomatology; the errors that have been perpetuated from year to year in old material, and in new material obtained by faulty methods, are well known. There is no doubt that some of Hahnemann's symptoms, even, were observed in the sick both as apparent results of drug-action and as probable cures; it is also true that most provers have allowed themselves to record, as effects of drugs taken for experiment, symptoms which would have arisen spontaneously, or which were 'suggestions' of a mind watching for such effects. There is no doubt that many, if not most, symptoms have been observed in only one or two persons as the effect of a drug, and that these would fail of confirmation by repeated experiment, but, after all

these allowances have been made, there remains a good and true pathogenesis, sufficient for a working materia medica, and capable of justifying itself by unfailing results when put to the test of homœopathic therapeutics.

"Numerous provings, each consisting of but a single observation, even the result of but a single dose, appeal to our knowledge of the effects of analogous drugs as genuine, these must be utilized, their symptoms guide us unerringly to the saving of life, and we cannot discard them. We acknowledge the lack of accuracy, we are cognizant of the absolute necessity of re-building the whole symptomatology from the very foundation, but during the years, or rather generations, which will elapse till this be done, we must cure the sick as best we may, and use, at times, doubtful material to accomplish our results. During this interim we must endeavor to keep separate the probably pure pathogenesis, and the merely clinical history of each drug, for by so doing our pathogeneses will undergo slow regeneration, good observations will replace the bad, and our therapeutics will rest upon an ever-increasingly strong foundation."

ANALYSIS OF THIRTY-FOUR PROVINGS OF GELSEMIUM, WITH CHART AND SUMMARY.*†

By H. COX O'CONNOR, M.D.,

New York.

MIND.

1. Melancholy, desponding mood (1st day); worse (3d day).
2. Hypochondriac mood all day; dull, stupid (14th day).—For several days rather dull and stupid, with disinclination to conversation (5th day).—Very dull and stupid, with aversion to study (4th day).
3. Gloomy and disinclined to exertion of any kind.
5. Great and almost uncontrollable mirthfulness.—Irritable, impatient.—Dullness of all the mental faculties.—Incapacity to think or fix the attention.—Confusion of mind.—Stupid, intoxicated feeling.
6. General vivacity after rising (2d morning).—Depression of spirits, with dull, uncertain pains in the head in the afternoon (4th day).—Mind listless and incapable of reflection, as after ague, with a not severe, dull headache all day, and digging in the right ear all the afternoon (7th day).
10. Dullness of mind, alleviated by profuse emission of watery urine.—Found it to affect the power of concentration very materially; I could not fix my mind on the contents of a newspaper, although the matter was of an exciting character; I could not pursue one train of thought for any time; the ideas would vanish and leave a vacancy of mind which was quite annoying.

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* Read before the Homœopathic Medical Society of the County of New York, April 11th, 1889.

† The chart form being too unwieldy for our pages, the symptoms under *Mind*, *Head*, *etc.*, which one reads horizontally in the chart, are printed vertically in successive order, according to the number of the prover. The vacant spaces in the chart, corresponding to no symptoms in the respective provers, are indicated in summary at the end of each caption.—*Ed.*

11. Intoxicated feeling, with painless but slightly diarrhœic stool.—Depression of spirits.—Anxiety.—Inability to concentrate the mind.—Incoherency of thought.

12. At first a cheerful, careless morale; afterwards depression of spirits.—A mistiness within the brain, not much affecting the lucidity of thought, but somewhat confusing the perceptions, so that I experienced some difficulty in attending to the physical details connected with my practice.

16. Symptoms lasted several hours, but all the while I retained a clear state of mental activity.

19. She seemed to know all that was going on; described her symptoms.

23. Totally unconscious.

26. Totally unconscious.

28. He threw himself upon the floor and soon became unconscious (after ½ an hour).—Totally unconscious and could not be aroused (after 3 hours).

29. Unconsciousness.

[4, 7–9, 13–15, 17, 18, 20–22, 24, 25, 27, 30–34.—no symptoms.]

HEAD.

1. A band-like pain surrounds the head, with shooting pain in both jaws and parietal bones (3d day).—Pains of shooting character in the frontal sinus, extending to the eyes and jaws; in the eyes the pains are pricking, extending from the middle of the eyes to the canthi (1st day); on the right side the pains seem to roll about in the eye, much more violent (3d day).—Pains over the whole top of the head, extending to the occiput, with a general dizziness and a disagreeable, painful sensation in the whole of the head (1st day), much more violent (3d day).—Pains in the left side of the head, extending from the prominence of the parietal bone to the mastoid process of the temporal, periodically (3d day).

2. Dull pains in the head and limbs (3d day, after 6 drops).—After breakfast dull aching in the head, becoming more severe as the day advanced, in the occiput; headache increased till after dinner, when it was much relieved, but about 4 P. M., returned worse than before, and seemed to increase in severity, until in the evening it became excruciating, accompanied with slight nausea; shaking the head seemed to slightly relieve it (6th day).—During the day tendency to headache on moving, especially on going upstairs (2d day) —Awakened at 2.30 A. M., by most intense aching pain in the *left* frontal region, extending to the right occipital region and occasionally over the entire head; it lasted an hour (7th morning).—Dull pain in the region of the occiput (14th day).—Dull, heavy pain in the region of the occiput (1st night).—At 11 A. M., severe, aching pain in the occipital region for a few minutes (4th day).—*Dull, aching pain in the occipital region, occasionally extending into the os frontis* (3d night).—During the day dull aching in the occiput, increased by movement, especially on stooping; much worse towards evening (2d day, after 6 drops).

3. Headache, beginning after dinner and lasting until the evening. The headache is very distressing. *Sensation of weight and pressure in the head.* Severe and pressive pains in the forehead and vertex.

4. Dizziness of the head and blurred vision returned and gradually increased so that all objects appeared very indistinct for three hours, then gradually abated (1 hour after 2d dose, 5th day).—Lightheaded and dizzy, much increased by sudden movement of head and walking (1 hour after 1st dose, 3d day).—Lightheaded and dim vision, continuing for one hour (after 1st dose, 3d day).—Fullness about the head (6th day).—Full and crowded feeling in the head with pain as if the brain were bruised and accelerated pulse (90) (8th day).—Full, crowded feeling in head and heat in face (1 hour after 1st dose, 3d day).—The sensitive, bruised sensation of the brain continued for two days (after 8th day).—The sensitiveness of the brain continued for several hours and it appeared as if every step and sudden movement of the head would excite pain, but this did not occur (after 2d dose, 3d day).—Pressive pains in right temple with dizziness and blurred vision, such as may

follow the use of intoxicating liquors, but without the exhilarating effects (½ hour after 2d dose); the dizziness and blurred vision were attended by nausea and continued for three hours (3d day).—Full and crowded feeling in the whole head and a sensation of feverish heat in the face, nevertheless, the temperature of the skin did not appear to be augmented, at 2.30 P. M. (4th day).

5. Giddiness is pretty constant; an intoxicated feeling and tendency to stagger; often with dizziness or imperfection of vision. Lightness of the brain. Pain in the head is a very constant symptom, generally dull, stupefying and pressive; more frequently in the forehead and temples. Head symptoms are aggravated by smoking. Head symptoms are felt very soon, sometimes after five minutes.

6. Transient, vertiginous sensation, after breakfast (2d day).—Dullness of head at 11 A. M. (5th day).—Not severe, dull headache (part of S. 19).—Headache ceased by sitting in the evening as at other times (9th day).—Some fullness in the anterior part of the head, soon disappearing (after a few minutes).—A feeling of contraction in the scalp on the centre of the forehead (after 1st dose 1st day).—When writing, headache in the top of the head; afterwards in the left occipital region, directly on both sides and in the upper cervical region, and again on the top and then in the left side, all whilst engaged in writing a few minutes; afterwards a settled, dull, dragging headache, mainly in the occiput, in the mastoid and upper cervical region, extending to the shoulder, relieved while sitting by reclining the head and shoulders on a high pillow in the afternoon (7th day).—Dull pain on the right side of the head (6th day).—Dull ache on the right side of the head, at breakfast (2d morning).—As usual, after exercise without breakfast, headache on the right side with occasional throbbing from exertion; better after a sleep of a few hours, but renewed by exertion; ceased in the evening when sitting, as at other times (9th day); the semi-lateral headache returns (10th day); continues, doubtless caused by the exciting news of the day (12th day).—On rising, dull pain in the occiput and slight tendency to throbbing, on the right side of the head; previously at breakfast, transient slight cutting pressure on the left side (3d day).

7. Head cool to the touch in the afternoon (8th day).—Heaviness of the head in the afternoon (10th day).—On waking in the morning pressure in the whole sinciput, as if too narrow, better by pressing with the hand; compelled to close the eyes (7th and 8th days).—Pressing in the forehead as if too narrow, with pressing upon the eyes as if too large (6th night).—Stitch in the middle of the forehead, passing inwards, in the afternoon (10th day).—Now and then a violent stitch in the middle of the forehead, entering as far as half the brain, in the afternoon (7th day).—Violent stitches in the middle of the forehead, as far as half of the brain, on turning the eyes, on stooping and on turning the head, in the evening (8th day).—Violent, stinging pain in the whole forehead, and pressing of the eyes as if they were too large, with external coldness of the forehead (3d day).—Stitch in the middle of the forehead, passing inwards, at 12 M. (10th day).

9. Light head. The head feels full and excited or feverish. Full feeling of the whole head, with some throbbing and uneasiness of the occiput. Dull, slight headache all over the front and top of the head, after a sleep in the afternoon; also after sleep in the evening.

10. Heaviness of head with dullness of mind. Great heaviness of head; sensation as if the brain was heavy. Heaviness of head alleviated on profuse emission of watery urine.

11. Dullness of the head with stupor, dry mouth, coated tongue, bitter taste, pulse full and strong, intoxication, vertigo unto falling. Heaviness, with sensation of fullness in the head, which increased to a severe headache, relieved on the third day of the proving by copious urination, after which a pleasant languor pervaded the system for some hours.

14. Drawing on the right side, on the crown, towards the occiput (20 minutes after 5 drops).

15. Pressive pain in the head, principally the temples, at times in the occiput, at others all over the head.

16. My head began to have a swimming, turning sensation, as if I were going to be seasick.

19. Her head felt very light.

22. A very disagreeable sensation in the head was felt, even before the muscles came under the influence of the drug, but the mind was clear.

31. Severe pain in the forehead and vertex, with dimness of vision; roaring in the ears; a sensation of enlargement of the head, and a "wild feeling," a confusion, almost amounting to delirium; the pain in the head, which was of a pressing, heavy nature, would at times disappear, the concomitant symptoms being at the same time ameliorated and severe, sharp, labor-like pains would set in in the uterine region, extending to the back and hips; these pains would in turn leave, and the pain in the head would recur immediately after.

32. Swimming sensation in the head. Head felt very light, with vertigo. He cannot hold the head erect.

34. Sense of giddiness (1 hour and 25 minutes after 3d dose).—Sense of weight over the forehead (1¼ hour after 3d dose).

[8, 12, 13, 17, 18, 20, 21, 23-30, 33.—no symptoms].

EYES.

1. Pains deep in the left eye, extending from above downwards (1st day); more violent (3d day).—Dull, full feeling (attended with some aching), in the whole of the orbits.—Smoky appearance before the eyes, with pain above them (3d day).—Total blindness very soon after the dose, with violent dizziness (3d day).

2. The eyes felt quite sore, it is as if some foreign body were irritating the conjunctiva, in the evening (3d day).—The eyes quite sore at night, not much pain, but merely soreness, with sensitiveness to light and lachrymation (3d night).

3. Eyes much inflamed and weak, with great flow of tears at intervals.

4. Eyes suffused (after second dose, 5th day).—Confusion of light (1 hour after 1st dose, 3d day).

5. Dryness of the eyes.—Pain in the orbits, sometimes excessive.—Bruised pain above and back of the orbits.—Eyes close in spite of him, on looking steadily at anything.—Difficulty in opening the eyes or in keeping them open.—Heaviness and congestion of the lids.—Great heaviness of the lids.—Misty or glimmering appearance before the eyes.—Things seen double on raising the head from a stooping position, or on looking sideways, but not when looking directly at them.—Diplopia, when inclining the head toward either side, but vision single when holding the head erect.

6. Eyes transiently bloodshot.—A stitch traversing the right eyelids vertically (15 minutes after 1st dose, 1st day).—Slight affection of sight during the forenoon (8th day).—Till 4 p. m. the disturbance of sight was great (7th day).—Sight more or less confused all day (5th day).—At 4 p. m. took a dessertspoonful of red wine; directly after, for the first time to-day, a return of the confusion of sight, lasting an hour only, but so extreme that someone must suspect inebriation (4th day).—After the stool in the morning, a marked renewal of the confusion of sight, with heavy looking eyes, found this symptom much less when holding a finger vertically beyond the nose, also when either eye is closed (3d day).—Confusion of sight diminished in the evening (3d day).—Confused vision, especially of distant objects (following vertiginous sensations after breakfast); when turning the eyes, the sight is tardy in following the movement; things for several seconds seem to be blurred, then remains unfixed in its new direction, yet no sensation of gauze or film; it is accompanied with a disposition to partially close the eyes as if to steady the eyeballs by the pressure of the obiculares palpebrarum muscles; the visual confusion might be compared to that produced by alcohol, and gradually wore off by night (2d day).—The confusion of sight much increased in the evening (6th day).

7. Dull eyes in the forenoon (11th day).—Burning of the eyes, as if they were too dry, in the forenoon (11th day).—Burning in the eyes, with weakness of sight and heaviness in the forehead (5th day).
9. Burning sensation around the inner canthus of the right eye.
10. Strabismus and constant inclination to squint.—Dimness of sight and vertigo. —Dimness of sight alleviated on profuse emission of watery urine.
11. Heaviness of the eyes as after night watching.—Dilatation of the pupils, amaurosis, blindness, dimness of sight.
12. Distant objects seemed indistinct as I rode or walked, and one evening I could read but with difficulty (these symptoms characteristic, etc).—Diplopia, which I could control by an effort of the will.
14. Drawing over the eyes (4 minutes after 3 drops).
15. Eyelids are, as it were, puffed and swollen, and have the appearance of being so.
17. Drawing over the right eye (8 minutes after 5 drops).—She complained of being partially blind while eating a hearty dinner, after ½ an hour this symptom rapidly increased, and in a short time she could hardly see at all.
19. She could not see any one in the room, although persons stood close by the bed ; the eyes were wide open ; pupils dilated.
21. Dilated pupils.
22. Nearly blind ; control over the upper eyelid was almost entirely lost.
23. Eyelids half closed with apparent inability to move them.—Pupils dilated, but corresponding to the different degrees of light ; afterwards widely dilated.
24. Blind.
25. Eyes fixed and inability to raise the eyelids (after 5 hours).—Pupils expanded and insensitive to light (after 5 hours).—Dimness of vis.on.
26. Eyelids partially closed and motionless.—Pupils moderately dilated.—Objects appeared double ; by degrees she grew completely blind.
27. Became perfectly blind, eyes set, etc.
28. Pupils dilated, not responding to the light, and could be touched without producing any contraction of the lids (after 3 hours).
29. Drooping of the lids.—No spasmodic movements except the eyeballs, which kept up a continual twitching motion while the effects of the medicine lasted.
34. Dilated pupils.—He said, "I cannot see you ;" but his eyes were wide open, with dilated pupils (after 10 minutes).

[8, 13, 16, 18, 20, 30-33.—no symptoms.]

FACE.

1. Complexion yellow, also the eyes.
4. Face flushed and hot to touch (after 2d dose, 5th day).
5. Yellow color of the face.
6. Lips dry and heated, at 11.30 P. M. (7th day).
7. Countenance miserable, sunk, grayish-yellow, with dull, ducky eyes (2d day).—Whenever she was roused from her sleepiness, she felt burning in the zygomatic region and eyes (afternoon) (7th day).—Burning at the left zygoma and in both eyes, more in the left one (5th day), with red swelling of the zygoma, a little before 2 P. M. (6th day).—Burning in the left zygoma with swelling, and in both eyes. more in the left ; later, also in the right zygoma, at 1 P. M. (7th day).—Burning in the left zygoma, then in the right, drawing down to a gland at the anterior right side of the neck, where it swells, and pains as if an ulcer were forming, in the afternoon (8th day).—Pale lips in the forenoon (11th day).
11. The muscles of the face seem to contract, especially the orbicularis oris, somewhat impeding breathing.—Numbness of the face.
13. Heavy besotted expression of the face.—Sensation of stiffness in the muscles of the jaw.

23. Face somewhat congested.—Lower jaw drooping.
26. Countenance of livid paleness.—Lower jaw drooping, leaving the mouth wide open.
27. His lower jaw began *wagging* sideways; he had no control over it.
28. Lower jaw drooping (after 3 hours).
29. Looked strange, staggered, and fell (after ½ an hour).

[2, 3, 8–10, 12, 14–22, 24, 25, 30–34.—no symptoms.]

MOUTH.

1. Pain in the last back tooth on the right side up towards the temple (1st day).—Tongue coated yellow (1st day).
2. Yellowish-white fur on tongue.
5. Clammy, feverish feeling and taste.—Mawkish taste in the mouth.
6. All the latter part of the day, bad, foul, spoiled taste and breath, with a frequent need to rinse the mouth or spit (7th day).—Several times during the day he found the saliva colored yellowish, as if by blood (7th day).—Light, whitish coating on the tongue (7th day).
7. Stinging and burning in the left lower hollow back tooth (otherwise her teeth are good of the ivory variety) through the lower jaw, as far as the left ear and left zygoma, at 6 P. M.; relieved by Chamom, ⅀ in watery solution (12th day).—Burning upon the tongue immediately, which after a few minutes went over the whole mouth and throat, feeling hot like an oven, and thence through the æsophagus into the stomach and abdomen, when the same burning pain passed around in all the intestines simultaneously with the descent of the burning pain into the æsophagus, burning in the chest came on, followed soon by a stitch in the anterior left lower side of the chest, going through the chest into the left shoulder-blade, and accompanied by weakness and a fluttering and beating of the heart, irregular as to quantity and quality; these symptoms lasted about three hours (1st day).
9. Slight dryness in the mouth and throat, with disposition to swallow frequently; the dryness is like that produced by eating salt bacon, but no bacon has been eaten to-day.
10. Ineffectual efforts to articulate.
11. Thickly coated tongue.—Yellowish-white coating of the tongue, with fetid breath.—Numbness of the tongue.—Astringent sensation in the mouth.—Dryness of the mouth.—Mawkish taste in the mouth.—Bitter taste.
15. Slimy, disagreeable, bitter taste in the mouth.
16. I so lost the use of my tongue that I was unable to utter an intelligent expression, and my tongue felt like some foreign body clogging my mouth.
21. Inability to speak or move.
22. Speech somewhat affected.
23. His tongue, to use his own expression, was so thick he could hardly speak.
26. After the return of consciousness, intelligent speech was at first only possible when the jaws were supported. The tongue was stiff and the voice thick and guttural.
27. His tongue felt very thick; he could not articulate.
30. Tongue red, inflamed in the middle.—During the fits, sanguineous brown mucus ran out of her mouth.
34. Peculiar sense of constriction at base of tongue (20 minutes after 3d dose).

[3, 4, 8, 12–14, 17–20, 24, 25, 28, 29, 31–33.—no symptoms.]

THROAT.

1. Pains in the neck, which confine themselves to the upper part of the sterno-cleido-mastoideous directly back of the parotid gland (1st day).
6. While sitting at studies, a rising of tasteless, semi-solid matters in the æsophagus, with flatus and a sense of something lodged therein, slightly painful, at 12.30 (1 hour after 9 drops, 5th night).

9. Sore feeling during deglutition, about the root of the tongue and larynx, with accumulation of mucus in the upper part of the trachea, causing frequent clearing of the throat.
11. Painful dryness of fauces.
20. Owing to paralysis of the muscles of the throat, the patient could not swallow when the physician was called.
27. Tried to swallow, but could not.
30. Hawking up of bloody matter.—The burning at times seemed intolerable, and swallowing was painful.—Dryness and burning in the throat.—Violent burning in the gullet from the mouth quite down to the stomach.—Spasmodic sensations and cramp-like pains in the gullet.

[2–5, 7, 8, 10, 12–19, 21–26, 28, 29, 31–34.—no symptoms.]

APPETITE.

5. Great hunger (1 case).—Thirst during the sweat.—Eructations.—Nausea.—More or less nausea, with headache.—Hiccough.
6. After a moderate meal, experienced a sudden satiety (9th day.)—Eructations of wind and bland fluid, at 11.30 P. M. (1st day.)—At noon, slight heartburn and pain at the cardia whilst riding.
7. Want of appetite in the afternoon (7th day.)
11. Alternate increase and loss of appetite.—Sour eructations.—Slight nausea.
17. Considerable nausea (after ½ an hour).
21. Nausea and vomiting.

[1–4, 8–10, 12–16, 18–20, 22–34.—no symptoms.]

STOMACH.

2. A sensation as if something wanting in the epigastric region (3d day).
4. Seized with violent, cramp-like pains in the epigastrium, causing an involuntary cry, lasting but a moment, and then subsiding, leaving a constricted sensation for one hour (3½ hours after 1st dose); followed by a sensation of heat and burning in the stomach (3d day).
5. Feeling of emptiness and weakness of the stomach and bowels.
6. Gastralgia and colic, coincident with the intoxicated feeling, in the afternoon (4th day).—Cardialgia, when driving at 11 A. M. (5th day).—Continued cardialgia, and eructations when sitting in the evening (6th day).—Gastric oppression; had to loosen the waist-band, after which colicky sensation to the left of the navel, as if a stool would shortly follow, at breakfast (2d morning.)
7. Burning in the stomach and abdomen.
9. Pain in the stomach, extending from the pyloric end of it to the axilla and under the scapula, and down the right arm to the external side of the forearm, it terminates about a hand's breadth from the elbow; this passed off after taking biscuit and coffee.
11. Rumbling and dull pains in the epigastrium, relieved by expulsion of flatus.
25. Pain in the stomach, nausea, and dimness of vision (after 2 hours). These symptoms were soon succeeded by ineffectual efforts to vomit, great restlessness, and free perspiration over the body.

[1, 3, 8, 10, 12–24, 26–34.—no symptoms.]

ABDOMEN.

1. Rumbling and rattling in the abdomen, with emission of flatus above and below (1st day).—Pain in the left iliac region.
2. Slight pains in the left hypochondriac region (3d day).—Dull aching in the umbilical region, which lasted till I got up (7th morning).—Palpitation of the abdominal muscles about 3 minutes (10th day).—Pain in the bowels towards morning (3d night).—Dull pain in the bowels, which became very severe towards morning (1st night).
3. Heaviness and feeling of weight in the bowels.

4. Pulsative pains in left hypochondrium, continuing for 1 hour, at 3.30 P. M. (4th day).
5. Frequent, sharp, drawing pain through the left hypochondriac region.—Rumbling in the region of the umbilicus.—Slight pain in the transverse colon, with yellow color of the skin of the face.—Gnawing pain in the region of the transverse colon all the afternoon.—After experiencing chills, headache, feverish and prolonged sweating, 17 hours after taking the drug awakened by severe moving pains in the lower abdomen, soon followed by a very large but natural stool, without relief of the pains, and soon after a deeply bilious discharge, with instant relief of the pain; 9 hours afterwards another bilious evacuation without pain.—Slight pain in the left iliac region.
6. Colicky pains below the navel, extending down to the testes, caused by flatus, and relieved by its expulsion in the evening (4th day).—Evacuation of flatus both ways frequently (1st day).—Colic in the evening (9th day).—Slight colicky feeling as if the bowels would be moved at 11.30 P. M. (1st day). Movement of flatus in the lower bowels at 11.30 P. M. (1st day).
7. Burning in the abdomen, the pain going round in the intestines towards 12 o'clock (2d day).
9. Sharp stitches around the umbilicus.—Two little painful spots on the right side of the umbilicus, extending down into the bowels; the pain is increased by pressure.—Weak, nauseated feeling in the bowels.—Slight griping pains through the abdomen, mostly in the umbilical region, after supper.—One of the right inguinal glands became swollen and tender to touch.
10. Tenderness of the abdominal parietes.
11. Dull pains in the abdomen.—Sharp pains in the bowels, with stools of a light creamy color and pappy consistence.—Sleep disturbed by lancinating pain in the abdomen, relieved by copious discharge of flatus.

[8, 12–34.—no symptoms.]

URINARY.

2. Urine much increased in quantity (1st night).
5. Frequent micturition; wants to urinate every half hour.—Urine increased in quantity, clear and watery.
6. Painless redness about the orifice of the urethra (8th day).
9. A feeling as if something remained behind when urinating; the stream stops and commences again.
10. In nearly every instance the profuse emission of watery urine was accompanied by transient chilliness, tremulousness, and an evident alleviation of heaviness of the head, dullness of mind and dimness of sight.
11. Agreeable sensation during micturition throughout the course of the urethra.—Frequent emission of clear, limpid urine, with seeming relief to the dullness and heaviness of the head.—Urine at times clear and limpid; at times milky and turbid.

[1, 3, 4, 7, 8, 12–34.—no symptoms.]

RESPIRATORY ORGANS.

5. Voice seems weak.—Paroxysms of hoarseness, with dryness of the throat.
7. Heavy breathing (in the morning) (8th day); (in the afternoon) (7th day).
9. When eating, the food drops into the trachea, causing strangling.—Cough, hacking, with a feeling as if a drop of liquid had entered the wind-pipe, with frequent clearing of the throat.—Breathing slow and superficial, with now and then a deep inhalation.
10. Paralysis of the glottis, with difficulty of swallowing.—Burning in the larynx and down into the chest, under the sternum.—Voice thick, as if the tongue were too large.—Cough, from tickling and dry roughness of the fauces.—Slow breathing, with rapid pulse (primary).—Breathing unnaturally slow.—Respiration almost imperceptible.—Sighing respiration.—Respirations of a sighing, catching character.—Offensive breath, slow breathing and slow pulse (primary), followed by rapid breathing and quick, weak pulse (secondary).—Heavy and labored respirations.—Sudden sensation of suffocation, as in hysteria.

11. Fetid breath.
23. Respirations somewhat diminished in number; afterwards breathing spasmodic.
25. Irregular breathing and slow respiration.
26. Breathing stertorous and very imperfect.
27. Inability to expectorate.
28. Respiration gasping, 3 or 4 per minute (after 3 hours).—He complained of choking (after half an hour), and soon rose struggling for breath, pushing his fingers into his throat, as if trying to tear it open.
29. Breathing slow, sighing and at times sobbing.
34. Peculiar slowness of respiration, 7 to the minute (55 minutes after 3d dose).

[1–4, 6, 8, 12–22, 24, 30–33.—no symptoms.]

CHEST.

1. Short, paroxysmal pain in the superior part of the right lung on taking a long breath; it sticks from above downward; this pain is one of the prominent symptoms (1st day).—Periodical pains in the pectoral muscles (3d day).
4. At 2 P.M., when lying down, pain under the floating ribs of the left side, suddenly, as if thrust with a sharp instrument; in an instant the pain disappeared, but appeared as suddenly in the left temple, causing an involuntary contraction of the brow (4th day).
5. Stitches in the chest.—Shuddering pain in the right breast.—Constrictive pain round the lower part of the chest.
6. Pain behind the fifth rib to the left of the sternum, from flatus, relieved by eructation (3d night).
7. Burning like fire at the very spot where she lately had the stitch in the left lower anterior side of the chest, as large as a dollar, and painful to the touch, like an ulcer, and from the pressure of even a loose dress, with fullness at 8 A.M., lasting 5 minutes and repeated 4 times (5th day).—Stinging in the left lower anterior side of the chest, through to the left shoulder-blade, and irregular beating of the heart on sitting quiet, and worse than yesterday (3d day).—Stinging through the left lower side of the chest into the left shoulder-blade, also more severe than yesterday; at the same time irregular beating of the heart, with dyspnœa, worse than yesterday (2d day).—Heaviness upon the chest in the afternoon (7th day).—Burning in the chest.—Burning in the chest, with fullness, sighing and anxiousness, going into the pit of the stomach and radiating all over the whole abdomen like a tree, the stem of which is in the pit of the stomach, and the branches of which burn asunder towards the abdomen; this burning is different in kind from the one observed on the first day; it is, to her feel, not in the intestines, but in the parts covering them, at 12 M. 5th day).—Burning under the lower part of the sternum, with heaviness of the chest, drawing towards the place of the stitch in the left lower anterior side of the chest, which also now is repeated, and pain like ulceration, tender to touch; as soon as the burning went over to the left side, the chest felt easier, in the afternoon (8th day).—Stitch in the anterior lower left side of the chest, in the afternoon (10th day).
8. Great weakness in the chest on speaking (2d day).
9. Cramp in the right side of the region of the last short ribs.—A dull, full aching, extending from the ensiform cartilage along under the free ends of the right short ribs to the lumbar region, as if the liver were congested; the worst pain is about a hand's breadth from the lower end of the sternum.
10. A sensation of soreness in the chest when coughing.

[2, 3, 11–34.—no symptoms.]

HEART AND PULSE.

4. Pulse continued accelerated (after 2d dose, 3d day).
5. Stitching sensation in the region of the heart.—All the afternoon pulse very small and quick.—Pulse very uniformly depressed, and rendered less frequent by 10 to 20 beats per minute, within the last 5 or 10 minutes, if the

subject remains quiet, but subject to great variations from exercise; in one case the pulse increases from 60 to 70 in the first 5 minutes, but in the next trial it was diminished 10 beats in 5 minutes.—Pulse soon becomes very feeble in many cases; sometimes scarcely perceptible, with chilliness, cold feet, heat and pain of head, etc.

6. Pulse, when sitting, 76 at 11 A. M. (3d day).—Pulse 72 in the evening (6th day).—After writing awhile pulse 64 to 68 at 11.30 P. M. (7th day).—On lying down, pulse 54 to 60; when sitting up, 64 to 68, in the afternoon; when sitting, 72, and always full and strong, as usual, in the evening (3d day).
7. Shocks at the heart, with heavy breathing at 12 M. (10th day).—At every exertion, shocks at the heart, throbbing of the pulse through the whole body, tremulousness, weakness and sweat, in the forenoon (11th day).—Irregular beating of the heart from 12 M. till 5 P. M. (8th day).—Beating of the heart irregular as to quantity and quality.—Irregular beating of the heart, less violent than before (during the shaking, trembling of the body), in the afternoon (5th day).—Palpitation of the heart, in the afternoon (8th day).—Pulse 65 in the forenoon (11th day).—Pulse 53, small and weak, at 12.30 P. M. (5th day).—Irregular pulse in the afternoon (10th day).—Pulse 58, weak, wiry, unequal: irregular double action at the heart, with intermittent pulse, shaking of the heart, etc., at 12 M. (9th day).—Pulse 60, hardish, intermittent, etc., at 12 M. (8th day).
9. Pulse slow and weak.
10. Within a few minutes (sometimes within 2 or 3), a marked depression of the pulse, which becomes 10, 15 or 20 beats less in a minute if quiet, greatly disturbed by movement.
13. Pulse slow and full or slow and soft.—Fluttering pulse.—Pulse full, 120.—Pulse frequently soft, weak, so feeble as to be sometimes imperceptible.
15. Directly after the reaction has followed the chill, the pulse rises as far above the normal state as it had been previously below it.—Within a few minutes, (sometimes 2 or 3) a marked depression of the pulse is observed, with a diminution of 10, 15 or 20 beats per minute, but this only in a state of rest; when moving it is variable.
19. Pulse regular and full.
21. Weak pulse.
23. Pulse small and feeble; afterwards almost imperceptible.
25. Pulse feeble, irregular, and sometimes intermittent (after 5 hours).
27. Some depression of the pulse.
28. Pulse rapid and feeble (after 3 hours).
29. Pulse very rapid, small and weak.
34. Increase of arterial tension, and after a while impairment of heart's action (*vide* Allen), etc.

[1–3, 8, 11, 12, 14, 16–18, 20, 22, 24, 26, 30–33.—no symptoms.]

NECK AND BACK.

2. After breakfast, sharp shooting pain from the right shoulder to the dorsal vertebræ 7th day).—Dull pain in the lower lumbar and sacral region (10th day).—Dull pain in the sacral and lower lumbar region (1st night).—Dull, aching pain in the sacral and lumbar regions, which came on about 3 A. M. (3d day).
4. Aching and soreness of the muscles of the neck and shoulders continued for four days (after 8 days).—Soreness of the trapezius muscles on moving (8th day).—Aching in the loins (8th day).
5. Pain in the back, as in the cold stage of ague (many cases).
6. Rheumatic pain in left side of neck on lying down, soon passing off (1 hour after 15 drops, 6th day).—Aching on the left anterior part of the trapezius muscle (in the neck) when leaving a warm room (8th day).—Contractive sensation in the right side of the neck, at 5 P. M. (7th day).—At supper-time, going into a warm room, aching in sacro-iliac and lumbar regions and

lower part of left thigh, languor and thirst, as when a fever is commencing ; felt the pains more when eating (9th day).

15. Feeling of weakness in the back and limbs, with sleepiness.

[1, 3, 7-14, 16-34.—no symptoms.]

SUPERIOR EXTREMITIES.

1. Spasmodic pains extending from the inner condyle of the right arm to the axilla (3d day).—Pain in the flexor muscles of the right forearm (1st day). —Pain in the little and fourth fingers (1st day).

2. Dull pains in the muscles of the right arm and shoulder, and some of the time in the left arm and lower extremities (12th day).—At 7.30 P. M. violent aching in the left elbow (13th day).—At 9 P. M. pain in the right wrist of a dull kind, with great weakness of the same (14th day) ; the pain less severe, but still it is still quite weak (15th day).—At 6 P. M. sharp pain in the right wrist (13th day).—Early in the morning sharp shooting pains in the joint of the last phalanx of the right thumb (12th day).

4. Sensation as if a galvanic current were passing through the forearms at 6 P. M., continuing for half an hour (8th day).

6. After writing for a few minutes, crampy pain in the bend of the right elbow while walking (9th day).—At 3 P. M. in a draughty church, felt a drawing and aching about the left elbow, for quarter of an hour (4th day).

9. Drawing stitches in the dorsum of the right hand, running down into the middle and ring fingers.

22. The flexor muscles of the hands and arms were paralyzed, while the extensors were nearly so.—Sensation in hands and arms blunted, but not in proportion to the loss of motion.

[3, 5, 7, 8, 10-21, 23-34.—no symptoms.]

INFERIOR EXTREMITIES.

1. Paroxysmal pain in the left lower extremities (1st day).—Pain in the left hip, only in the joint ; it at times extends to the outside of the thigh ; it is a sharp, drawing pain, much worse in movement (1st day).—Violent shooting pain in the leg in paroxysms, every one is more violent, midway between the knee and ankle (1st day).—Pain in the left ankle, with spasmodic contraction of the toes and drawing pains in them (1st day).

2. Dull pain in the lower extremities.—At 7 P. M. dull pain in the left thigh and under the left scapula (13th day).—At 3 P. M. sharp, shooting pain in the right calf (13th day).

3. During and after a walk, it seems as if the limbs could not be moved another step.—During the headache, excessive drawing, contracting, and crampy pains in the lower extremities extending from the thighs to the toes; the pains appear to proceed from the bones as well as the muscles.—When the pains are felt above the knee, they are not felt below, and vice versa.—Excessive drawing and contracting pains in the gastrocnemius muscle of the left leg, which do not go off in a sitting posture as all the other pains in the limbs; no position relieves it.—Excessive crampy pains in the whole of the right foot.

4. Gait staggering and very infirm (1 hour after 1st dose, 3d day).

5. Pain in the lower limbs.—Pain under the right knee when walking.

6. Transient crampy pain in the inner part of the thigh when walking (6th day). —Aching of the left rectus femoris muscle and drawing in the right calf at 11.30 P. M. (1st day).—When walking, a feeling in the knee-joint as if the relation of the bones were deranged, and they did not fit, as in a partial luxation (7th day).—Rheumatic pains in the right knee on walking, soon passing off (1 hour after 15 drops, 6th day).—Sudden catch or twist on the inside of the patella, when sitting down to breakfast (11th day).

8. Drawing pain in the lower third of the left thigh.

9. Drawing pain in the left hamstring, extending across the joint to the origin of the gastrocnemius.—Sharp stitches of pain, as of drawing or cramping of single fasciculi of muscle about the origin of the gluteus maximus, on the

left side; the stitches were in the direction of the hip-joint.—Continual jerking from the right sartorius muscle about the middle of the thigh.—Slight jerking in the vastus externus muscle of the right thigh near the knee.—Slight jerking about the middle of the rectus muscle of the right thigh.—A slight, sharp crampy pain in the left gastrocemius, about the largest part of the muscle.—Cramp in the instep of the right foot.

11. Fatigue of the lower limbs, after slight exercise.—Loss of voluntary motion of the lower extremities.—Soreness of the gastrocemii muscles, as if they had been beaten.

28. He staggered, reeling from one room to another, as in intoxication (after half an hour).

29. He tried to walk, but staggered as if drunk.

32. Staggering like one intoxicated.

[7, 10, 12-27, 30, 31, 33, 34.—no symptoms.]

SKIN.

5. Papulous eruption, color of measles, most on face, etc. (Allen), painless.

6. Pimples on neck, etc. (Allen).—Itching about the elbows and forearms at 11.30 P. M. (1st day).—Intense but transient itching of small points of the face and at the edge of the hair, on the forehead, right side, and elsewhere in the scalp, at 11.30 P. M. (1st day).

7. Yellowness of the skin in the forenoon (11th day).—Pale, yellow color of the face and of the whole body in the afternoon (8th day).—Sudden stinging in the skin over the whole body, as if an eruption would break out, with greenish-yellow color of the skin, then burning, then itching, with profuse sweat, at 4 P. M. (11th day).

12. Eruption of vesico-pustules, painless, but having no other analogy to measles, appeared on the inside of thighs

13. Erythema of face and neck.—Papulous eruption on the face, very nearly resembling measles.

[1-4, 8-11, 14-34.—no symptoms.]

SLEEP.

2. Very restless night (1st night).—Very restless during the night, especially toward morning (43d night).—Had a very restless night, with unpleasant dreams after midnight (1st night).—During the night, much annoyed with unpleasant dreams (1st night after 6 drops).

3. Very little inclination to go to sleep, and when it does come on, he dreams much about business, etc.

5. Disposition to yawn, a sort of stupor; cannot keep the eyes open; is obliged to lie down and sleep.—Sleepiness and long and sound sleep.

6. Early sleep after supper (7th day).—Sound sleep until 7 A. M.; difficult, weary waking (2d morning).—Wakeful till 1 in the morning, with desire to study; sound sleep the last half of the night, and weary waking (3d night).—Dreamy sleep and early waking (9th night).

7. Sleepiness, like a lethargy, came on after 2 P. M., lasting all the afternoon and evening (7th day).—Sleeplessness the whole night (6th night).—Dreams of working and of many people (1st, 2d and 3d nights).—Many dreams of hard work (7th night).

8. Could not get asleep for a long time; on falling asleep, a sort of nightmare, etc. (*vide* Allen).

9. Drowsiness in the forenoon.

11. Drowsiness, with dimness of vision; a kind of drunken stupor.

12. At first it seemed to cause drowsiness, afterwards aggravated the habitual sleeplessness.

24. Inclined to sleep, with deep respiration and numbness of the whole body.

34. Slightly drowsy (half an hour after 1st dose); increasing (40 minutes after 3d dose).

[1, 4, 10, 13-23, 25-33.—no symptoms.]

CHILL AND FEVER.

1. Chilly sensations over the entire body.
2. Very chilly at 9 A. M. (6th day).—Feels very chilly all day, especially in the morning (2d day).—Chill after breakfast (5th day).—Slight chills during the day (4th day).
4. Feverish heat in the face (8th day).
5. Febrile chilliness, with cold extremities and heat of the head and face, with headache.—Every symptom of ague, "would have thought he had the ague."—Feels aguish, with pain on and between the bones of the calf of the left leg ; not able to go downstairs without holding to something.—Coldness of the extremities, especially the feet often severe.—Feet feel as if in cold water (early stage) generally with heat of the head and face, and headache. —After one to several hours, chilliness subsides, generally heat supervenes, mostly about the head and face, with full pulse, 80 to 100.—In most cases, perspiration follows the febrile re-action, and continues from a few minutes to several hours.
6. Whilst reading exciting news, a transient chilliness on the upper half of the body, especially in the back and nape of the neck, at 3 P. M. (5th day).—Some heat and dryness of the hands, at 10 A. M. (3d day).—Hands, especially the palms, hot and dry, in the afternoon (3d day).—Walking or other movement easily induced perspiration (1st day).—Palms dry and heated, at 11.30 P. M. (7th day).
7. Little chilliness, then some heat, then cold sweat, but less than before, all without thirst, between 2 and 4 P. M. (6th day).—Chill.—Chill, then cold sweat more than yesterday, but not as much as before, in the afternoon, lasting till 5 P. M. (7th day).—Chill, then weakness like fainting, then profuse cold sweat, after 2 P. M. (10th day).—While usually in sickness she has cold feet, they are now constantly warm, in the afternoon (8th day).—A little cold sweat, chill, with hot running in the legs and burning of the soles of the feet like fire, without thirst, at 3 P. M. (5th day).—A tremor and a chill, which all of a sudden and urgently forced out a general cold sweat, so that the drops were seen standing on the arms quite densely (after 4½ hours).—Warmth over the whole body, as if sweat would break out, then chilly down the back, in afternoon (5th day).—Feverish, in afternoon (11th day).—Much sweat, with external coldness of the whole body in the afternoon (8th day).—During the stinging in the left breast, and after the chilly tremor, a profuse cold sweat broke out, more profuse than yesterday (2d day).—A profuse cold sweat broke out suddenly (after the pain in the forehead), so that she was wet all over, still more than the day before, and lasting until 6 P. M. (3d day).
10. Transient chilliness (accompanying profuse urination).
11. Chilliness and chills running up the back from the loins to the nape of the neck.
15. Chilliness, especially along the spine.—Directly after the chill comes a flying heat and pricking in the skin, rapidly followed by profuse perspiration, which at times is profuse, and lasting even from 12 to 24 hours.
19. Feet and hands cold.
21. Cold on the surface.
23. Surface cold and congested.
25. Extremities cold (after 5 hours).—Free perspiration over the body.—Skin dry (after 5 hours).
28. Extremities rather cold (after 3 hours).—Skin moist (after 3 hours).
29. Extremities cold.

[3, 8, 9, 12–14, 16–18, 20, 22, 24, 26, 27, 30–34.—no symptoms.]

GENERALITIES.

1. Complete prostration of the system, with emaciation.

2. General restlessness, with chill after breakfast (5th day).—Dull pains of a shifting character all day (13th day).—At 10 A. M. I went to the Penn Hospital, where I saw a number of severe wounds; I am not usually affected much by the sight of wounds, but to-day that or something else caused very unpleasant sensations; I became very weak, and my friend remarked that I was very pale, accompanied with nausea and trembling of the lower extremities; these continued some ten minutes, but disappeared in the open air (6th day).
3. Became tired and greatly exhausted very easily.
4. General fatigue (8th day).—Erratic pains of a rheumatic character (7th day).
5. Listless and languid.—Great lassitude.—Easily fatigued, especially the lower limbs.—Weakness and trembling through the whole system.—Feeling of lightness of the body and sense of instability of the whole system.—Feeling of danger of stumbling or falling.—One feels as though he had had a "fit of sickness."—General feeling of illness, as in fever.—Fugitive or fixed pains here and there.—Succession of acute, sudden darting pains (etc., *vide* Allen).
6. Mental and bodily inactivity during the afternoon (9th day).—When reclining, some languor and drowsiness (just before a heavy shower) (3d day).—Languor and drowsiness on reclining for the purpose of study; slept an hour, and when aroused felt at first unwilling to move; less languor after stirring around awhile in the afternoon (3d day).—General vigorous feeling at 8 A. M.
7. Trembling and weakness in the afternoon (7th day).—Trembling, with chill in the whole body, at noon (3d day).—Shaking, trembling in the whole body, and whimpering (tingling) in the legs, as if asleep, in the afternoon (5th day).—Weakness at 12.30 P. M (5th day).—Very weak, as if after severe sickness, in the afternoon (11th day).—Running in all "nerves," especially in the fingers, and a sensation of jumping, as from ant bites, in the finger ends; on looking at them she found the nail blue half-way up from the root, at noon (3d day).—Feels as if she had risen from a severe sick bed in the forenoon (11th day).—Weakness and a fluttering.
9. Feeling of relaxation of the whole body, especially of the hands and feet, with indisposition to move.—Languid feeling of the whole body, especially of the hands and feet.
10. Tremulousness (accompanying profuse urination).
11. Paralytic symptoms made themselves manifest through the muscular system, first experienced in the knee, and then in the inferior tibial region, increasing unto falling.
12. The effects were dissipated within a few hours.
13. Sensation as though the blood had ceased to circulate.
17. Inclination to lie down after three-quarters of an hour.
18. Complete loss of muscular power; was unable to move the limbs or even to raise the eyelids, although he could hear and was cognizant of all transpiring around him.
19. Sensation as though the blood had ceased to circulate.
21. Great feebleness.
23. He was lying on the left side.
24. Weak and dizzy (2d morning).
25. Great prostration, with irregular breathing and slow respiration (after 5 hours).—Great restlessness.
26. Great prostration and muscular weakness, particularly of the elevators of the lower jaw and eyelids, and the muscles of the arm.
28. Muscles relaxed (after 3 hours).
29. Complete relaxation of the whole muscular system, with entire motor paralysis.—Listless and languid.

[8, 14–16, 20, 22, 27, 30–34—no symptoms.]

SUMMARY OF SYMPTOMS FOUND IN EIGHT PER CENT.—THAT IS, THREE OR MORE—OF THE THIRTY-FOUR PROVERS OF GELSEMIUM, AS IN ALLEN'S ENCYCLOPÆDIA:

Mind—Depression in..... 5
Unconsciousness..... 4
Inability to concentrate..... 4
Dullness..... 3
Confusion..... 3
Cheerfulness (or mirthfulness)... 3

Head—Heavy..... 9
Dull pain..... 9
Dizzy..... 7
Feels full..... 7
Violent pain..... 6
Pain in forehead..... 6
Heavy..... 4
Pain with confused sight..... 3

Eyes—Pupils dilated..... 8
Eyelids closed or drooping..... 7
Blind, or nearly so..... 7
Vision confused (dim)..... 7
Pain..... 4
Diplopia..... 3
Lachrymation..... 3

Face—Lower jaw drooping..... 4
Yellowish color..... 3
Flushed, congested..... 3

Mouth—
Tongue paralyzed or partly, affecting speech..... 7
Taste affected..... 4
Tongue..... 3

Appetite—Nausea..... 4
Eructations..... 3

Stomach—Pain..... 5

Abdomen—Pain..... 8
Pain, left side..... 4
Flatus..... 4
Pain near umbilicus..... 3
Pain colicky..... 3

Urinary Organs—Urine increased..... 4

Respiratory Organs—Respiration slow. 7
Respiration heavy..... 3

Chest—
Pain (various kinds and situations) 7

Heart and Pulse—Pulse weak..... 9
Pulse slow..... 6
Pulse quick..... 5
Pulse variable on motion..... 3

Neck and Back—Aching (lumbar)..... 3
Aching (neck and shoulders)..... 3

Superior extremities—
Pain in right arm..... 3

Inferior extremities—Pain..... 8
Pain, left side..... 6
Pain, right side..... 5
Pain, crampy..... 4
Staggering gait..... 4
Pain, drawing..... 3
Pain in gastrocnemius..... 3

Generalities—Weakness..... 6
Trembling..... 4
Languor..... 4
Motor paralysis (paresis, 2)..... 4
Prostration..... 3
Muscular relaxation..... 3

Skin—Eruption, papulous, etc..... 4

Sleep and Dreams—Drowsiness..... 7
Sleeplessness..... 3

Fever, Chilliness—Chilliness.....14
Heat, various regions..... 7
Sweat..... 6
Chilliness of extremities..... 5
Chilliness of back..... 4

Total symptoms.....82

In addition to the above, there are some twenty symptoms common to only *two* provers.

Taking the rule of twenty-five per cent., as has been suggested, we have our whole symptomatology of this drug reduced to *four* indications, viz.:

Chilliness	14
Heaviness of head	9
Dullness of head	9
Weak pulse	9

One prover, *No. 7*, had seventy symptoms, No. 1 had twenty-six, while *No. 31* had only one, *No. 14* had two, *No. 16* had three, and *No. 17* had four.

It may be interesting to note that the largest number of symptoms (seventy-two) were in the head, while under the section "Eyes" the greatest number of provers (twenty-five) are found. Symptoms of *some* sort were felt by twenty-five per cent. or more provers in mind, head, eyes, face, mouth, abdomen, respiratory organs, heart and pulse, inferior extremities, generalities, sleep and dreams, fever and chilliness.

In the ears, nose, stool, sexual organs and extremities in general, there were either but two provers or no symptoms alike in two or more provers.

A scientific materia medica might have been long ago attained if the human organism had been a mere chemical laboratory, so that one could be sure of having again and again "certain causes acting under like conditions" and hence equally sure of their "producing the same effect." As it is, we have only an approximation to like conditions, never being positive that there is not an unknown and most important factor in the problem, and frequently quite sure that there *is* such.

Medicine is by no means an exact science, and we shall not be able to *make* it exact by any system of charts for testing and analyzing provings of drugs. Nevertheless, some such plan may, by reducing our now unwieldy materia medica and symptomatology, bring many more remedies into use and somewhat strengthen our reason for using the most common.

The chief objection to the chart plan is, the great expenditure of time and trouble to no purpose, in pasting, laying out the chart, and copying very many symptoms that are found in but one prover. In gelsemium, for example, prover *No. 7* reports seventy symptoms, and there are seventy-one under *No. 5*, which is, however, the record of over nitty persons, as given in Allen's Encyclopædia. As we have seen that there are but sixty-one symptoms common to three or more

provers, and it is scarcely possible that No. 7 should have them *all*, it follows that much of the copying under No. 7 is of no sort of use for the summary.

Another objection is, that the paucity of symptoms in some provers demands just as much room on the chart as the long record of more susceptible or more fanciful persons, and thus the size is greatly increased and the chart becomes practically unmanageable. My own experience in making the summary convinced me that by far the best way was simply to lay before me the different copied slips of each caption, not necessarily in the order of the numbers, read them over carefully several times and write down the number of times a symptom was repeated. This could have been just as well done and with great saving of time and labor by reading the collected provings of the drug in the encyclopædia and copying for the summary only those symptoms that were repeated once or more. Here all the matter, as arranged between the *horizontal* lines of the chart is found; the provers' records as such, appear between the *vertical* lines of the chart.

The summary is the objective point, and the sooner this can be reached the better, for it means more work accomplished. In one respect the chart is actually misleading as an object-lesson, for it makes conspicuous the *longest* records, some of them being undoubtedly of little or no value, while the shorter, and possibly more trustworthy, such as "blindness," "total blindness," than which no symptom could be more pronounced, can scarcely be noticed.

In summarizing, the meaning of words ought to be decided, and not seldom this is far from easy. In the drug now under consideration—gelsemium—does dullness of *head* mean dullness of *mind*? Are weakness, fatigue, languor, prostration, indisposition to move synonymous? Should one differentiate between weakness dimness and confusion of sight? Is "head feels too narrow" the same as "head feels too full?"

In conclusion, it seems to me that the results to be gained from the charts should be reached, and could be reached by some better method.

PRELIMINARY INVESTIGATIONS IN RELATION TO THE SO-CALLED AMYGDALITIS LACUNARIS*

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THE animus which prompts the presentation of the subjoined case-histories finds its explanation in my desire to place on record certain peculiar disease-phases which appear to be worthy of consideration; 1st. Because they differ so markedly from the symptoms commonly noted in cases of the so-called follicular amygdalitis; 2d. Because the much-mooted question, relating to the presence of a *contagium vivum*, is brought to the front; and 3d. For the reason that the possible (I am not prepared to say probable), relationship between the disease and true diphtheria demands our serious attention.

Whether or no circumstances will admit of our devoting adequate time to the study of these three *desiderata* remains to be seen. Should the sequel prove it to be impossible for me to cover the entire field laid out, I shall, at least, have the satisfaction afforded by the consciousness that the points have been advanced and that thus an opportunity for fitting discussion has been given the members of this Society.

It has been my good fortune to have had under my professional care between forty and fifty instances of the disease to which the above designation may be applied, whether properly or not, I shall not, at the present time, determine. Quite recently three cases occurred in the same family and presented in a very clear light the many and varied characteristics accompanying the disease; these I shall select as types.

But before we proceed with a minute delineation of the peculiar features manifested, permit me to direct your attention to the fact, which will be developed further on, that I shall not refer in any way, in my brief remarks, to that class of amygdalar lesions commonly observed in what we generally regard as follicular amygdalitis. The symptoms, both objective and subjective, are so widely at variance with those of the simple disease, with which, at certain seasons of the year, and in certain well-defined systemic conditions, every member of this Society is brought into almost daily contact, I have been at a loss regarding a designation which would efficiently apply to them.

That some of the objective appearances are clearly follicular in their essential nature I do not think can be questioned for a moment.

*Read before the Homœopathic Medical Society, Kings County, December 11th, 1888.

But the term "follicular," in the present connection, is confusing, and in a measure misleading; 1st. Because we already recognize one type of amygdalar trouble which is *purely* follicular, and, 2d. Because the designation does not tell the entire story and complete the picture which a disease in its entirety should present. Some years ago Fraenkel described a class of cases which very closely resembled those upon which this paper is based, and to them he gave the name of *Amygdalitis Lacunaris* in consequence of the peculiar implication of the amygdalar lacunæ by the disease. Whatever term we may employ, I think you will agree with me in the opinion that the disease under consideration is essentially different from the common type of follicular amygdalitis and unite with me in the hope that possibly in the near future a nomenclature may be adopted which will be entirely appropriate and satisfactorily illustrative.

Case I.—On December 6th, 1887, Mrs. X., aged 42, was seized with a severe general chill which lasted about one hour, and was followed by febrile disturbance, at the beginning of which the thermometer registered 104° F., pulse 130. The pyrexia continued, with slight remissions, during the four succeeding days. Although no well-pronounced rigor was experienced after the initial one, chilly sensations were complained of from the outset of the attack until its termination. The patient was seen almost immediately after the cessation of the chill and was found to present the following interesting condition:

The face was flushed and slightly mottled, with here and there sharply defined, isolated patches of redness, presenting very much the appearance of erythema. The eyes were suffused, with conjunctivæ deeply injected and pupils dilated, photophobia well marked, lips dry, encrusted and cracked. The patient complained bitterly of the intense agonizing pain in her back and lower extremities. Unfortunately Mrs. X. was afflicted with a highly-strung, so-called nervous temperament, and was abnormally sensitive and excitable when in perfect health. It was accordingly to be expected that she would be restless and apprehensive during the continuance of a fever of rather unusual severity. The pain in the limbs was greatly relieved by change of position. Coupling these two facts you may possibly appreciate, in some slight degree at least, how difficult it was to keep the patient quiet and under perfect control. Rarely have I witnessed restlessness of such intensity or irritability of so pronounced a character.

On examining the pharynx the right tonsil was found to be considerably enlarged, with the whitish, follicular exudate covering its inner and anterior aspects, customarily noted in ordinary follicular amygdalitis. Both anterior and posterior palatal arches on the right side, together with the right half of the uvula, were deeply hyperæmic and slightly œdematous. Pain on deglutition was experienced; it was cutting in character and radiated in the direction of the right

ear. The entire right side of the neck was slightly swollen in consequence of the consecutive enlargement of the cervical glands. These were sensitive to pressure and interfered greatly with the normal mobility of the cervical muscles. In fact all motion was productive of a greater or less degree of suffering and necessitated almost complete muscular rigidity. This feature is emphasized because of the fact, well known to all experienced clinicians, that glandular implication is regarded as one of the differentiating symptoms in the decision between simple amygdalitis and true diphtheria. No reference is here made to the enlargement and sensitiveness of the external aspect of the tonsil which characterize nearly all instances of amygdalar engorgement. The tongue was furred from tip to base and here and there the papillæ were largely developed, reddened and exquisitely sensitive to touch. The entire oral cavity was dry and the patient suffered acutely from thirst. These manifestations were noted on the morning of the first day.

Naturally the question arose as to whether the case were one of follicular amygdalitis, with unusually severe onset, or one of peri-amygdalar inflammation, associated with the frequently observed follicular complication. Many an error in diagnosis and in the resultant prognosis has been made at this stage of the inflammatory process. On more than one occasion has the lesion been diagnosed as follicular, the opinion being based upon the appearance of the amygdalar superficies and the patient informed that all trouble would cease at the expiration of two or three days. The end of this period would be reached and find the patient not only not recovered but very much worse in every particular, with the almost certain prospect of from four to six additional days of intense suffering. To many observers such a mistake might appear impossible. That it is possible and of frequent occurrence might be established with little difficulty if clinicians would be as willing to acknowledge and place on record their mistakes as they are their successes. Whenever œdema occurs in *any one* of the constituent structures of the throat during the early stages of inflammatory processes, my own experience leads me to suspect peri-amygdalar infiltration with subsequent suppuration, in other words, the common quinsy rather than follicular lesions. In any event, as I have already stated, the *possibility* of error renders it obligatory for us all to be exceedingly careful in stating definite opinions in this as in everything else which presents itself to us in the practice of our profession.

In the evening the gross symptoms were found to be the same as those observed in the morning, but those localized in the throat had undergone a marked transformation. The tissue-changes adjacent to the tonsil had naturally become augmented. The exudation over the crypts or lacunæ had extended in all directions so as to form patches of pseudo-membrane of varying diameter. The color of the tissue

between the patches had become nearly purple, while that of the so-called membrane itself was yellow at the centre and white at the periphery.

On the next day, December 7th. the temperature was lower and the pulse less frequent, but the general symptoms had become somewhat aggravated, especially the aching pain in the back and limbs. The pain on deglutition was worse and now extended, in a measure, to the left side The swelling of the right tonsil and its adnexa was increased and the exudate now covered the entire amygdalar surface, dipping down into the lacunæ, and apparently lining them throughout; it had also thrown out a slight prolongation upon the anterior face of the anterior palatal arch. The pharyngeal mucous membrane was deeply injected but presented no evidence of exudation. The left tonsil was somewhat swollen and inflamed but without false membrane upon its surface.

The probe was now called into requisition for purposes of differentiation. The progress of the disease and present aspects excluded the ordinary peri-amygdalar suppuration, which was at first suspected, and decision between diphtheria and amygdalitis follicularis or lacunaris was necessitated. The constitutional symptoms cursorily regarded were certainly far more serious than those customarily noted in simple amygdalar inflammation, and this very severity, coupled with the objective conditions, rendered differentiation at first somewhat difficult.

In diphtheria the febrile disturbance is never, or should never, be looked upon as a factor of importance, some of the most malignant cases occurring with but slight elevation of temperature. In the case in question the temperature was high from the outset and continued so throughout the course of the entire attack. The face of the patient was flushed as has already been noted; in diphtheria the contrary condition obtains in nearly every instance, particularly after the first day. Two winters ago I had under treatment, in one family, five of the severest cases of diphtheria it has ever been my lot to witness. Without the slightest stretch of the imagination they could have been easily classed under the designation of malignant. In every one of these the face was almost livid in its whiteness, from the first day of the attack until the last day of convalescence.

The pulse, while frequent and compressible, was not so much so as one finds it in the more serious disease. It did not impart to the touch that peculiar constrictive or inexpansile feel which almost characterizes diphtheria. Notwithstanding all this there was still an element of doubt which rendered the closest observation needful before arriving at a definite conclusion.

The urine was examined and found to be free from albumin and now the probe demonstrated the fact that the pseudo-membrane could, with little difficulty, be removed from the underlying surface and that the operation was not attended by loss of tissue and hemorrhage was not induced.

In diphtheria I am inclined to regard the foregoing points of prime importance in formulating conclusions. You will recall to mind the facts, 1st. That the membrane is so closely adherent to and so intimately interwoven with the mucous tissue, its removal is always either impossible or is accomplished with great difficulty; 2d. That all attempts at removal are attended by decided loss of tissue, and, 3d. That hemorrhage in greater or less degree is the constant, or nearly so, accompaniment of such attempts.

The exudate was found to be thick, dense and cohesive and on raising it from its bed the small, well-defined punctate spots, seen in follicular amygdalitis, were easily discovered underneath.

On the following day, December 8th, the membrane had appeared upon the left tonsil but in less degree than upon the right. The latter structure evidenced no sign of membrane reproduction. The general symptoms were better and by the evening of the fourth day the patient, although still somewhat prostrated, was in comparatively good health. The throat lesions cleared up and beyond a little sensitiveness on "*empty*" swallowing no inconvenience was experienced.

I have observed so many cases of follicular amygdalitis of the ordinary type that never manifested, even in the slightest degree, the existence of contagiousness, I did not hesitate, when once the true nature of the attack was clearly recognized, to assert my belief that the present case was not contagious. Nevertheless, as is my habit in every instance of the kind, strict precautions were taken against all unnecessary contact with the patient.

It is my opinion, based upon the strongest, the most incontestable conclusions, that any physician who fails in all cases of the nature described, to observe the most rigid precautionary measures against *possible* contagion, is really guilty of neglect of duty. An occasion may occur when carelessness in such observances will be succeeded by most disastrous issues. You may regard this statement as erroneous, unnecessary and not in accord with the conclusions deduced from your own experience. Let it be so. I certainly would prefer having the charge of being too careful leveled at me than that of being too careless, and I shall rest entirely satisfied with the outcome of this evening's experience if the effort in the direction of causing others to regard the subject in a similar light, has been attended with success.

Case II.—Miss Y., aged 11, younger daughter of the patient, whose history has been given, became ill on the evening of December 12th, that is exactly six days subsequent to the beginning of the attack of Case I. The initial symptoms were very much the same in both and the resemblance continued throughout the different stages of the disease. In a few particulars there was a well-defined dissimilarity. In the daughter's case the membrane was even more dense

than that of the mother, the color of the exudate was darker and somewhat greenish ; it was more closely adherent and covered more surface, encroaching in greater degree upon the palatal arches. There were ecchymotic spots under the false membrane which showed a disposition to bleed on attempts at removal of the exudate The tonsil was not swollen to as great an extent as in the former case. Epistaxis occurred twice during the attack and on one occasion. the hemorrhage was alarming. The duration of the seizure was prolonged by the implication of the left tonsil after the membrane upon its fellow had disappeared.

On the morning of the fifth day, December 17th, I was summoned in haste to see the patient and found her in a state simulating collapse. The night before, the throat was free from membrane and beyond a little redness was in good condition. The patient's general symptoms had disappeared and I anticipated no further trouble. Naturally the prostration noted caused much perplexity as well as anxiety, as its causation could not be explained at first. The explanation was forthcoming, however. The bowels had been constipated, and I had recommended the employment of simple enemata. To these the patient objected so strongly, her mother, upon her own responsibility, had administered four of Carter's "*little liver pills.*" The pills induced a sharp attack of intestinal colic attended by profuse catharsis and emesis with resultant prostration, the patient presenting very much the appearance of one in collapse. The face and body superficies were blanched and covered with profuse, cold perspiration; respiration labored and intermitting, and it was with great difficulty that the patient could be induced to answer questions. The heart's action, though weak, was rhythmically normal.

She recovered her strength rapidly, but contrary to explicit directions, she was permitted to leave the house sooner than was expedient or safe, with the result of causing a slight redeposition of the exudate upon the right tonsil. This obtained for one day only, and then disappeared permanently.

Case III.—Miss Z., aged 14, older daughter of Mrs. X., became ill on the evening of December 18th, six days after the beginning of Miss Y.'s attack and twelve days after that of the mother. There were only three points of dissimilarity evidenced during the course of this case, when placed in comparison with the symptoms present in the two already narrated. 1st. The fever was greatly in excess ; the mercury registering 106° ; pulse 140, and was accompanied by considerable delirium of a violent type ; 2d. Only one tonsil was implicated ; 3d. The exudate was of more dense consistency, was markedly greenish and gangrenous in character and was attended by a most offensive fetor which thoroughly permeated the room.

Notwithstanding, convalescence was more rapid and generally satisfactory than in either of the other two. At the end of the third day the exudate had entirely disappeared together with all manifestations of the disease.

A word in relation to the treatment in general and we will pass on to the consideration of a few practical deductions to be derived from our study of the lesions described.

Although the pyrexia was pronounced in all three cases, *aconite* was counter-indicated from beginning to finish. The fever was characteristically asthenic, although in Case III. the delirium referred to usually accompanies sthenic types of disease. Accordingly the remedies most clearly indicated and practically efficient were *baptisia arsenicum* and the *arsenate of quinine.* For the local throat lesions the *mercurials* produced the most satisfactory results and preferably the *protoiodide.* All the tongue indications ascribed to this remedy were present and these, in company with those presented by the amygdalar disease, responded readily and speedily to the exhibition of the drug. On one or two occasions *kali bichromicum* was demanded and prescribed with satisfactory issue.

Regarding amygdalitis lacunaris, as I do, as a local expression of constitutional disturbance, I place little dependence upon topical measures. In the cases under consideration in one instance a gargle consisting of alum powdered, one drachm, sugar powdered, two drachms, in about eight ounces of tepid water, was employed; in the second a gargle consisting of common claret and tepid water, equal parts, was used, and in the third a spray, made up of a twelve volume solution of the peroxide of hydrogen, one part in four of water, completely overcame the fetor, and I am positive was an efficient factor in producing the rapid convalescence which characterized this case.

In all instances of throat disease, of whatever nature, acute or chronic, I believe proper and conscientious attention to the function of digestion to be an absolutely necessary feature of their successful management. The patients are thereby rendered more comfortable, the local disease is materially modified in severity, and convalescence hastened and promoted.

Many additional points that bear directly upon the treatment of these cases might readily be adduced and profitably discussed. They must of necessity be relegated to the discussion, which I sincerely trust may follow the reading of this hurried investigation.

We must now revert to the question at issue.

All three of the patients belong to a family which may be characterized as "pyretic" in idiosyncrasy. During a period of several years, its different members have, from time to time, come under my professional care, and in any and all disease-attacks of which fever is the usual accompaniment, the temperature has invariably been extraordinarily high. This fact may,

in part at least, be responsible for the excessive febrile disturbance in the present instances.

The patients are in affluent circumstances and surrounded by every luxury wealth can afford, consequently poverty cannot be regarded as an etiological factor.

I was impressed, during their illness, by the possibility of the presence of sewer gas. The most thorough investigation, however, failed to elicit any defect in the system of drainage. At the time their attacks occurred cases of simple follicular amygdalitis were unusually numerous, and without exception, the many instances under my own personal observation, were characterized by uncommonly severe manifestations. Concomitant factors, such as these, must of course, play their part in influencing the course of the disease.

We have now unquestionably established the fact that the symptoms presented by the cases cited, must be regarded as differing in degree, at least, from those ordinarily seen in attack of follicular amygdalitis.

Are we prepared to acknowledge the active presence of a *contagium vivum ?* As has already been stated, we do not, under the customary circumstances, regard cases of the so-called follicular amygdalitis as contagious in the true sense of the term. Still, among children especially, it has been my habit, and that of most physicians, I think and hope, to observe conscientiously the necessary precautions against possible infection. This is particularly the case, whenever diphtheria is prevailing, and instances of the follicular disease happen to be developed in families in which diphtheria is present. We can all recall cases with such surroundings beginning as ordinary follicular amygdalitis and eventuating as sharply defined diphtheria Hence, the necessity of care. In the study of the cases under consideration it certainly was a curious fact that subsequent to the development of the first, the second followed after the lapse of six days, and that the same interval of time elapsed between the second and third. The period of incubation, if such really existed, appeared thus to be six days, provided the contagious element obtained and was active. On the other hand, granting the mere existence of a *contagium vivum* it would be natural to suppose that all three of the patients would have been taken ill at about the same time, at all events without the peculiar interval noted.

It certainly would be hardly natural, and in accord with the usual course of events, that the second was exposed to the microbe, or whatever the contagious principal may be termed evolved from the first case, and then subsequent to a period of incubation of six days, de-

velop the disease, and that the third case should follow suit in the same equable manner.

Again in this connection, it was interesting to observe the similarity in subjective and objective manifestations which obtained in all three patients.

It will be impossible to discuss this question with the thoroughness its practical importance demands. I shall have time on this occasion to simply advert to some of the opinions entertained by investigators, with here and there a comment in relation to the conclusions arrived at.

In the New York *Medical Journal* of January 2nd, 1887, Dr. L. Emmet Holt directs attention to an epidemic of exudative amygdalitis occurring in an Institution and reported in the *Practitioner*. Eighty cases in all were observed and their inception was attributed to bad drainage. There were no cases in the neighborhood. Sixty cases occurred during the months of August and September. The symptoms were extremely uniform. An initial high temperature, often as high as 105° F., flushed face and membranous patches upon one or both tonsils. The duration of the pyrexia was from five to seven days. Convalescence was frequently interrupted by a relapse (almost certainly due to reinfection). All the patients recovered. There were no paralytic sequelæ, no loss of reflexes, no albuminuria, and no glandular enlargements. In three cases, rheumatism, with cardiac complications occurred. It was evident that these cases were not diphtheria, but infectious amygdalitis with membranous deposit.

Here we have a picture which simulates in nearly every detail that of the cases upon which this paper is based. In one feature only was there any really well-marked dissimilarity and that was the presence of glandular engorgement in the first instance cited.

In the July 31st, 1886 issue of the *London Lancet*, Dr. R. H. Fox, in discussing the subject of amygdalitis and its relation to scarlatina and diphtheria, advances a new theory concerning these diseases. His remarks apply to "septic" or follicular amygdalitis. He says: It is well known that outbreaks of amygdalitis sometimes occur in connection with insanitary conditions of drainage and water-supply. The disease appears to be infectious. Many cases are difficult to differentiate from scarlatina and diphtheria. They differ from the simple form by having the power of infecting the system generally, and producing the phenomena of a specific disease. The poison probably reaches the system by means of the lymphatic system from the tonsils. In ordinary amygdalitis the poison goes no further than the gland.

In the New York *Medical Journal* of May 8th, 1886, Dr. L. Emmet Holt publishes a paper under the caption of the "Non-Identity of Croupous Tonsilitis with Diphtheria." In this contribution after a very able discussion of the question, he deduces the subjoined data for purposes of differentiation:

Croupous Tonsilitis.	Diphtheria.
1. Invasion abrupt.	1. Much more often it is insidious.
2. Most marked general disturbance during the first two days. No tendency to asthenia.	2. Generally not much general disturbance before the third day, but after that, marked tendency to asthenia.
3. Starts with a temperature of from 103° to 104.5° F.	3. Rarely high in the beginning, 100° or 101° F., gradually rising till the fourth or fifth day.
4. Pulse full and rapid.	4. When rapid it is feeble.
5. Membrane of yellowish color, edges sharpely defined, does not bleed when detached ; superficial, not very adherent ; no tendency to reform after removal, appears early ; does not spread.	5. Color, gray ; sometimes greenish ; shades off gradually on uvula, soft palate and pharynx as well as tonsils ; bleeds readily, even without being detached ; infiltrates the deeper tissues ; adherent, strong tendency to reform after removal ; may not be seen the first, or even the second day ; spreads steadily.
6. Albuminuria rarely if ever present.	6. Albuminuria rarely absent.
7. Reaches its height by the second day; by the fourth the patient is generally convalescing.	7. Most commonly does not reach its height before the fourth day.
8. Paralysis never follows as a sequela.	8. Paralytic sequelæ, quite common.
9. It is doubtful if it is ever contagious.	9. Frequently spreads by contagion.

Here again we find a fairly explicit description of the disease under the appellation of "Croupous Tonsilitis." It will be noted that no mention is made of the pronounced tendency on the part of the membranous deposit to dip down into the crypts or lacunæ, which was so prominent a feature of the cases whose histories have been delineated. Still the objective manifestations are sufficiently alike in both for us to conclude that both descriptions are applicable to one and the same lesion. The conclusions are, in the main, correct. It will be of some practical service for us to consider very cursorily two or three of the deductions formulated.

There can surely be no question in the mind of any one who has critically observed cases of follicular amygdalitis of both mild and severe types, as to the fact of the severity of the manifestations during the initial stages of the disease, and that in this one particular, we nearly invariably possess a well-marked point of differentiation between it and diphtheria. But I find it impossible to concur in the dictum that there is little or no tendency to asthenia. The presence of asthenia in follicular as well as lacunar inflammation of the tonsils is, it appears to me, so well defined a symptom in nearly every instance, as to constitute a very potent element of confusion in our formulation of a differential diagnosis. In many cases, systemic depreciation is even more pronounced than we are accustomed to find it in diphtheria. This is, of course, particularly true during the early history of the attack.

Patients are much more inclined to complain of the overpowering weakness and pain in the back and limbs. Every member of this Society who has had experience in the management of this affection, can readily testify to the frequency with which patients express their astonishment that so comparatively mild a throat lesion should be accompanied by so great a degree of general prostration.

The foregoing is particularly pertinent in instances of the nature described in this paper.

Whenever the asthenic state *does* obtain, we can, fortunately, in large measure place reliance upon the pulse phenomena. The difference between the radial pulse of the disease under consideration, and that of diphtheria is indubitable. Nevertheless, strange as it may seem, there are few conditions in the entire range of medical science more difficult to demonstrate in so many words as is this very difference. In general terms we say that in follicular or lacunar amygdalitis the pulse is "full and rapid," while in diphtheria "when rapid it is feeble." Very true. Unfortunately, this does not begin to express that subtle dissimilarity to which reference is here made.

In ozæna, while attempting to describe the stench which gives this special form of nasal disorder its designation, we are inclined to say, it is indescribable, and must be practically experienced to be thoroughly appreciated. In like manner, the *tactus eruditus* must be brought into requisition in the apprehension of the point in question, and the only way in which we can intelligently appreciate the pulse-vagaries is by constant practical and personal tests.

In nearly every authority upon diseases of the throat, in the description of disease-phases attended by the deposition of pseudo-membranes the color of the deposit receives special emphasis, particu-

larly whenever differentiation becomes necessary. Dr. Holt has followed the beaten tract in Section 5 of his conclusions, and speaks of the membrane in the so-called croupous tonsilitis as being yellowish, etc., while that in diphtheria is characterized as being gray, sometimes greenish, etc.

Nothing can be more fallacious and hence, unreliable, than the symptom of color, in relation to any lesion implicating the mucous coverings. Too many factors are operative in the production of color and its transformation; the changes are too numerous and rapid; the pseudo-membranes are too responsive to the irritating influence of the respired air, articles of food and drink, in fact anything and everything that in one way or another may be brought into direct contact with them, to admit of the clinicians regarding this objective symptom as one of importance.

In Section 8, referring to diphtheria, the statement is advanced that "paralytic sequelæ are quite common." This implies that cases *do* transpire in which paralysis may not occur. In a very large practical experience with this disease, I have been compelled to adopt the opinion, that a typical case of diphtheria *never* occurs without accompanying or subsequent paralysis in some form.

Frequently this condition may be so slight as to be entirely overlooked. On many occasions patients have been referred to me, with the statement that their cases have been characterized by the *absence* of paralysis, and after close investigation, these very self same patients have been found to present clearly defined evidences of the *presence* of paralysis. If the lesion has its locâle in the constituent elements of the throat, one explanation of the oversight may be found in the fact of the patient's having made no reference to interference with the functions of deglutition, respiration, etc.

The general and frequently expressed impression is that in all cases of post-diphtheritic paralysis implicating the palatal arches, or in fact any portion of the velum, regurgitation of the ingesta must be a necessity. Clinicians forget that in numberless instances the lesion is present in so mild a form that all the deglutitory acts can be, and are performed without hindrance. So also in reference to the epiglottis. How often does one hear the opinion expressed that choking or glottic-spasm in some shape is a necessary feature of those instances, which are characterized by paretic implication of that structure?

An opinion like this should not be entertained, and it would not be, provided we bear in remembrance, the well-established, easily demonstrated fact that, whenever, in consequence of trauma or ulcer-

ative processes, tubercular, syphilitic or otherwise, the epiglottis and its attachments have been destroyed completely or in part, the act of deglutition continues to be performed with little or no difficulty because of the manner in which nature supplies all existing deficiencies.

Sufficient has been advanced, I think, to prove the point, that if post-diphtheritic paralysis is not discovered in some form, it has probably been overlooked.

This symptom is emphasized because of my firm confidence in it as a differentiating factor.

One more word in relation to Dr. Holt's article and we will pass on to a cursory consideration of a few additional *desiderata.*

He says "various names have been suggested for the disease in question. British writers, Fox, O'Connor, Vacher and others have called it false diphtheria or spreading quinsy, it having assumed the character of an epidemic in some places. Oertel, in Von Ziemssen describes it under the title of catarrhal diphtheria. It is often spoken of by physicians in this country as diphtheritic sore throat. All of these terms seem to me to be objectionable, inasmuch as they assume or imply a close connection with diphtheria from which I believe it is to be sharply differentiated."

Too much stress cannot be placed upon the last clause of the foregoing quotation. Our nomenclature is already characterized by too great confusion to admit of avoidable and hence, unnecessary additions. A disease is either diphtheria or it is not, and to apply to a malady regarded as non-infectious a qualifying adjective which refers in its essence to one looked upon as unquestionably infectious, is not only misleading, but unscientific, and as such should be expunged from our dictionary of medical terms.

In the *Medical Record* of November 27th, 1887, Dr. A. Jacobi has published an interesting and exhaustive paper on "Follicular Amygdalitis," and the entire tenor of it is to deny Professor B. Fraenkel's (*Berlin Clinical Weekly*, Nos. 17 and 18, 1886) assertion that "Angina Lacunaris" is a perfectly distinct disease from diphtheria, but asserts that many cases of the former are examples of mild diphtheria, capable of transmitting the disease by infection, and therefore to be guarded with as rigid precautions as the well-marked cases of diphtheritic infection. The discussion of this paper occurred November 16th, 1886, in the "Section on Practice," New York Academy of Medicine, and to its report, published in the *Medical Record*, November 27th, 1886, I must direct your attention.

The paper itself upon which the discussion was based, and to which reference has been made, is long, discursive, exhaustive and

difficult of comprehension in many of its more important phases. Dr. Jacobi is an authority, and ranks, as every one will acknowledge, among the foremost. Still the impressions delineated are the deductions of a single individual, and as such should receive the credence all such expressions of opinion deserve. A mere perusal of the opinions advanced in the debate following the presentation of the paper, necessitates the conclusion that the entire problem has yet to reach an adequate solution, and until such elucidation has been attained, each one of us is entitled to a respectful hearing, which is proportionate to the importance and reliability of the data advanced.

CAN A WOMAN BECOME SYPHILITIC THROUGH THE FŒTUS ALONE?

By J. M. SCHLEY, M.D.,

New York City.

(Concluded from p. 298.)

SUCH is the recent and part of the old literature bearing upon this vital, and, in the minds of some, unsolved question. If my deductions and quotations have been drawn from sources not American, it is simply because we find more specialists in the true sense of the word abroad than in our midst. And I must admit that a specialist like Zeissl, Fournier, Bœck, Hebra, Sir Jonathan Hutchinson (?), Ricord, Diday and others are permitted to speak with an authority such as would ill become me or my neighbor.

In sifting down all these writings we may be confronted with two facts:

I. We notice that those men, tried by long experience, accurate observations, clinical facts (coming under personal notice), and having withal a special knowledge of venereal and cutaneous lesions, side with those who maintain that the fœtus can and does infect the mother.

II. How ill-defined are the theories of those objecting to this mode of the propagation of syphilis! It seems to me most of them have forgotten to mention a point which, in my opinion, at least, in some cases, must have an important influence, *i. e.*, our individual diathesis or state to contract venereal disease; for, when we take a broad survey of the great group of diseases which apparently owe their origin to morbid poisons, we must be struck with the fact that, probably in the case of all of them, different persons show the most extraordinary differences in susceptibility. Ricord tells us in his writings, in more

than one place, of some men remaining unaffected after coition with a syphilitic person, who had infected others in or about the same time.

Some claim a specific germ (or characters) in many of the morbid agents producing this class of diseases. In a very interesting lecture by Mr. Lawson Tait (*British Medical Journal*, 1887,) he seriously questions the acceptability of the so-called germ theory, and bases his oppositions on the various reactions which different individuals present to the same morbid influence. Some persons have a greater resisting, inherent power than others, and it is customary to answer such strictures as these by saying that, in order to the planting and growth of any vital morbid poison, it is necessary that the soil should be a suitable one. And in connection with this there is no doubt that race plays an important part. A very striking experimental demonstration of this was afforded by Koch in his work on "Traumatic Infective Diseases" (J. Coats, New Sydenham Society). One of the most interesting of his series of experiments is that in which, by inoculating mice with putrefying blood, he induced a specific acute infectious disease. There was a period of incubation of about twenty-four hours, after which the animals took ill and died in from forty to sixty hours. The blood of mice dying this way is in the highest degree infectious. Now, it is a fact of great importance for us to note that while this disease was extremely virulent in the case of the ordinary mouse, it was quite innocuous in the case of the field mouse. Here is an animal closely allied to, and scarcely distinguishable at a first glance from, the ordinary mouse, but in regard to this infectious disease it presents the greatest possible contrast. Koch ascribes this difference to the differences in the blood of the two animals. Chauveau ("Comptes Rendus," 1880) further cites his experience in his observations on splenic fever or anthrax. Different animals, as is well known, present a varying susceptibility to this disease, but Chauveau found in the same species at one time inoculation easy and at other times more difficult. In ordinary sheep infection was easy, but in those from Algiers they did not usually become affected by this simple inoculation, but required a much larger quantity of the infective matter. Pasteur, also, in his experiments with chicken cholera, found a marked difference in the susceptibility of the ordinary fowls and those of the Cochin China breed.

Another striking evidence, when we turn to man, is cited by Darwin ("Descent of Man," second edition, 1874). He says: "Mr. A. Murray has carefully examined the pediculi collected in different countries from the different races of man, and he finds that they differ not only in color, but in structure, etc. The surgeon of a whaling ship

in the Pacific assured me that when the pediculi with which some of the Sandwich Islanders on board swarmed strayed onto the bodies of the English sailors they died in the course of three or four days."

In "Hirsch's Handbook of Geographical and Historical Pathology" we find many notes of the freaks of acute and chronic infectious diseases in the different races. It is agreed, for example, among all authors, that negroes present a singular immunity to yellow fever. On the other hand, the negro presents apparently much less liability to contract malarial than other races, although not nearly to such a degree as in the case of yellow fever. Again, we are safe in asserting that the negroes are more susceptible to small-pox than Europeans. In cholera the negro suffers infinitely more than other races. It appears that negroes possess a great immunity to syphilis, though this assertion is yearly becoming more questionable, in spite of the abundant evidence of this in Hirsch's work. He gives the very striking example of Madagascar. In this island syphilis is unusually prevalent, but it affects almost exclusively the Hovas, who are a Malay race, while the Malagasys, who have the characters of the negro race, enjoy an almost absolute immunity. Livingstone also noted that it seems incapable of permanence in any form in persons of pure African blood anywhere in the centre of the continent. However this may be, it is certain that scrofula in its most repulsive form is more prevalent in the South since the close of the war among the pure negro. The inhabitants of Iceland and Greenland seem to possess a similar immunity. In regard to tuberculosis there is sufficient evidence to show that when the negro comes into a colder climate he is particularly liable to pulmonary consumption. We may see, then, that in the case of a large number of diseases of this class inheritance, whether we take it more broadly in the race or more particularly in the family, has an undoubted and frequently a very great influence on the susceptibility to infection. And when we speak of inheritance on general principles, it seems necessary to relate this difference in susceptibility to fine differences in the structure and activity of the tissues. We may infer that the differences in the races depend on variations in the details of their tissues, such as singly might seem to be of comparatively little amount. The differences in individuals of the same race are still more minute, and depend on still finer variations in the details of the tissues.

We may see by illustrations in undoubted cases of inherited disease that it is variation in the details of structure and function; for example, in hæmophilia it is the structure, possibly, of the blood-vessels; in Daltonism the finer details of the structure and function of theretina, etc.

When we find that the varying susceptibility to infectious and infective diseases is also related to inheritance, then we must, I think, relate it to the same kind of variations as those which we have found to be the subject of inheritance both of normal and abnormal structures. It is, again, the structure and vital activity of the elements of the tissues with which we have to do. If, as we have seen, the negro race differs very remarkably in its susceptibility to infectious disease from the European races, then we are led to believe that this depends on fine differences in the structure and activity of its tissues, such as determine the characters of race. It is the living active tissues with which we have to deal, and it is peculiarities in these, determined by inheritance, which constitute the differences in all probability. Of course, it is not to be inferred that inheritance is the only item in determining variations in susceptibility.

If what has just been said can be justified by facts, some of which I have tried to adduce, then I think there can be nothing contradictory in speaking of the varying susceptibility of different persons or of the same persons at different times to the same infectious or infective (syphilis) disease. We can recognize in all such cases the action on the one hand of the morbific agent, and on the other the reaction of the living tissues.

I think the above statements may apply to all acute and chronic infectious and infective diseases, with one or two exceptions, perhaps. But among these exceptions we cannot class syphilis. I believe in some such fact as the fine differences in the structure and activity of the tissues is to be found the apparent cause of severe lues in one person and a transient, never-to-recur form in another, when both of these may have acquired it at the same source. I also maintain that it is the only rational way we may explain that a mother infected through her fœtus may bear scarcely any symptoms at first, and later on present alarming ones, or again may show indications whose importance it is hard to place.

I have three cases to report, where it seems to me that the mothers in each instance were infected through the fœtus.

1879. Mrs. M., the widow of a well-known judge of this city, was seen by me some nine years ago. She was suffering from ozæna due to necrosis of the cartilage septum, vomer and ethmoid and portions of both inferior turbinated bones. The nose was markedly depressed and disfiguring. She was ignorant of the cause of her nose trouble. Her former physician would not believe it was syphilitic, considering her social position, etc. At any rate, under antisyphilitic treatment and local applications the trouble was brought to a standstill, and the patient was relieved of her nocturnal pains in head and limbs.

Besides a few cicatrices in posterior wall of pharynx, and left soft palate, no evidence of lues existed. Her nose trouble dated back six years. She was married at the age of twenty-one, and had three miscarriages rapidly following each other, then brought a daughter at full term into the world; nursed her without infection. In three years after the birth of child at full term she had miscarried twice, once at three months and once at five. Again she became pregnant and carried a second daughter to full term. She suckled this one also. Both of her children were thin, lymphatic, and at times showed signs of scrofulosis.

These daughters married, and their children show a decided scrofulous tendency. Mrs. M. never showed any evidence of luetic infection until osteocopic pains, cephalalgia, ozæna and ulcerated pharynx, etc., were complained of in 1874. She was then forty years of age, and her husband was suffering from a well-marked nervous affection, due to syphilis, of which he finally died. We learn from him that while at law school at Harvard he contracted a Hunterian chancre, for which he was duly treated. Four years after his infection he met his wife, and after one year's acquaintance they were married. After his second year from moment of infection no signs of his old venereal trouble reappeared. It was only towards the end of his life that rupia or gummata appeared. He was not aware of having any troublesome plaques muqueuses, or any condition from which his wife might have been infected. This lady—and I hold her to be such—could only have been infected by the fœtus or other improbable means. Her health now is wretched, and I fear internal visceral lesions of a luetic origin.

My second case is that also of a widowed lady suffering from severe tertiary lesions.

1884. Mrs. G., æt. fifty-one, widow eight years, husband dead of phthisis. Her physician came to my office after her first visit, to obtain my diagnosis. On telling him that she was syphilitic and had been so for many years, he exclaimed: "But how can that be, for I treated her husband for a chancre some two years before his marriage! I have known him since childhood." This lady had cicatrices on every part of her body, loss of hair, mucous patches, loss of teeth, periostitis of clavicle, gummata over both scapulæ, diffused adenitis, enlargement of the anterior surfaces of both tibia, gummata on each limb and on the back of right hand, with an enormous node adjoining it. She presented a typical case of a severe syphilide. From her intense sufferings nights she had become used to the taking of morphia. Under appropriate treatment she speedily convalesced, and in six months was quite well. She denied all knowledge of any infection, even after knowing what her trouble was, and whence she in all probability obtained it. This lady had thirteen miscarriages, ranging from two to five months, and brought one apparently healthy girl into the world, whom she nursed. It was some four years after her daughter's birth that luetic symptoms appeared. Here again the fœtus seems alone at fault, unless we submit that she contracted syphilis from some one else save her husband.

One of the most remarkable cases that has come under my observation is the following :

1887. Mrs. P., the wife of a physician, was sent to me by my friend Professor Doughty to examine a growth (?) apparently arising from the right antrum of Highmore and encroaching upon the nose. Professor Doughty did not examine the case, but sent her to me for treatment and diagnosis. I learnt the following history from herself and her husband. They had been married three and a half years (3½). Five months after marriage she aborted at three months, without apparent cause. Had never been pregnant since. Some fourteen months after, making it the nineteenth of their married life, she complained of pain in and about her right ear and along the superior maxillary bone of same side, and more especially about the incisor and eye tooth. This pain became intense—worse at night, and at last the tooth became loose and was removed. Soon a similar pain occurred on left side, with like result. Then her nose became sore, bleeding at times, and discharging a profuse, purulent matter. This was about two years after the miscarriage. Following this osteitis, rhinitis and otititis came an ulcerated pharynx, and from this moment her trouble made rapid progress, without let or hindrance until she came to me. The only daughter of wealthy people, as soon as her health commenced to fail she was advised to travel. She had seen many physicians, and out of the whole number one suggested its luetic origin. She presented a pitiful sight. Nose depressed, an enormous osseous gumma over right antrum highmorii—displacing the eye—sunken upper jaw and imperfect articulation from loss of teeth, perforation of septum narium, adhesions of soft palate to pharynx—the fauces were made up of cicatricial tissue—and the opening to post-nares hardly permitted the entrance of the smallest mirror pushed up side ways. A portion of the superior max.—where the incisors are situated—septum cartilage, portion of vomer-ethmoid, right side of inner wall of antrum H., middle and inferior turbinated bones, necrosed, etc. The case was syphilitic beyond dispute. She denied any sore on lip prior to the neuralgic pain in head, or any other apparent lesion. She had been up to sixteen months free from all soreness about mouth. Her health was always fair, and she was a blonde of a pronounced type. She was perfectly ignorant of the cause of her affliction. Her husband was astonished beyond expression when my diagnosis was stated. He was of the opinion his wife had a bony tumor to remove by operation, and on that account came to New York.

He then told me that while studying medicine in this city he contracted syphilis. He did not see his fiancée for six months after his infection, and did not marry until eighteen months had elapsed from moment of infection by advice of the physician, or, rather, Professor, who was treating him. He had never had the first indication of his old trouble since marriage, and was constantly observing his person for any indication of a recurrence. He could not account for it in his wife under any other way except that of the fœtal circulation. I told him that was my opinion and diagnosis. She showed no signs of syphilis elsewhere. Antisyphilitic treatment, with a minor operation

to remove portions of the superior max. bone cured her. He presented no signs of lues.

If we believe the above statements—and why should we not?—there remains the one conclusion to arrive at, and that is—that this lady became syphilitic through her fœtus.

I have seen other cases where the signs of a latent syphilis as described by Sir Jon. Hutchinson were present, and where I held that the infection came through the fœtal circulation.

To sum up, I would state my belief to consist of the following observations:

I. That a syphilitic father brings forth as a rule a luetic child.

II. That a mother, healthy at the time of conception, but infected later in her pregnancy, produces a syphilitic child.

III. That a mother without primary lesion may become syphilitic through a luetic ovum.

IV. That such a mother may nurse her syphilitic child without becoming infected, as would a healthy nurse who might suckle it contract lues.

V. That occasionally a mother may escape (from causes yet unknown) an apparent early infection from her fœtus.

VI. Occasionally she may escape entirely (if in unusual good health and the poison in father is old or cured (?)).

Let us suppose, then, that the greater part of the profession do eventually accept the possibility of the transmission of syphilis from the fœtus to the mother, where is the gain and what the treatment? we hear some one say, will the profession be more able understandingly to treat certain conditions in women, and in children, also, for that matter? We sometimes meet with a woman or a lady suffering from a state, so well pictured by Sir Jon. Hutchinson, where all our efforts to cure seem futile; finally a prescription given with or without knowledge of the cause brings about a wonderful result. We know that in syphilitic affections there are only a few remedies of merit, such as *kali bichrom.*, *ac. nitr.* *mercury*, *phytolacca*, *mezereum*, *potass. iodide*, etc. *Mercury* is the last remedy that we think of in marked anæmia, and still in a given case, such as one of mine cited, it works admirably.

And then, again, if the profession is to believe that lues venerea does travel from fœtus to mother, many women may have a suspicion lifted from them, bringing uncertainty and discord into their homes, and which has nothing more nor less for a basis than our ignorance and inability to rightly diagnose a morbid condition and its etiology—a condition which is running a peculiar course, minus, perhaps, some of its most salient and characteristic points.

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CLINICAL EXPERIENCES WITH ALBUMINURIA IN PREGNANCY.*

By J. W. SHELDON, M.D.,

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MY obstetrical practice began in March, 1860, and from that date to the present time over one thousand cases have come under my care, with the loss of one mother, that following placenta-prævia, eight days after confinement. The cause of death was malignant

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diphtheria. I must confess that I feel somewhat modest in presenting a paper upon this subject when so many able and eminent obstetricians have written upon albuminuria. I do not propose to give the ætiology or pathology of this disease, but to report clinical cases which have occurred under my observation and treatment. Allow me to say that in proportion to the number of cases that have fallen into my hands I have had my share of patients afflicted with albuminuria, also eclampsia and uræmia.

I will mention four cases which present features of special interest, in my judgment, and which, I hope, will at least be instructive to the younger members of this Society who may never have been so unfortunate as to meet these perplexing cases.

CASE I.—I was called to Mrs. R., age 36, in June, 1876, and found her, at the sixth month of gestation, suffering from albuminuria of renal origin. I at once employed all means I was capable of using for her relief—hygienic treatment, rest, frequent bathing with soft water, exclusive milk diet; also remedies as indicated and recommended by our best writers; but in spite of all this the nervous system became involved, and the digestive organs as well. She suffered from congestive headaches, paroxysmal and severe; frequent vomiting and gastralgia. There was dropsical swelling of the entire body in a marked degree. She was unable to exercise or assume a horizontal position. As time went on, and she reached the seventh month of gestation, more alarming symptoms appeared—vertigo, stupor and great difficulty of breathing. The urinary secretions were almost entirely suppressed. She also began to complain of her sight failing. The renal congestion, the duration of the disease, its severity, the hydræmia and disturbances of the heart and lungs, and the indications of the existence of degeneration of the kidneys led me to believe that there was absolute necessity for inducing premature labor. I at once called an able and experienced obstetrician, who endorsed my opinion. After repeated consultations, fully realizing the great responsibility we were taking, I introduced a flexible bougie through the os, but with much difficulty, owing to the œdematous condition of the soft parts.

We left the bougie in situ, ordered enemas of hot water, and in about twelve hours natural pains and contraction came on, culminating in the delivery of a living child, but it was anæmic and feeble. The mother gradually recovered. The dropsical symptoms disappeared and the functions of the kidneys were re-established, but it was several months before the albumin disappeared. The last indication of the disease perceptible to me was the amaurotic condition. For some months she had to be led by a maid, as she was partially blind. Under the use of *merc. corr.*, for the kidneys, and *strychnia*, for the amaurosis, she fully recovered what she considered to be her former state of health.

I now come to the most interesting part in the history of this case. The family removed to an adjoining village, and I lost sight

of them for some two years, after which Mrs. R. called at my office and informed me that she was pregnant, and at the fifth month she had noticed some swelling of her limbs, and she feared a repetition of her former experience. As she was inaccessible, I advised her to place herself under the care of a physician who could be near her, and I would consult with him at any time, if desired. That she did, but the physician she employed did not require my advice. He was a "regular," as he called himself. After a few weeks I saw the husband and inquired about Mrs. R. He informed me that the doctor he was employing condemned the course I pursued in the previous pregnancy, claiming that he could carry her through to full term with perfect safety. Soon after this I learned that she was near her seventh month, fearfully bloated and nearly helpless. After a few days I was informed of her death. On inquiry I found she had a convulsion and expired. So mother and child were apparently sacrificed in a "regular" way.

Case II.—I found Mrs. G., age 27, of full habit, the mother of three children, then in the sixth month of pregnancy, in convulsions. Having had no previous knowledge of her case, I could only infer, as I afterwards demonstrated, the existence of albuminuria. She was considerably bloated, and had for several days suffered with congestive headaches. The first paroxysm subsided shortly after my arrival, leaving her with a flushed face, intense headache, eyes congested, with the most exquisite photophobia and intolerance of sound, and constantly moaning. I prescribed *belladonna*. No improvement in her condition followed, but in twenty-four hours a second convulsion occurred. This spasm was controlled with *chloroform*. Upon its subsidence there was a recurrence of the condition above described, with the addition of a temperature of 102 degrees, and more of a tendency toward coma. *Gelsemium* was prescribed, and under its influence some amelioration of the symptoms was noted. Again, after twenty-four hours, there was a convulsion, more severe than either of the preceding, and during which she bit her tongue, nearly severing it. *Chloroform* failed to control this seizure, whereupon, after consultation with a colleague, we administered, per rectum, in syrup 20 grains of *chloral hydrate* and 30 grains of *potassium bromide*. This produced relaxation. *Gelsemium* was continued in alternation with *caulophyllin*—the latter to induce uterine contractions, with a view of inducing labor, which was successful, and the patient made a good recovery.

Case III.—Some fourteen years ago I was engaged to wait upon Mrs. W., primipara. I neglected to make any examination of the urine, and was called to attend her at full term. Labor progressed in an ordinary manner for about three hours, when she was seized with a convulsion. The head was at this time engaged in the superior strait. *Chloroform* quickly terminated the convulsion. A consulting physician was sent for, but before his arrival a second convulsion occurred, and not daring to delay longer, I applied forceps, and delivered a well-developed living child. The mother remained, after delivery, in a comatose condition, with pallor of countenance and

almost total suppression of urine. Several convulsions followed soon after delivery, but under the administration of *potassium bromide* they subsided. The semi-conscious conditions continued during several days, it being fully one week before she recovered sufficiently to realize that she had been delivered of a child. During this period *apis* and *arsenicum* were given. She slowly recovered, not regaining her health for several months. Since this experience I have never failed to keep vigilant watch over the conduct of pregnancy.

Case IV.—Albuminuria in pregnancy, with heart complications. Mrs. S., primipara, age 30, first seen at the seventh month of gestation. She had been under old-school treatment for some weeks. Examination of the urine revealed albuminuria, there was general anasarca; the urinary secretion was nearly suppressed, and so loaded with albumin that it became nearly solid after boiling. On my first visit her respiration was 35 and pulse 120. She was unable to lie down, and had not been in bed for three weeks, as I was informed. She was compelled to sit in her chair, inclined forward. There was no refreshing sleep, but a stupid expression and broken slumber. When awake she was extremely nervous and restless. She was unable to exercise from the œdema of the limbs and the difficulty of breathing. The accumulation of fluid in the abdomen and the dyspnœa became excessive; there were frequent attacks of fainting and a constant sensation of suffocation, arising from insufficient aeration of the blood. There were insomnia and headache, palpitation, loss of appetite and intense nervousness, almost bordering upon insanity.

My treatment consisted of the usual hygienic measures, including frequent sponging of the surface with water, either cold or tepid, as best suited the patient. The weather being warm, she spent most of her time sitting in the open air. The diet was milk, and occasionally a little of the white of eggs and white fish. The remedies prescribed were *arsenicum*, *mercurius corr*, *convallaria*, *cactus*, *bryonia*, *apis* and *digitalis*, as each seemed indicated; also tablets of *nux vomica* and *pepsin* for indigestion. The relief obtained from above treatment was incomplete. When within about two weeks of her full term I was hastily summoned to her bedside, and found her in labor. In a short time, after a few pains, the child was delivered. It showed evidence of having been poorly nourished, and lived but a few minutes. The patient being unable to lie down during labor, remained in a semi-recumbent position. When the placenta was expelled she was compelled to sit up in bed for fear of suffocation, and in this position remained several days before she could recline in the least. As soon as the functions of the kidneys were re-established the difficult breathing gradually disappeared, and she became ultimately able to lie down. I was fearful of hemorrhage when the placenta was cast off, so gave *ergot* every fifteen minutes, for three doses, which brought about contraction, and no unusual flowing followed. Now upon close examination I proved what I had hitherto believed—that she had valvular disease of the heart, in consequence of previous rheumatism. The remedies which at this period gave most satisfaction were *digitalis*, *convallaria* and *cactus*. She slowly improved, and in course of

time recovered her customary health. I may be asked why I did not, as in the first case, induce premature labor. My answer would be: on account of the existence of the cardiac complications, in consequence of which I feared heart failure. Although these cases were in some respects so similar as to possibly mislead a careless practitioner, it will be readily observed that they were unlike in origin.

ORIGINAL ARTICLE IN SURGERY.

DRAINAGE OF THE PERICARDIUM.*

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TO Senac is due the honor of first calling attention to the possibility of successful paracentesis of the pericardium in a treatise published in 1749.

From that time many writers advocated the procedure and gave somewhat elaborate accounts as to its performance, but it seems that none of them actually carried out their theories practically.

Later, Desault and Larrey were accredited with having done the operation; but Trousseau claims that the operations done by them were not pericardicentesis.

In France, Laennec adopted Senac's views; and Richerand went even further, and advocated the injection into the pericardial sac of astringent agents to produce a radical cure of the dropsy.

Such was the position of the question as one of science, when, in 1839, Schuh, of Vienna, gave new impetus to the subject by his writings, and the following year in Skoda's ward did the operation for the first time. Heger next followed, and from that time to the present, paracentesis pericardii has been more and more frequently done.

The operation by incision was first done by Romero in 1801, and has been recently revived by Rosenstein, Kummell, S. West, Trousseau, Roberts and others.

With this brief historical sketch, let us next inquire into the conditions that call for this procedure.

In all cases of effusion into the pericardial sac, whether bloody, serous, purulent or aerial, that present dangerous symptoms of heart-failure, and in which medical means have proved ineffectual in diminishing the development of such symptoms, the operation is indicated.

It is ill-advised to wait until cardiac or pericardial changes, exhaustion, pulmonary engorgement, etc., have developed. For, even

* Read before the New York County Homœopathic Medical Society.

though a cure does not result from the operation, there is usually immediate relief to the dyspnœa, cyanosis and irregularity of the heart's action upon the removal of the effusion.

Nor is the quantity of the fluid in the sac as determined by percussion and auscultation to decide the question of time of performance; for a sudden effusion of a moderate amount may cause more alarming symptoms than a larger quantity slowly produced.

The operation is in order under such circumstances as we have indicated, no matter what other visceral lesion may exist as a complication, with the single exception of pleuritic effusion. In this case the pleural sac should be aspirated as a preliminary step, and if no relief is experienced, then pericardicentesis should be done.

Should, as is quite likely, the fluid reaccumulate, then the second, third or fourth operation would be proper. All operations subsequent to the first should be done at a different site, as the heart and the pericardium may have become adherent at the point of previous puncture. If a third or fourth puncture is called for, this occasion should be embraced to inject some fluid after the evacuation, which will excite inflammation, as in the treatment of hydrocele. What this fluid should be and its strength are questions not as yet definitely determined.

Aran used a solution composed of fifteen grammes of *tinct. iodine* (French), one gramme of *iodide of potash*, and fifty grammes of distilled water. Undiluted, but liquefied, carbolic acid has been suggested. If the fluid withdrawn should prove purulent, then a free incision into the pericardial sac ought to be made, and a good-sized drainage tube introduced and the sac washed out with a solution of carbolic acid, one to forty; or, mercuric solution, one to 2,000 or 3,000.

It is claimed that there is no recorded case of purulent pericarditis cured by simple aspiration.

As to the operation itself. First. *Where* shall it be done? Senac, Laennec and others advocated that the sternum should be trepanned just above the ensiform cartilage. But we will not detain you by a recitation of the various places selected by different writers, but content ourselves with the views of Trousseau and Roberts.

The former prefers a point immediately external to the sternum above the fifth, sixth or seventh sterno-costal cartilage, being governed by the point of greatest dullness and the least motion of the heart. He removes some of the cartilage, if necessary, to gain sufficient room to expose the pericardium. Dr. Roberts selects the fifth interspace, just above the sixth rib, and from five to six centimeters (two to two and a quarter inches) to the left of the median line of the sternum. In the child, a little nearer to the sternum.

Second. How should it be done? Various methods have been proposed. Some prefer the aspirating-needle; others the trocar and canula; while others, again, employ the latter, but incise the superficial structures with a bistoury as a preliminary step; lastly, some advocate a steady dissection down to and through the sac.

Trousseau has a dread of the trocar, for he says: "But let me repeat that the diagnosis of dropsy of the pericardium is not always so easy as is alleged; in making a direct puncture with the trocar I should be afraid of coming upon the heart," for "the heart, in place of flying before the instrument, might . . . come up to meet it." He, therefore, prefers a careful dissection.

Dr. Roberts says: Aspiration should always be employed as a first procedure, and *incision* reserved for a second step in purulent collections for diagnostic purposes and the extraction of foreign bodies.

If a trocar and canula are employed one should see to it that the latter fits closely, and that the instrument can readily be thrust through a bit of wash-leather without catching on the edge of the canula; otherwise, though the trocar may penetrate the sac, the canula will not follow, but push the sac before it toward the heart, until the tension is great, when the whole instrument may pass in with a jerk and the point penetrate the heart.

If the aspirator is employed, the air should be exhausted from the receiver, and the suction applied as soon as the point of the instrument is buried in the tissues.

After all the fluid possible has been withdrawn the canula is removed and the wound is covered with a bit of plaster.

With this brief description let us close our paper by relating the history of a case in which the operation in question was recently done.

Dr. Wiggins, Resident Surgeon of the Hahnemann Hospital, kindly furnishes the following history:

Maria B——, æt. 14 years, was admitted into the Hahnemann Hospital April 11th, 1889. She has always been delicate, but has never until this spring had any prolonged illness.

Menstruated just after her thirteenth birthday, and the periods returned every two weeks up to last January, when she got her feet wet while unwell. Since then there has been complete suppression. In March she had an attack of acute articular rheumatism, involving the knees, arms, shoulders and hands. The attack lasting three or four weeks, and feeling better she sat up by a window. The next day she began to have pains in the chest and down the sides, aggravated by breathing. She steadily grew worse up to the time she entered the hospital. On admission, and for the first few days, she complained of much pain in the left side and shoulder. Could not lie on that side. Slept

very little, and would cry out in her sleep, and made a great deal of noise during most of her waking hours. Temper seemed uncontrollable. No appetite. Became somewhat easier under *bry.* 1 and *ferrum phos.* 3x.

From entrance up to April 18th the temperature ran from 99 $\frac{8}{10}$° to 102 $\frac{8}{10}$° in the morning, and from 101° to 103 $\frac{8}{10}$° in the evening. Pulse from 90, the lowest, to 132, the highest; most of the readings being above 118.

From the 18th to the 25th (day of operation) the temperature would be 99° and a fraction in the A.M., and from 102° to 103° in the P.M. Respirations from twenty-eight to thirty-six.

Dr. James M. Schley politely furnishes me the following:

"At the request of Dr. Mosman I examined Maria ——'s thorax. She had been sent in from New Jersey with an indefinite diagnosis. The patient was noticed to be very anæmic, emaciated, resting on her right side, breathing rapidly and superficially, and complaining of pains more or less universal and aggravated by the least motion. Pulse 120, rapid, easily compressed. The rheumatic pains were not more marked about the chest. On inspection it was noticed that the left præcordial region bulged in a marked degree. The pulsation of heart was hardly perceptible. Percussion gave resonance for the entire lung anteriorly. The normal area of heart's dullness was increased threefold. It commenced at under edge of left second rib at junction with its sternal cartilage and spread as a triangle (the sides) downwards—on the left side to anterior axillary line and seventh and eighth intercostal space—from there across (forming the base of the triangle) running through ensiform cartilage three and a half fingers breadth beyond the right border of the sternum between the sixth and seventh ribs. Over this triangular space there was complete dullness. The heart's action was perceptible to the touch in the recumbent position; on sitting the patient up it was indistinctly felt. Percussion behind gave distinct resonance, except at a small spot little larger than a silver dollar between the angle of the scapula and spinal column, below this resonant perc. note was marked. On auscultation anteriorly, on the right side breathing was harsh and rapid: and occasionally a large mucous râle noted; on the left side, breathing at apex harsh, and through all that part of lung not compressed by distended pericardium and hypertrophied heart; over the area of dullness no respiratory sounds. At apex of heart a very *faint* blowing systolic bruit and a grating diastolic murmur; over base of heart sounds no louder. At juncture of third and fourth ribs and sternum, a weak pericardial rubbing noise. The motion of heart was more marked near the sternum than at apex. Posteriorly, breathing in upper and middle lobes, right side, harsh; at base respiratory, murmur vesicular, but faint. Bruits (heart) distinct all over posterior part of thorax; in fact, they are much more distinct behind than in front. On the left side, down to spot of dullness, at angle of scapula, breathing harsh and occasional râles; over spot of dullness, breathing absent; below this, normal respiration.

"*Diagnosis.*—Pericarditis, with effusion; insufficiency and stenosis mitralis; hypertrophy of right and left side heart."

In view of the variation and range of the temperature, and no disease other than that in and about the heart, Dr. Schley was led to believe that the pericardial effusion was purulent in nature and advised drainage of the pericardial sac.

This was declined at first, but on the 23d her consent was obtained, and an aspirating needle was introduced in the fifth left intercostal space without the nipple line, and a small quantity (for diagnostic purposes only) of a reddish turbid fluid was withdrawn, under the glass, showing many pus corpuscles.

On the 25th Dr. Schley invited me to operate. Present, Drs. Schley, Fisher, Vehslage and Wiggins. The præcordial region was markedly prominent, and the impulse of the heart plainly visible in its normal position, but over a more extensive area and more forcible than natural. It being evident that for some reason, likely adhesions, the heart remained in front, even when the patient lay on her back, and hence but little fluid anterior to the heart, it was decided to make the opening at a point much further outward than is usual. We wished to avoid giving an anæsthetic on account of the struggling that its exhibition would induce, and so decided to try the injection of cocaine. The patient raised such a row, however, upon the approach of the needle that we were obliged to desist, and, in spite of the resistance, were compelled to use ether. She speedily came under its influence after a short but pretty vigorous struggle.

I made an incision an inch in length in the fifth left intercostal space, having its centre one and a half inches below and one inch outside of the nipple. Dividing layer after layer, finally the pleura was reached. Through this was thrust a hypodermic needle for one-quarter of an inch, and a little of the reddish fluid drawn into the syringe. Increased suction failing to withdraw any more, the point was advanced until it impinged against the heart, where it was firmly but gently held—the motion of the heart with the needle against it caused the syringe to swing like a pendulum. This motion, lasting a few moments while we were watching it and commenting thereon, enlarged the opening so that serum began to escape and air to enter with each pulsation, so that soon the wound was filled with bubbles. I now enlarged the opening, and some three or four ounces of fluid escaped in irregular gushes or jets. As soon as it ceased to flow I held the wound open, and we could distinctly see through the opening the heart beating half an inch from the thoracic wall. Evidently the pericardium and pleura had adhered.

Passing in a probe I was able to determine that there was only a small interval between the heart and thoracic wall anteriorly. A medium-sized drainage tube was passed in for four inches in a backward direction, the only way it would go. Through this eight ounces of fluid escaped and was collected. It was similar to the fluid originally drawn and feebly coagulated, like soft soap in consistency.

The tube was secured in place and closed and sutures introduced, including the integument only; combined dressing, with plaster to retain it in position, completed the dressing, antiseptic measures having been observed throughout. Patient took the ether kindly and recovered from its effects as in ordinary cases.

The temperature ranged high for the succeeding days, reaching $104\frac{8}{10}°$, but showed the same morning remission as before the operation. Congestion of the lower part of left lung posteriorly, with some pleuritic effusion, was noticed, giving rise, however, to no symptoms excepting a slight and infrequent dry cough.

The day after the operation the tube was opened and one and a quarter ounces of fluid, similar to that originally removed but now slightly greenish in color, were expelled, but only by having the patient cough.

The next day two drams of similar fluid was obtained. After this, none.

On the 4th of May the temperature suddenly dropped to 97° in the early morning, and at six P.M. reached $100\frac{4}{10}°$. A little thin pus was made to appear in the mouth of the tube by squeezing it, and, a syringe being attached, a few drops were obtained. Believing that this came simply from the tract of the tube and not from the pericardial sac, I withdrew the tube and closed the opening with a bit of combined dressing.

The next day there was only a little discharge on the dressing, and the succeeding day hardly a trace.

The patient experienced great relief from the time of the operation, saying she feels better in every way, and wants to sit up.

May 17th. Since writing the above, the patient steadily improved and has returned to her home, thoroughly relieved of all the distressing symptoms she experienced on her admission.

There was at the time of her discharge no evidences of a return of the effusion.

ABDOMINAL MASSAGE IN CONSTIPATION.—Dr. T. Gerald Garry, in *The Lancet*, March 2d, says that he has seen a large number of cases of constipation successfully treated by massage. He considers the physiological effects under four heads—the mechanical, the reflex, the thermic and the circulatory. The first not only influences the gastro-intestinal canal, but the large ducts opening into the intestines, as well as the ducts of the abdominal glands. When calculi are suspected, extreme care must be used or serious results may follow. Kneadings and strokings best favor the mechanical results; the former produced directly by the fingers laying hold of and loosening the impacted fæces. As to the reflex action, it is best produced by slappings with the half-closed fist; slight tapping causes contraction of the intestinal walls. As to the thermal, a rise in temperature can be demonstrated. The pulse was slower. In addition to massage, Dr. Garry is in the habit of using, in some cases, the faradic current for about five minutes—commencing with four cells (*sic*). He says that massage is also extremely useful in the very obstinate constipation of infants. Few applications are needed, generally not more than a dozen; and the time occupied by each should be about ten minutes.

EDITORIAL DEPARTMENT.

"HOMŒOPATHIC PHYSICIAN" AND "PHYSICIAN."

THE recent *ex-officio* opinion of Judge Barrett, elicited by our non-descript contemporary, the *Medical Asterisk*, has been widely copied by the press of the hostile school as a most damaging argument against the school of homœopathy. This is no doubt as was intended; for, in everything that antagonizes the policy in homœopathic organization, our old-school contemporaries are outstripped in animus by the journal of multifarious professions, and are looking to it for the poisoned weapons of misrepresentation and detraction. There is not, however, the virus in the conclusions of the learned lawyer with which the *Asterisk* has tipped its editorial shaft. The lawyer argues only from the hypothesis presented by the editors, but the editors assume that their hypothetical case represents ninety-nine out of a hundred homœopathic physicians, and tells them that if they do not drop the name which represents the general basis of their therapeutic practice, they are liable to lose their fees and be sued for malpractice into the bargin.

The question propounded to the learned counsel was whether a physician designating himself as a homœopathist and called as such to a patient has any legal or moral right to adopt other than homœopathic means in the treatment of the case. It will be observed that this binds opinion upon a specific contract in which the practitioner

has declared his method to be exclusively homœopathic, and the patient employs him upon the expressed or implied understanding that he is to be treated by the homœopathic method only. What it is that implies such an understanding upon the part of the patient, and what it is that constitutes such a declaration upon the part of the practitioner, are not fully and freely stated. Of course, upon the assumption that the individual conceptions of the counsel represents the patient, and upon the further assumption that the term homœopathist involves invariably exclusive practice, according to the method of similars, there is but one conclusion, and that is, as the counsel says, if there is to be any variation from that method, "I have a right to be informed of it, and to be given an opportunity to decide."

This would, no doubt, be true in the case of Judge Barrett, speaking as partly informed, but Judge Barrett, in the present instance, is not a representative consensus of opinion. He has imbibed certain imperfect notions of homœopathy, but he has not entered judicially into the investigation of the real facts which constitute it and its professions. His consensus of opinion means his personal information and misinformation. The truth is that very few homœopathic physicians announce themselves as homœopathists either upon their signs, or upon their cards, or in any way that can be construed justly as excluding them from the employment of the physician's "best judgment in the unprejudiced use of the ripest fruits of modern discovery in every field." On the other hand, if the editors had but submitted to the learned gentleman the code of ethics of homœopathic societies, as they righteously should have done had they been seeking for a judicial opinion, the honorable gentleman would not have intimated an *ex-parte* imputation upon the integrity of the great body of homœopathic physicians. In their code they declare their position, not by tradition or consensus of opinion, but by specific declaration. The code says :

"*But it is the duty of the physician to avail himself of every opportunity to observe the action and study the properties of new or secret remedies and new processes of preparing medicines as well as new modes of treating diseases, and to subject them to the analysis of*

scientific investigation. For the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible but is his solemn duty to investigate thoroughly and without prejudice whatever offers any probability of adding to his knowledge of the art and means of curing, and of thus enriching the science of medicine."—Part II., Art. I., Sec. 4.

And again it declares, as planks of its platform :

"A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science—as it exists in all sects and schools of medicine—as the essential qualification of a physician : Perfect freedom of opinion and practice as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness intrusted to his care." —Part II., Art. II., Sec. 1.

Such being the explicit and long published declarations of the homœopathic code (edited, on one occasion, by the editor who is Judge Barrett's physician), we are at a loss to see why there is justice in intimating "the need of greater clearness of professional attitude, both as a matter of justice to the patient and as due to the integrity of the physician." The inference from the code is clear that the physician who is designated as homœopathic by his society relations (membership in which, through no other fault of his, excludes him from all non-homœopathic societies) does not thereby imply that he abnegates his right to use his best judgment as to every method in the treatment of a case ; but, on the contrary, affirms it. As a physician, construed as homœopathic from his affiliations, he simply avows that he has versed himself in the homœopathic method of curing disease ; that such avowal is necessary to distinguish him from the "physician" who is not so versed ; that he assumes the sole right to judge how far that method is applicable to the case ; and that as physician, in the fullest sense, he contracts with the patient to exercise his supreme judgment as to what method or methods he thinks to be practically applicable to treatment for cure, for prolonging life, for palliation of suffering, as the interests of the patient may demand. It is true that he professes belief that the homœopathic method is the best and most generally applicable principle of curing disease by drugs, but he does

not profess to be ignorant of other methods of practice. On the other hand, in common with physicians of every class, he has the purpose, in the interests of humanity, of utilizing the best that can be found in every school. In accepting the designation, homœopathic, he merely implies that the "best" lies in the dominance of the homœopathic method over others in the general run of practice. In the circumstances of the present, if he should disavow the designation and style himself a "physician," as the term is currently employed by the so-called regular school—that is, as one who disavows belief in and employment of the principle of similars as the most commonly available and beneficial therapeutic guide—his attitude would not be one of integrity and candor; for, inasmuch as there is a sharp division of opinion both among the laity and in the profession as to there being any efficacy of moment in homœopathic medication, common honesty demands that one who so believes should make such a belief known to those proposing to submit themselves to his professional skill and judgment.

That such is the view taken by people in general can admit of no doubt. It is the general consensus of profession presented by the body of homœopathic physicians in their societies and literature, and it is the generally accepted consensus of understanding by the laity. Against this generally accepted understanding the traditional view of an individual gentleman, who is speaking from his own very limited knowledge, and has not thoroughly informed himself as to the facts of the profession, in general, of homœopathic physicians upon the one hand, and the understanding in general of the laity on the other, carries little weight of interpretation either in law or morals.

The practical upshot of our discussion, then, is this: Homœopathic physicians will still retain their extensive and explanatory designation in their organizations, and will still continue to collect their fees and fail to be sued for malpractice: in other words, they will continue to practice as their consciences and knowledge, not the patient, may dictate. They will still be guided in their contracts with their patients primarily, as physicians exercising the right to determine what treatment is best for the patient's welfare, and secondarily, as homœopathists who have confidence in the rule of similars as the

most generally available principle in the selection of drugs for curative purposes. Individual practitioners who believe that the homœopathic principle universally excludes and precludes every other method of treatment will necessarily so announce to their patrons, and feel bound accordingly; and if any homœopathic physician has reason to believe that a particular patient – as, for example, the honored judge in question—believes that his physician contracts to treat him by a single method only, without departure according to the dictates of his individual judgment, knowledge and conscience, he will explain to that individual patient exactly what he individually regards as his profession, and be so bound. But the general rule of interpretation which implies his profession in the word homœopathic, as judged by his affiliation in organizations for the advancement of medical science in general, and homœopathic therapeutics in particular, is, we submit, that he is, in an unreserved sense, a physician whose prevailing, but not necessarily exclusive, guide in the treatment of diseases curable by internal medication is the principle of similars.

This common sense and generally understood view is not, we acknowledge, pleasing to the editors who planned for an *ex-parte* opinion by which they might thereby drive the school of homœopathy into the hole which they have been so long and industriously digging. Homœopathy is very much larger than any hole that they can dig, and does not propose to be buried in their nameless grave without a headstone. Homœopathic physicians will not deny the name which is their justification in law and in integrity, and which points their vital purpose to a noble end and growth in knowledge of the curative power of drugs. Nor will they deliver their sacred ark and covenant with humanity to the derision and destruction of the raging heathen, even though wily priests who have fattened on the shew-bread of the shrine would lead them over to Baal.

This points to a more immediate application. As the editors of the *Asterisk* have shown so much concern for the hereafter of homœopathic physicians, and have informed them what they "will have" to do to escape the penalties of violated law and conscience, homœopathic physicians should show equal concern, in turn, for the hereafter of the editors, and in showing their con-

cern they ought to be guided by the professions of the editors themselves, which is, of course, very much like being guided by the color of the chameleon. The Commissioners of Charities and Corrections of New York City set apart and have continued a hospital on Ward's Island "to be under the medical care of homœopathic physicians." The charter of the Hahnemann Hospital says that "all patients in said hospital shall be under the professional care of physicians and surgeons skilled in and practicing under the homœopathic system of medicine." Membership upon these staffs implies that every member is a homœopathic physician, and that he so professes. These editors have been and are connected with one and the other of these staffs. Does not their own opinion and construction, therefore, restrict them to the exclusive practice of homœopathy outside of, as well as inside, these hospital walls? For, if they are "physicians" outside and "homœopathic physicians" inside, they must practice outside according to knowledge and conscience, but inside their knowledge and consciences cannot have free play. But, perhaps, there is one sort of knowledge and conscience for those who pay, and another sort of knowledge and conscience for the sick on the charity of humanity. If there are these two sorts of conscience to be reconciled, and two irreconcilable professions existing simultaneously, in these same individuals, is not some explanation due to their own integrity? There is at least a lack of clearness in professional attitude. The editors should submit the questions of integrity involved in their attitude as holders of representative homœopathic trusts and responsibilities to Judge Barrett's decision, and find out what hereafter they "will have" to do. Neither they nor any one can doubt Judge Barrett's uprightness of judgment and righteous sense of integrity when he is fully informed.

THE LEGISLATIVE STRUGGLE.

As the Legislatures of many States have not yet adjourned, no summary of the general result of the contest of one school of medicine, to gain the power to license the others, can be made. So far as can now be judged, the victory over the obliterating "regulars" has

been overwhelming. In Pennsylvania it appears that, so soon as it was provided that no school should have a majority in the proposed Board of Examiners, the "regular" advocates turned obstructionists, and have indirectly killed the bill. In Florida the bill providing for a Board of Examiners was amended, upon second reading, in such a way as to provide for a separate Board of Homœopathic Medical Examiners. In New York State the bill for a single Board was not reported by the Committee having it under consideration. The general outcome of the struggle is best described in the words of Prof. William Osler, M.D., in his address before the Medico-Chirurgical Faculty of Maryland. Dr. Osler, it will be remembered, had a convincing experience with the Pennsylvania Legislature. He says: "We cannot, however, escape from the important fact that in the eyes of the law we all stand equal, and if we wish legislation for the protection of the public, we have got to ask for it together, not singly. I know that this is gall and wormwood to many: at the bitterness of it the gorge rises; but it is a question which has to be met fairly and squarely. When we think of the nine or ten subjects which we have in common, we may surely, in the interests of the public, bury animosities and agree to differ on the question of therapeutics." And again: "Nor must we talk to them (the other schools) of concessions, but acknowledge plainly their rights, which before the law are the same as our own."

As the gorge rises so at the gall and wormwood of union for just legislation, the homœopathic school has the fullest reason for dreading that a full measure of justice will not be meted out to its candidates by any single Board of State Examiners in which the old school has a majority. The only sensible conclusion is that, out of respect to the rising gorge, the Homœopathic School should have its own separate Board in every State of the Union. The so-called practical objections to separate Boards amount to nothing. In fact, they vanish before the analogy of the State examinations for admission to the bar. Nine examiners are not required to pass upon the qualifications to practice law; and three to five medical men can, equally with three judges, examine candidates for medical license; and, as there are as many examining Boards of Lawyers as there are judicial districts in a State,

so the States can establish several Medical Boards without insurmountable obstacles.

There is also another point of importance. The several medical societies of States should insure provisions by which the judgment of the lay-appointing power shall be guided and, in a measure, controlled in the selection of representatives of the schools on the several Boards. The judgment of laymen is conspicuously defective upon the qualifications of medical men, especially as representatives of the schools. They are notoriously ignorant in medicine, and their reason is dominated more by affectionate and grateful impulses than by knowledge, in the fully informed and unprejudiced sense. For this reason the medical profession, in surrendering the power of appointment to laymen, should retain the power of nomination. Still another reason lies in the fact that such a provision will stimulate the interest of medical men in their society relations, thus adding to the beneficent influence of medical organizations upon the health of the people.

The point of our last paragraph has received an amusing illustration in the State of New York. We have noted the fact that Dr. Egbert Guernsey appeared before the Senate Committee, having charge of the Single Board Bill, in conjunction with the old-school representative. He says, or somebody editorially says, in the columns of his *Asterisk*, that he appeared by invitation, but at whose invitation he does not state. It was not, certainly, at the invitation of either the New York State or County Homœopathic Medical Societies, for the present writer is a member of both Committees of Legislation, and knows that this is the fact. Inasmuch as the old-school representative and he went up to Albany in company; as both were equally anxious for the obliteration of sects in medicine (homœopathy), and as he substantially spoke for the bill, the inference is fair that the invitation was from the old-school representative. However that may be, it is to be noted that he spoke before the Committee for the Single Board, and speaks in the *Asterisk* for the same, but thought and thinks that seven examiners would be better than nine, and that the nominating and appointing power should both be vested in the Board of Regents. Now, if there was any saving clause for homœopathy in the old-school bill, it was the provision for nom-

ination by the several State societies of their respective representatives. Otherwise, through influence, friendship and deals, those pulls upon the lay-appointing power known of all medical men, the medical politician would gain an advantage over the learned and representative physician, as judged and selected by his peers, in securing appointment. In other words, through those underground avenues by which men travel up to public eminence and responsibility, and then often defy the opinion and disregard the interests of those for whose representation they have been appointed, our multifarious professor of all schools, and obliterator of all schools, in medicine might be appointed to represent and protect the interests of homœopathy in the Board proposed. Whether he would seek such an appointment we leave our readers to judge from his record of methods, manner of representation and professions. That he could never be nominated for such appointment by the Homœopathic Medical Society of the State of New York is recognized as beyond peradventure.

Separate examining Boards and control of the nominating power by representative medical societies are evidently two essentials for the protection of the rights and proper representation of the homœopathic profession.

NOTABLE SUCCESS IN TREATING CANCER.

THE remarkable results obtained by Dr. J. S. Mitchell, of Chicago, Ill., in the treatment of carcinoma deserves conspicuous mention. Out of twenty-five cases tabulated eleven were cured; in one the ulceration was healed; one was nearly cured; in three the tumor was removed but the ulcerations were not healed; in one the tumor was reduced one-third, and all soreness relieved; two were greatly improved; in one there was no effect; five died. The varieties of malignant neoplasms tabulated were epithelioma, encephaloid, scirrhus, squamous epithelioma and multiple sarcoma. The best results were obtained in epithelioma; no scirrhus was cured, but all treated were greatly benefited. The one case of multiple sarcoma died. The one case of rodent ulcer was cured.

The treatment consisted of sprinkling two grains of *arsenicum album*, 2x. trituration, upon the surface of the ulcerating growth

every other day, and the internal administration of *arsen. alb.*, 3x. The author claims that the *arsenicum* in trituration has the advantage over the crude paste in being far less painful, more ready of application, productive of but little œdema and inflammation, applicable to large surfaces, slower effect and greater prevention of recurrence, removal of fetor, stoppage of hemorrhage and promotion of euthanasia. The number of applications must be varied to suit the individual case. The earlier applications produce a great amount of serous discharge, which lessens after a few days, and gradually ceases; and the more profuse the discharge the more certain will be the healing process later. A valuable adjuvant is the *chloride of chromium*, 2x. The arsenic was found to be of no service in cancer of the tongue, but *hoang nan*, 2x. trit., locally applied, cured one formidable case.

Were it not for the well-known honesty and competency of Dr. Mitchell, such extraordinary results might be doubted. Some of his diagnoses were fully confirmed by microscopic examinations, illustrations of sections notably sustaining the diagnosis. The treatment is simple, and no doubt a multitude of observations will be recorded, so that in a few years the exact value of the method employed will be fully defined. Dr. Mitchell considers that sufficient time had not elapsed in which to judge of the probability of recurrence; but two cases of cure had remained entirely well for a period of two years at the time of writing. Our readers are referred for details to the cases as reported in our much esteemed contemporary, the *Medical Era*, May, 1889.

THE INSTITUTE AND THE NONDESCRIPT.

SUFFICIENT comment has been already indulged in our columns upon the question of the relation of the American Institute to the listing of journals as homœopathic, and upon the action hastily assumed at the last session with reference to the question in general, and the reinstatement of a journal omitted the previous year. Attention now is only called to the following facts: (1) That no homœopathic journal during the past year has declared the action of the Institute in

1887, in omitting the nondescript, as an infringement upon the rights of the press. On the other hand, every journal, either specifically or by significant silence that gives consent, has recognized that the action of 1887 was within the legitimate jurisdiction of the Institute; (2) no homœopathic journal has declared that the action of the Institute in 1887 was unjust as regards the nondescript omitted. On the other hand, every homœopathic journal that has not been silent (and the latter have been *exceedingly* few) has stated that that action was substantially just; (3) that the nondescript journal (January, 1889, p. 314) has stated as follows: "The *Times* has not for years reported to the American Institute of Homœopathy or any other organization, and if the rule of the Institute required such report, the committee had full authority to drop the journal from its list;" (4) that the Homœopathic Medical Society of the County of New York has officially ascertained that the majority of the members of the staff of the Ward's Island Hospital (when the minority voted to refuse report to the Institute because of the omission of the *Times* by the Institute, and as an alleged insult to the editors thereof), were not present at the meeting, and would have voted in the negative if they had been present; and, further, that the same Society, by unanimous vote, censured the minority of the staff for so refusing to report.

With the statement of these facts we are content to reiterate the following closing extract from our editorial on "Legislation in the Institute," February, 1889:

"Our leading objects have been to point out the following evident propositions: (1) That the Senate of Seniors should be kept removed from all suspicion of concerting, either formally or informally, the politics of the Institute; (2) that legislative resolutions should not be put to vote during the meeting of their introduction, but should be made the special order of a specified time at a subsequent meeting, the proposed resolutions and time of action being bulletined; (3) that the meeting early Thursday morning, of the session of 1888, being without a recording officer either permanent or *pro tem.*, was of an informal character and has no binding force upon the Institute; (4) that the Senate of Seniors has constitutionally no jurisdiction over affairs relating to journals; (5) that principles of scientific tolerance

and of loyalty to organizations should not be confounded; (6) that the Institute has some responsibility in listing journals; (7) that the word homœopathic covers support of both the distinctive science and the distinctive organization of homœopathy.

COMMENTS.

By-ways or Highways?—The June number of our contemporary, *The American Homœopathist*, contains a curiously self-refuting editorial which, as an example of the mysteries of flop and logical inconsequence, has few parallels in journalism. It shows that, inasmuch as the Senate of Seniors of the American Institute is mainly a social body, to whom the Institute has never delegated any other privilege than adjudication of complaints relating to a violation of the Code of Ethics ("to save the Institute from troublesome personalities"), it therefore follows that the action of the Institute in 1887 was illegal, when instructing its Committees having charge of the listing of journals. To be sure it is affirmed that there had been a "tacit understanding," "in the aforetime," by which the "Senate of Seniors" had assumed the listing prerogative. But there is no countenance for such an assertion in the records of the Institute, nor do the Constitution, By-Laws or Standing Resolutions contain the slightest allusion to any such understanding, tacit or otherwise. The claim is in the nature of pure, unsupported fiction. The fact is that the listing of journals had been solely in the hands of the Committees on Medical Literature and Registration and Statistics. In 1887, the Committee on Medical Literature, after protest had been made for two successive years, reported a certain journal on its list. Immediately after this report, in full meeting, every officer present, the transactions of 1887 record only this: "On motion of T. F. Allen, M.D., the *New York Medical Times* was ordered to be stricken from the list of homœopathic journals." In the face of these facts and of the generally accepted view that societies are run, not on tacit understandings, but on Constitutions, By-Laws, Standing Resolutions, and parliamentary law, we submit that the only apparent illegality lies in the fact that the editor of the *Homœopathist* had not, at that time, elected himself a Secretary of the Institute.

Our contemporary indulges in another curious argument. The Provisional Secretary is paid for his work, and Dr. Kraft is paid for his work; Dr. Strong is Provisional Secretary and Dr. Kraft is a stenographer; therefore Dr. Kraft has authority from the Institute to assume Dr. Strong's duties at his own discretion. Dr. Kraft says that all that the regulations of the Institute say as to the functions of either is the following: "That it shall be the especial duty of the Provisional Secretary to make stenographic reports of all debates, *keep the records of general business*, etc." From this it follows that, as Dr. Strong cannot be in two places at the same time, and as Dr. Kraft was employed to report the proceedings in some of the sectional meetings,

Dr. Kraft should assume Dr. Strong's duties as Secretary, at his own will and without Dr. Strong's direction. Furthermore, as the Secretaries incorporated in the Transactions of 1888 what Dr. Kraft did not report to them as having taken place during his very brief incumbency, therefore Dr. Kraft was *pro forma* a *pro tem.* Secretary. But our contemporary does not state that he was not delegated by Dr. Strong or the meeting of seventeen to act as *locum tenens.* Both the Provisional Secretary and Dr. Kraft's associate stenographer under Dr. Strong have informed us that Dr. Kraft and Dr. Bartlett had only to do with reporting certain bureau meetings, and not at all with the general sessions. The logical conclusion must necessarily be that the Institute has provided for three Secretaries; but, as it has not so provided, there must be a tacit understanding on the part of Dr. Kraft that he is the American Institute, Secretary of the "Senate of Seniors," and the factotum of snap in general.

Our contemporary further thinks that it is "stair-case" wit to now find such grievous fault. But, esteemed logician, the question is not one of wit, but as between "front-stairs" and "back-stairs" legislation. No one has contended "that it was Dr. Dake's duty to go out into the highways and by-ways, or to send a sergeant-at-arms with imperial mace through the streets and hotel corridors and bring in the procrastinating members." The point is whether the Senators, in caucus the night before, might not have waited upon the following morning for the Secretaries before proceeding to business; and then, noting how beggarly was the representation of the Institute present, how certainly provocative of wide dissent were the resolutions under proposal, how unaware was the greater body of absent members of the grave matter to be acted upon, wise legislative discretion and fair consideration might have been content with introduction and postponement of final action until, at least, the following day. Supposing that the Institute has equal right with the Seniors to fair notice and time for consideration, it does not seem as if a few brief moments were enough for a deliberative body to discuss the proper definition of a homœopathic journal, to provide for the trial of journals under charge, and to restore to good standing a journal which had declared that homœopathic colleges should not be endowed because homœopathy with its institutions was soon to be numbered among the things that were. But perhaps it is only necessary that promoters of legislation should do all the deliberating beforehand. At least it would seem to our contemporary a grievous fault to contend otherwise. We would be grievous enough to suggest that hereafter he should be content to be sergeant-at-arms and to carry that imperial mace in the highways and by-ways.

The Limitations of Allopathy.—Very recently Allen Thorndike Rice editor of the *North American Review* and Minister to Russia, a man widely known and unusually respected, in the prime of life, and with great possibilities of future usefulness, died suddenly and unexpectedly of tonsilitis, complicated by acute œdema of the lungs. His allopathic physicians had every incentive to cure as speedily as possible their patient, known in both hemispheres, eminent in litera-

ture and in politics, wealthy and influential. Such a patient certainly received every attention that professional knowledge could suggest, and yet his death surprised no one more than the physicians in attendance, and they were totally unable to assist him in his last desperate struggle for existence. Pulmonary œdema results sometimes from Bright's Disease, acute or chronic. It has been remarked that in tonsilitis there is a tendency to kidney disease. Acute nephritis, supervening upon a latent chronic basis, may be excited, and œdema of the lungs result. The symptoms that immediately preceded and characterized the final and fatal onset were certainly suggestive of œdema, due to nephritis. But be that as it may, it is extraordinary that these "regular" doctors should have detected no sign of the impending danger—should not have known that death was at the bedside. And when the faithful valet, discovering his master's condition, summoned the "regular" physicians, what could their boasted "regular" skill and knowledge avail? Nothing. They were absolutely powerless. After the approved "regular" fashion, however, they were skillful enough to hold a post-mortem and discover by this method just what caused the patient's death. Doubtless the patient would have preferred a cure to an autopsy. But the limitations of allopathy prevented. Regular medicine cannot cope with pulmonary œdema. It can cup and bleed and give cathartics and stimulate the heart, but that is almost all. But it knows of no direct remedy for the trouble. Had these "regulars," while resting between times from their post-mortem researches as to the cause of death, devoted some attention to homœopathic therapeutics they might have discovered a course of cure. Homœopathy is not so powerless in these apparently desperate conditions. If our allopathic friends will study up *apis*, *phosphorus*, *tartar emetic*, *ammonium carb.*, *etc.*, and prescribe them according to the homœopathic law, they will not have occasion for so many post-mortems.

The Case of Mr. W. I. Bishop.—The recent death of this well-known "mind-reader" under somewhat exceptional circumstances has attracted public attention to a marked degree. Upon the successful completion of one of his feats of so-called mind-reading he passed into a state of unconsciousness from which he never emerged. This condition was diagnosed as catalepsy, and if the diagnosis is correct, he died in a cataleptic state. The autopsy was held six hours after death occurred. The relatives complain, and with justice, that their consent to the operation was not obtained, and further allege that he was not dead when the autopsy was performed. The physicians have since been arrested. The doctors blundered in not first obtaining the consent of the family, in holding the autopsy so speedily after death, and in not more promptly recognizing their rare and peculiar position. Post-mortem examinations should never be made without obtaining the consent of the family. To proceed without consulting their wishes evinces a calloused indifference to the sensitive feelings of those who mourn the dead. Then, too, there was undue haste in holding the autopsy. Death from catalepsy is extremely rare. Not more than one or two deaths are recorded from this cause—if we con-

sider catalepsy as a disease. More deliberation should have been observed and the condition carefully studied. As to the charge made that the patient was still alive when the post-mortem was performed it may be set aside as unfounded. Still this was a case where search very properly might have been made for the absolute signs of death. These are not difficult to find. A fillet may be applied to the wrist, preserving the arteries from pressure by means of a cardboard, and the veins at the back of the hand examined for turgesence, or a vein may be opened at the bend of the elbow and stringy coagula sought for; this, when present with *rigor mortis*, is an absolute sign of death. The electric test may be applied for muscular contraction. Ammonia may be injected hypodermically: the absence of a red blotch under the skin is a particularly valuable test of death. These, and other tests for determining that life was extinct, should have been made in this case of alleged catalepsy.

A Few Questions.—The *Medical Advance*, in criticising adversely the action of the Materia Medica Committees of Boston, Brooklyn and New York, at the meeting at Dr. Allen's, asserts that the allopathic track is followed, and that the materia medica is not at fault. Now we will offer to our esteemed contemporary a few simple questions for consideration and answer. Is there any way of accurately ascertaining the effect of drugs upon the human organism? Must we not know the true drug symptoms in order to prescribe correctly and scientifically—in accordance with the homœopathic law? If there is a way or method of ascertaining with accuracy drug effects on human beings ought not that method to be followed? Have the methods hitherto followed in proving many drugs been such as to commend the results as reliable to careful and accurate observers? Is it not known that some entire provings are vitiated because of the moral worthlessness of the process? Is the materia medica as it stands perfect—are all its recorded symptoms of drug effects true? Have their records been corroborated? If our present materia medica, being the product of human, and therefore fallible, agencies, is imperfect even slightly, is it not our duty to correct and so strengthen it? Is there anything allopathic in an attempt to find the true symptoms produced by drugs on human beings to the end that our prescribing may be more accurate? Must we not have this knowledge in order to prescribe accurately? Is it not better to know than to believe? In testing drugs what rule is better than "the scientific rule?" Does the Organon and the present materia medica sustain the same relation to homœopathy that the Old and New Testaments do to the Christian religion?

Life Insurance Examiners.—The Nebraska State Homœopathic Medical Society is an alert and vigorous body. Its members are alive to the questions of the day and resolutely determined to defend their rights as physicians. At the meeting of the Society in May, resolutions were adopted concerning certain insurance companies which have refused to employ graduates of reputable homœopathic colleges as examiners of applicants for insurance. The retaliatory action urged by these resolutions, which may be found in another column,

may or may not be wise. But it is a fact that an unjust and senseless discrimination is exercised by many insurance companies in the selection of their medical agents. This species of boycotting directed against homœopathic physicians cannot be defended. It is born of a prejudice engendered by custom and confirmed by long usage. Recently in the near neighborhood of this city a mutual benefit association attempted to force upon a subordinate assembly a distasteful medical examiner simply because he was an allopath, and resisted the appointment of the physician desired by the member, simply because he was a homœopath. No objection was made to the homœopath on the score of fitness, ability or experience. It was enough that he was a homœopath to insure the hostility of the company. It is well that the Nebraska Society has brought up this matter. It is well worth some attention from our school.

WHAT WILL THEY DO WITH IT?—This summer the American Institute of Homœopathy, after three consecutive sessions in the East, moves, like the course of empire, to the Westward. When the Institute decided to meet again at Saratoga in 1887 there was some dissatisfaction; but when in 1888 Niagara Falls was selected as the place of meeting there was definite complaint made that the interests of the Eastern members were unduly considered and cared for. It was said that many Western members of the Institute would be unable to attend because of the long journey and increased expense. This year there can be no cause for complaint. The place chosen for the session of the Institute is central. It is easily accessible to all members who live in the great West. The opportunity that has been so longed for is theirs at last. What will they do with it? Will a large attendance demonstrate their interest in the national assembly, or will a careless indifference disappoint just expectations? Our Western brethren can much improve the record of the past if they will. It is in their power to make the coming session of signal importance and influence. Will they do it?

NEW PUBLICATIONS.

ELECTRO-THERAPEUTICS; or, Electricity in its Relation to Medicine and Surgery. By William Harvey King, M.D., Electro-Therapeutist to the Hahnemann Hospital, Member of the New York Society for Medico-Scientific Investigation, etc. New York: A. L. Chatterton & Co. Cloth, 8vo, pp. 153.

Within 150 pages the author, long and favorably known as a medical electrologist, has given a work upon the subject of medical and surgical electricity that is at once concise, thorough, practical and scientific. The large work of Erb on the same subject is still authoritative in this branch of medicine, but it seems to be little known among the mass of the profession or is not precisely suited to their needs. A more acceptable book to the majority of English-speaking physicians is De Watteville's, but the long-promised new edition has not yet appeared; its place will, we are sure, be filled by the volume before us.

The author divides his work into seven chapters under the following headings: Electro-Physics, Electro-Physiology, Changes in Nutrition, Electro-Diagnosis, General Therapeutics, Special Therapeutics, and Galvano-Cautery. In all of these, whether in simple statements of fact, of procedure or of explanation, clearness is a noteworthy feature. The section on the use of electricity in gynæcology is, as might be expected from the author's large experience in this field, very full and of great value, and the use of the galvano-cautery in surgery is presented in a brief yet exhaustive manner.

In electro-diagnosis and in electro-therapeutics the indications for the use of the two poles and the time occupied at each treatment are given in each case, while practical suggestions, not found in other works on the same subject, are plentifully scattered through the book.

The author's position is a conservative one: he makes no wild claims for electricity, but gives full credit to it for all that he has seen it do, and he goes a step farther in acknowledging the conditions in which its use is only of temporary benefit.

The work has our heartiest commendation.

A few errors in the spelling of proper names are the only blemishes upon the otherwise excellent typography. We cannot agree with Dr. King in his effort to substitute the word "stable" for "stabile" in electro-therapeutics. His reason is, that the word "labile" is English, and that 'stabile," which is Latin, ought to be Anglicized. Now, as a matter of fact, labile does appear in the English dictionary, used as an adjective, implying apostacy, and is simply imported from the Latin, for it is just as thoroughly a Latin word as stabile is. As the words labile and stabile are both Latin and are used as scientific terms they ought not to be changed. O'C.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published Monthly ($10 per year; single copies, $1.00). Vol. I., No. 2, February, 1889. New York: Wm. Wood & Co. Pp. 524, 8vo.

"Gonorrhœal Infection in Women," by William Jap Sinclair, M.A., M.D. (pp. 393), is an extremely instructive essay, whose object is to prove that "the gonorrhœal infection in women gives rise to a group of diseases which, by reason of their clinical interest and their social and moral consequences, surpass in importance every other class of affections which claim the attention of the gynæcologist." The author believes that "without the gonococcus there is no gonorrhœa, and, conversely, without gonorrhœa there is no gonococcus." His subject is well argued and studied in the light of the most recent information, and, while much that is claimed needs further investigation before confident judgment can be formed, the monograph is a valuable contribution to the discussion of a disease whose consequences in women have been much too lightly regarded by the profession.

"On Giddiness," by Thomas Grainger Stewart (pp. 38), contributes no new knowledge, but is a good example of the teaching art of the famous clinical lecturer of Edinburgh.

"A Critical Study of the Clinical Value of Albuminuria in Bright's Disease," by Dr. Pierre Jeanton, of Paris, France (pp. 90), concludes

that albuminuria has a certain diagnostic value, but too often restricted if considered alone; that its prognostic value is still less; that in Bright's Disease, albuminuria has but a secondary value, at least in a large proportion of cases. The ensemble of symptoms he considers as of greater value, but more particularly consideration of the question whether the kidneys allow or not of the complete elimination of the toxic matters manufactured by the organism. In these conclusions the author is sound; but, as his method of ascertaining the eliminating adequacy of the kidneys depends upon the killing of rabbits by injection of urine, according to the views of Bouchard, it does not yet come within the range of clinical convenience. The safest and easiest dependence is upon the calculation of the urinary solids which, whatever may be the toxic agent or agents inducing uræmia, furnish the most available test of the inadequacy of the kidneys to do their work. Dr. Jeanton's monograph is that of a comparatively recent graduate who has studied his subject in the laboratory and in books, but who still needs maturer experience and more independent experiment before he can be taken wholly on trust as an authority upon his subject. His review of albumin tests is not, experimentally, thoroughly up to the fair possibilities of his subject.

The three monographs, taken together, are of exceptional interest, and are printed in excellent type upon good paper. The volume is worthy of the press of its publishers.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Therapeutic Society, meeting April 27th, 1889.

Ledum in synovitis of knee-joint.—Dr. O'Connor reported a case occurring a few years ago, in which after a fall acute inflammation, with effusion in the knee-joint, appeared. *Arnica* internally and externally had no influence, and another physician who saw the case gave material doses of salicylate of soda. The pain was intense, and morphine had to be administered. Surgical counsel was called, and the joint was placed in a stiff bandage; this the patient found unbearable, and it was removed. In the agony of the pain the patient was compelled to move from the bed to a chair; the latter position increased the pain. From this indication ***ammon.***

mur. was given with some slight amelioration. *Rhus* had been previously used with no effect. The pains streamed both upwards and downwards from the joint, and as *ledum* has the characteristic, "pain going upward," this remedy was given in the 200th. Within fifteen minutes after taking the first dose the pains had sensibly diminished. The dose was only repeated as the improvement ceased, and under this method a cure was rapidly effected. The swelling in the joint remained for some weeks, but finally disappeared. The only point in this report is the fact that the remedy relieved although the pain went *also* in the opposite direction to that indicating *ledum.*

Conium mac. in tumor of breast.—Dr. St. Clair Smith: Lady æt. 50 years. Rather irregular tumor in left breast near sternum, on a line a little above nipple. Growth very slightly movable, skin freely movable over it. Diagnosed fibroid, and advised letting alone; gave *conium mac.* 6th. Patient went to celebrated specialist, who advised immediate removal, and intimated that it was malignant, which, of course, caused her great alarm. Succeeded in calming her fears and continued *conium.* Patient went out of town, and I did not see her until three months later, when not a vestige of the growth remained. There were no subjective symptoms.

Cure by syphilinum.—Dr. St. Clair Smith: Lady æt. 30, lymphatic temperament, below par physically from child-bearing and nursing, was attacked with scrofulous ophthalmia (phlyctenular conjunctivitis and keratitis), which defied remedies prescribed by an eminent oculist. Intense photophobia, profuse lachrymation at times, at others muco-purulent discharge. Ulcers on cornea and in canthi; lids swollen and drooping; unhealthy appearance of skin of face, with scaly eruption around eyes. Corners of mouth cracked and ulcerated; same condition of nostrils. Thick nasal discharge; tongue heavily coated. Emaciated; hot, dry skin, and a breath foul beyond description. Absolutely no history of syphilis. After many weeks of suffering, during which time many remedies had been given without relief, I gave *syphilinum* 200 with immediate relief of all the symptoms and conditions. After receiving *syphil.* improvement was uninterrupted. The eyes were well in about a week, and the other conditions followed in due time without the aid of any other remedy.

Dr. O'Connor had used *syphilinum* several times experimentally. Had seen no result from it whatever. Thinking that the preparation was not really from syphilis, he obtained a preparation from an excised hard chancre, the excision being done by a prominent expert in venereal diseases. With this preparation no results were obtained. The remedy was given in each case on isopathic principles.

Meeting May 4th, 1889. *Cure by borax.*—Dr. St. Clair Smith: Patient, an infant one week old, seemed in great distress; cried and moaned all the time; could not sleep. Skin red all over, head hot; mouth very dry and hot, high temperature, restless, would not nurse; eyes partly closed, and seemed sensitive to light; noise disturbed. No disturbance of bow-

els or kidneys. No soreness or tenderness anywhere. I could not make a diagnosis. Gave *bell. cham.* and *acon.* without relief. Was worse in the afternoon of the second day, and parents were becoming alarmed. While I sat watching the baby the mother called my attention to what she considered unusual precocity in a child so young, viz.: "That every time the nurse attempted to put him down he clung to her and screamed, as if he knew what she was about to do, and did not want her to leave him."

I regarded the circumstance from an entirely different standpoint, and gave the baby one dose of *borax* 30, a few pellets on his tongue, and requested the mother, who fortunately had sufficient confidence to do as directed, not to give any more medicine until I called again. In the evening I found the baby sleeping quietly in his crib, and his mother told me that the improvement commenced within half an hour after he received the medicine. The next morning he had entirely recovered, and remained well.

Meeting May 11th. *Ergotin in uterine fibroids.*—Dr. Page reported the case of a lady, aged 45, who had a uterine fibroid, the symptoms being pronounced within a year. *Ergotin* was given in tablets of 1-10 grain each. There was no improvement whatever, and the hemorrhages became much worse. There were no other complications in the case.

Dr. A. R. McMichael has had a different experience. He thinks an aggravation under the circumstances means a higher dillution. He has a number of cases which he will report later. One case had as an *aggravation after ergotin, excruciating pains in the joints*, repeatedly produced, and only disappearing when the dose was lessened.

Kalmia in facial neuralgia.—Dr. O'Connor reported a case of facial neuralgia, the patient being a sufferer for many months. Different remedies helped, but none relieved completely. In speaking of the case to Dr. McMichael the latter suggested *kalmia*. The speaker had thought of this remedy, but as the aggravations in the case were just the opposite of *kalmia*, he had not given it. Within a few days the patient had a very violent attack. Within five minutes after taking half a dozen pellets of *kalmia* 200, the patient was comfortable, and the next day was practically well. A new attack recurring within a week, the same remedy was given in the 6th. Relief was immediate, complete, and so far permanent, it being now several weeks since the 6th was prescribed.

Kalmia in neuralgia and ptosis.—Dr. A. R. McMichael: Case of supra-orbital neuralgia. There was ptosis also. Pain extended into the eyes, but most of it was over the orbit. The condition had existed for three months, and almost every remedy was given without avail. *Kalmia* 1x was now prescribed. The patient was better in twenty-four hours, and in ten days was well. Recurrences have been few, and have always been relieved by *kalmia*.

Effects of Belladonna.—Dr. A. R. McMichael: Case of an old lady of 75. Had cystitis for four months, and was treated by the previous physician with injections. *Nux* was first given, and she was much better next day.

Soon there came on a burning pain, extending from the pelvis to the feet. It was especially bad in bladder and when passing water. There were also sharp stitching pains, coming and going quickly. ***Belladonna*** 2x was given. Next day patient was worse, with dry throat, inability to swallow, jumping and jerking, sleepy, yet could not sleep. Now ***bell.*** 30 was given, a dose every hour. Sleep was improved, but after every dose the dryness of throat returned. Now five pellets of the same were dissolved in a goblet of water, and the patient soon began to really get better. The pains disappeared, she was soon able to be out of bed, and in ten days she was well.

Moschus in hysteria.—Dr. A. R. McMichael: Case of hysteria, patient biting and snapping for twelve hours. One dose of ***moschus*** 2x was given. Patient went to sleep in a few moments.

Chelidonium. Cure of malarial neuralgia.—Dr. St. Clair Smith: Mrs. B., wife of a physician, had suffered many weeks from pain in her back, right side, over liver; right arm, particularly the forearm, and right side of abdomen as far as umbilicus. She was emaciated and nervous, skin dry, harsh and sallow, tongue coated, appetite gone, breath bad. The pain in back and right side, which she complained most of, was intermittent, with aggravation at night. She and her husband both described it to me as agonizing. It had defied all treatment, even large doses of quinine and morphia, until they were completely discouraged. She was one of the most despondent persons I have ever seen. The pain was located in the lower dorsal region, about the junction of the dorsal with the lumbar vertebræ, and she described it as a twisting and tearing, as if the spine at this point was being twisted or wrenched asunder, until the vertebræ parted. This was particularly severe if she moved or bent forward. The whole back was painful, but she laid particular stress upon the ***twisting pain, as if the back was torn apart.*** From this point in her back the pain extended forward to the umbilicus, and she described it as a cutting pain, with griping at the umbilicus. I saw that it was a case of intermittent neuralgia, and undoubtedly malarial in its origin, as there was enlargement of both liver and spleen, anæmia, etc., so invariably found in chronic malarial infection.

The first remedy which came into my mind was ***chelidonium***, and this was suggested by the peculiar character of the pain in the back, and upon further inquiry into the case I found a more or less complete picture of the drug—the coloring of the eye and skin, character of stool, etc. I had the 30th with me, and I must confess to a great deal of doubt when I prescribed it, but I had the satisfaction next day to hear from her own lips that she had not suffered any since taking the remedy. The usual nightly attack had not returned, and she felt better than she had for weeks. But what was more gratifying to me as well as to her, it never returned, and she took no other remedy. Her recovery was rapid and complete.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

THE 239th regular meeting was held December 11th, 1888, President J. L. Moffat in the chair. The Bureau of General Medicine, Wm. M. Butler, Chairman, reported.

Clarence E. Beebe, of New York, presented a paper upon "Preliminary Studies in Relation to the so-called Amygdalitis Lacunaris."

Dr. Beebe: The animus which has prompted the presentation of the paper of the evening is my desire to elicit discussion in relation to those points which are of ***practical*** interest to the members of this Society. A greater or less degree of difficulty has always been experienced by clinicians in ***sharply*** differentiating between certain cases of follicular tonsilitis of the severe type, described in the paper, during the earlier stages, and what is recognized as true diphtheria. This statement is particularly pertinent when the objective manifestations are taken into consideration. Many cases are deliberately diagnosed as diphtheria and credit for a brilliant cure is claimed should the recovery be prompt, and, it may be, ***unexpected.***

Assuredly many of the peculiar phases evidenced by the cases cited would direct the attention to the ***possibility*** of the presence of the so-called ***contagium virum.*** On the other hand, experimentalists have inoculated the healthy with portions of the pseudo-membrane derived from unquestioned cases of follicular tonsilitis, and have ***not*** been able to develop symptoms of the disease.

I have not said that my cases were ***not*** contagious, although the facts as cited, in my opinion at least, appear to disprove the presence of the contagious element. Immediately subsequent to the appearance of the disease in the mother the daughters were isolated, and a most rigid quarantine was instituted. The only individual who was exposed happened to be the husband of the patient, and ***he*** did not suffer from the exposure. The daughters were very carefully watched, and the moment the first manifestation of the disease made its appearance in the younger they were separated. Had the factor of contagion existed at the outset, and had all three patients been exposed to it, it is certainly probable that the disease would have been developed in them all within about the same period of time. Whatever may have been the real explanation of the causation of the cases, there can be no question in the mind of any one as to the imperative necessity for the observance of every precaution against possible contagion, whether it existed or not.

H. M. Lewis: So long ago as when I was a boy my mother demonstrated to our satisfaction that follicular tonsilitis may be contagious. When my brother and myself slept together, if one had tonsilitis the other was pretty sure to be sick at the same time, or soon after. Afterwards when we slept separately, one often escaped an attack entirely. I always regard all sore throats as contagious. Diphtheria may be grafted upon a severe tonsilitis, but the latter can never change into the former, as they are distinct diseases. So may a follicular tonsilitis follow diphtheria, and become very persistent, as I have had occasion to note recently. In one case great masses of cheesy, offensive material constantly formed in the lacunæ, necessitating frequent instrumental interference for their removal. The actual cautery, nitric acid, chromic acid, lunar caustic in the stick and in solution, were all tried in vain.

J. L. Moffat: I recently removed from the above case large pieces of matter. I think most of it was food, which found lodgment there owing to the very deep lacuna, and was retained by a bridge of tissue. I remember a case of follicular tonsilitis which I was able to differentiate from diphtheria only by means of the probe. The aunt of this child de-

veloped a similar disease, I thought from contagion, as they slept in the same bed, but it might have been from exposure in nursing her niece. In a few cases there has been great fetor and headache, with a tough membrane in the throat; with such, *phytol.* has been a useful remedy with me. For a gargle I have used bicarbonate of soda with greater benefit than any other. In the German method of gargling is it of benefit to tell the patient to yawn?

Dr. Beebe: A reference to the cause of these chalky concretions in the tonsils will aid in determining a method of cure. It was formerly taught that the exudate was only from the walls of the crypts, or lacunæ, and that this took on in time a cheesy degeneration. At present the theory is that only a portion of their elements is due to this cause, the remainder being, as Dr. Moffat said, food changed by the action of the acids of the mouth and stomach into a substance resembling the tartar on the teeth. I have a specimen of these concretions weighing twenty-seven grains, said to be the largest of which any record has been made. In treating them I have used all the escharotics with a failure as marked as that of Dr. Lewis. Powerful caustics will destroy the secreting surface, but unless the crypt is entirely obliterated they are a failure. *Calc. Phos.* 3 internally has some effect in preventing their formation; but the only complete treatment is the removal of the tonsil by amygdalotomy or galvano-cautery. For tonsilotomy I prefer a modification of Mackenzie's amygdalotome, although I have never met, in these cases, hemorrhage which was not amenable to a strong saline solution; still I dread the operation, and of late have found galvano-puncture more than satisfactory.

I have had no difficulty in teaching patients the German method of gargling. One of my cases that yawned accidently while gargling, choked badly from the water getting into the larynx.

Dr. Blackman: Dr. Beebe stated that paralysis in some form always followed diphtheria. Do we not have paralysis also after severe tonsilitis or amygdalitis lacunaris?

Dr. Beebe: No; but we may have a pseudo-paralysis due to mechanical causes, such as tissue infiltration. In many cases the paralysis in diphtheria may be so slight as to be overlooked.

Dr. Chapin: In differentiating severe tonsilitis from diphtheria I have noticed that there is rarely any swelling of the external glands in the former. In diphtheria a change in the patient's position, as from lying to sitting, will effect the heart's action. In diphtheria we have too, as has been said, true paralysis to some extent. Time is another factor in the diagnosis. The tonsilitis is nearly well in nine or ten days, while in diphtheria the cases are usually at their worst at this time. As for contagiousness, I have seen four or five members of the same family come down within two weeks with severe tonsilitis. Alcohol, a tablespoonful to a half a glass of water, is a very efficient gargle.

I have a case under treatment where, although the tonsils are very small, chalky concretions form in them every four to six weeks. Thoroughly cleansing the mouth and teeth with water and listerine daily has checked this formation.

Dr. Beebe: Gargles are not curative, but are useful in comforting the patient. I have used all the solutions that have been mentioned, but find the commonest kind of claret, diluted with an equal quantity of hot water, to serve me best. A solution of powdered alum, 1 drachm; powdered sugar, 2 drachms, in tepid water, 8 ounces, has also served me well. Sulphite of soda in tepid water is a good application for sprue (1 drachm to 2 ounces), and as a gargle or mouth-wash (2 drachms to 8 ounces) in ulcerative stomatitis.

Peroxide of hydrogen is very efficient in removing the fetor in diphtheria and in cleansing the throat. I employ a 12 volume solution, 1 part in 4 of distilled water, applied with an atomizer.

RECORD OF MEDICAL PROGRESS.

ACTÆA RACEMOSA IN DISEASES OF NERVOUS ORIGIN.—Mr. J. C. Balfour reports, in *The Lancet* for March 9th, several cases of neuralgic affections which were cured by the use of ten-drop doses of actæa racemosa.

VAGINAL LITHOTOMY.—Mr. Jacobson reports in *The Lancet* for March 30th a case of vaginal lithotomy in a patient six months and a half pregnant. The wound was sutured immediately and the patient recovered.

Mr. Sidney Jones reports in *The Lancet* of March 2d a case of a conical bullet wound from one temple to the other, with recovery, but loss of vision of one eye.

NEPHROTOMY.—In *The Lancet*, London, March 2d and 9th, Mr. Arthur E. Barker reports in detail five cases of successful renal surgery, and concludes that the prospect of permanent closure of wounds of the kidney after operation is better than we have heretofore supposed.

NASAL DIPHTHERIA.—*The Lancet*, March 2d, says: "The number of fatal cases of concealed diphtheria in children is certainly large. Experience in the *post mortem* room teaches that local manifestations of the disease are most extensive on the back of the soft palate."

ANEURISM.—Dr. Macewen offers a new method of treating aneurism. (*Lancet, March 9.*) Needles are passed into the sac in such a way as just to touch the lining of the opposite wall. The oscillation of the needles causes a succession of fine scratches on the endothelium, and lead to the development of a fibrous mass.

THERAPEUTIC USE OF ACETANILIDE.—Jendrassif, of Buda-Pesth, considers acetanilide less valuable as an anti-pyretic than other remedies, but that its action upon the nervous system is predominant. As an analgesic it excels the narcotics. In dose of 7½ grains it has an excellent action upon the irritative conditions of locomotor ataxia and dementia paralytica, and also upon the laryngeal crises of the former. He advises against large doses (more than 15 grains), as they produce cyanosis.—*Therap. Monatshefte*, April, 1889. O'C.

OTOSCOPY IN DISEASES OF THE SPINAL CORD.—Dr. Gellé claims that some light may be thrown on affections of the spinal cord by examination of the ears. Not only, he claims, does inflation of the external meatus diminish the hearing power of the ear in which it is practiced, but that of the other side as well. This must be due, according to Dr. Gellé, to a reflex action controlled by an oto-spinal centre. If this be the case, a method is opened up for diagnosing the condition of the spinal cord in the locality of the oto-spinal centre, and where the ears are sound a want of co-ordination will indicate some lesion of the cervical portion of the cord.—*The Lancet, March 2d.*

THE INFLUENCE OF CHLOROFORM IN LUNG AND HEART DISEASES.—Professor Rosenbach, of Breslau, recommends the inhalation of small amounts of chloroform under certain conditions. The advantages of chloroform inhalations are that they can be tried in relatively short yet frequently occurring attacks, or when a rapidly acting remedy, the dose of which can be easily regulated, is needed. It is especially indicated in asthmatic attacks of all kinds, in affections of the lungs or heart, and in the frequent attacks of coughing in consumptives; also in singultus and in certain cardialgic affections of moderate intensity. Concerning the mode of inhalation, from 5 to 15 grams of chloroform are poured upon cotton contained in a funnel and inhaled with slow, deep breaths. The result usually is that the patient, after overcoming the first disagreea-

ble feeling of irritation, experiences a sense of comfort, and, at times, sleeps. Dr. Theodor Clemens, of Frankfort-on-the-Main, reports forty-two cases of pneumonia treated by chloroform inhalations. He always added rectified spirits to the chloroform to prevent the injurious action of the latter, especially the narcosis from long-continued inhalation. Under this treatment the dreaded hepatizasion is very rare, the course of the disease is shortened and resolution is almost incredibly rapid. The more severe the case the more frequent and longer should be the inhalations, and also the greater should be the addition of spirits to the chloroform.—*Therap. Monatshefte*, April, 1889. O'C.

HOT-AIR TREATMENT OF TUBERCULOSIS.—A supplement to the *Berl. Klin. Woch.* of March 11th contains a recent address by Professor Kohlschütter on Weigert's hot-air treatment of pulmonary tuberculosis, given at a meeting of the Ærtzte-Verein, in Halle, on February 20th. The fact that this treatment has already become a subject of comment by the newspaper world did not deter the speaker from examining the question scientifically. It is known that tubercle bacilli are peculiarly susceptible to influences of temperature; their vitality is lowered by a temperature of 101.3° F., and they are killed by a temperature of 107.6° F. To breathe hot-air continuously for a long time is impossible—only one of the speaker's patients could do so for as long as an hour—and the beneficial action of hot-air in the above sense must be on the well-known principle of intermittent gradual sterilization, the germs being killed off in successive crops as they develop. Weigert, in attempting to apply this clinically, showed that extremely hot, dry air can be breathed without injury. In Weigert's apparatus (which may be procured from A. Meissner, 71 Friedrich Strasse, Berlin), the thermometer shows a temperature beween 480° and 570° F., and although the air actually inspired is doubtless not so hot as this, it is hot enough to cause the expired air to have a temperature of 60° C. (140° F.). In a particular case of Professor Kohlschütter's the following effects were observed: In seven weeks after inhalation, twice daily, the chest-girth increased from 89 to 95½ centimetres, and a pleuritic exudation in the left side was absorbed. Crepitation and dullness were replaced by normal physical signs, and good breath-sounds were heard over both lungs. Careful examinations of the sputa showed that the bacillary appearances were remarkably altered. At first the bacilli were numerous and more or less uniformly scattered. Subsequently they were found only in groups of three or four, and were far fewer. At a later stage they had all but disappeared. The temperature of the body rises about the third of a degree (F.) after each inhalation, but soon subsides. The pulse frequently showed a difference of only five, as counted before and after each inhalation. The respirations became deeper and slower; the patient in question—several others were treated—at last could do with seven respirations per minute. This is ascribed to the difficulty of inspiring through long tubes. The previous dyspnœa was lost, and more exercise could be taken. The cough at first increased a little, the expectoration considerably; but, at the date of the address, both were lost altogether. The bodily weight had increased from 73 to 73.57 kilos (nearly two pounds). The author expresses himself as well satisfied with the results so far, and thinks this method of treatment worthy of more extended trial. *Brit. Med. Jour.*, March 30th, 1889.

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

TRAINING SCHOOL.—The Homœopathic Hospital of St. Paul is now ready to give a course of training to men and women who desire to become professional nurses.

TONGUE IN DIAGNOSIS.—Dr. C. C. Benson has published a chart showing the relationship which different portions of the tongue sustain to the various organs of the body. He says: "In disease the tongue first colors and furs at its root in the stomach tract; then at its sides in the lung and nerve tracts; then at its middle or digestive or excretory tract; thus showing the order of treatment in departing health."

NEW ASYLUM.—The New Homœopathic Insane Asylum at Furgus Falls, Minnesota, is building as rapidly as possible. The central administration building with accommodations for 300 patients, will be completed in September next. The original plan includes room for 1500 patients at an outlay of over $350,000. By the act creating this institution the practice must always be homœopathic. The Superintendent will soon be appointed.—*N. W. J. of H.*

LETTERS OF HAHNEMANN.—The *Homœopathic World* is publishing a series of letters of Hahnemann, which have never before been made public. The first one in order is from Hahnemann to his publisher, Mr. Arnold, of Dresden urging him to pencil his reply to Hecker's attack on the Organon, without any alteration whatever. His appeal was successful, and the reply was published as written. The series (there are 51 in all), will be read with interest.

ANOTHER CANDIDATE.—The *Journal of Homœopathics* is the title of the latest arrival in the journalistic field. It is so doubtful of any *raison d'être* for its existence that it devotes a number of pages to an article that attempts to demonstrate the necessity of its birth. It decries liberty of opinion in medical matters, and shows signs of a stifled but rabid intolerance. It is purely an organ of the believers in the highest possible fluxions. In the language of the departed Ward, "If anybody likes that kind of thing, that's the kind of thing they will like."

AMATEUR BURLESQUE.—The Woman's Guild of the New York Homœopathic Medical College and Hospital may congratulate themselves on their successful entertainment. Rarely has the Metropolitan Opera House been more completely filled than it was the evenings of May 7th, 8th and 9th, and rarely has the audience been a more brilliant one. All the boxes were occupied, as well as every seat in the rest of the house. Among those present were ex-President Grover Cleveland and his wife. The stage attraction was John Kendrick Bang's burlesque of "Mephistopheles," performed by members of Company I, Seventh Regiment. Everything passed off smoothly, and to the evident delight of the audience. The scenery was elaborate and fine, and the music and acting elicited much applause.

"MOVING ON."—A writer in the *Medical Era* lately described how the "regulars" were "moving on" to homœopathic methods and detailed evidence enough in support of his position to convince the more sceptical. They are still moving on. It has been unclassified unto them to discover that *apis* is good for rheumatism, and a delightful and ingenious method of administering, the drug has been devised. The *Hom. World* which contains the wonderful account, thinks that homœopathy may be discovered some day. Dr. Tere has discovered a cure for rheumatism in the sting of a bee. He says that in 173 patients he applied 39,000 stings; that is an appalling number of stings to consider *en masse*, but the doctor kindly remarks that it does not hurt much when you get used to it. Truly the "regulars" are "moving on."

THE MIDDLETOWN ASYLUM—The Eighteenth Annual Report of the State Homœopathic Asylum for the insane at Middletown, N. Y., contains much interesting information. Dr. Talcott, the Superintendent, has incorporated in his report to the trustees an account of the curious colony of Gheel and the "foster parent" method there employed for the care of the insane. He also gives a description of the "cottage system" as it exists at Emrole in Holland. Both of these methods meet with great approval. The "foster parent" plan is simply sending patients out to be cared for by people living in the vicinity of the asylum. These persons are known as foster parents. The cottage system consists of a series of cottages surrounding a central building, each cottage having its responsible head. These methods have been somewhat employed at Middletown. During the past year 672 cases have been treated. The percentage of recoveries in number discharged was 46.94. Percentage of deaths on number treated, 5.35.

NEBRASKA SOCIETY.—The proceedings of the Nebraska State Homœopathic Medical Society at its recent meeting held at York demonstrate conclusively the presence of abundant vitality. Many excellent papers were read and the discussions were spirited. The treasury was reported full and twelve new members were admitted. The wise custom of devoting one evening session to a popular address was observed by the Society. Dr. A. C. Cowperthwaite was the speaker. His subject was "The Mission of Homœopathy." The Society unanimously adopted the following timely and pertinent resolutions: Resolved, that it be the desire of the Nebraska State Homœopathic Medical Society that we disapprove of the methods of those life and accident insurance companies which refuse to allow graduates of reputable Homœopathic Medical Colleges to examine applicants for insurance in said companies, and that we use all reasonable and fair means to assist such companies as allow graduates of all legal colleges to examine their applicants, by encouraging our large and wealthy constituency to patronize companies that are not fettered by such narrow and bigoted prejudice. Resolved; further, that a copy of these resolutions be published in the leading medical journals of the country. The President for the ensuing year is Dr. A. L. Macomber. The Society will meet in Omaha next May.

RECEIPT FOR A BRITISH MEDICAL JOURNAL.—Take of advertisements about anything in the heavens above, the earth beneath and the waters under the earth, which can possibly interest a more or less imaginary invalid, seventy pages; of a pleasant discourse on embryonic life, highly interesting and instructive to our young people, two pages and a half; of downright, heavy and profoundly scientific stuff, interesting to nobody but the writers, some dozen pages; of accounts of special operations, interesting only to those who are likely to have cases requiring such treatment, and therefore mere advertisements for the business carried on by the operators, half a score of pages; next, some twenty columns of colored and pseudo-scientific paragraphs about subjects connected with our homes or amusements, and our occupations; a little about our queen and a good deal about our neighbor's kaiser; many columns about our taxes, our hard times, the climates we might enjoy and the sort of weather which torments us, and we have a paper calculated to interest any fairly educated reader for half a day—a journal to vie with the *Times* or the *Spectator* for the general reader, a splendid medium for bringing week after week into our homes the names, the manners the history of the work of the high priests of medicine and surgery on this kingdom. How they avail themselves of their opportunities, how they blow their own trumpets, how they tell of their successes or explain their failures—is it not written in the columns of the oldest medical journal? Yet they do not advertise.—*Chemist and Druggist.*

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ORIGINAL ARTICLES IN MEDICINE.

A STUDY OF BROMINE.*.

By HENRY M. DEARBORN, M.D.,
New York.

BROMINE was first discovered in 1826 in combination with *magnesium*. Since then it has been found in sea-water, in some marine animals and vegetables and aquatic plants, rarely in solid minerals, but more often in mineral waters. It is present in all waters containing *iodine* and, with one exception, in larger quantity than the latter. It does not occur free in nature, but when separated by chemical manipulation is a reddish-black liquid, the only element beside mercury that is fluid at ordinary temperatures.

Chemically it has affinities between *iodine* and *chlorine*, being, in this respect, stronger than the former and weaker than the latter [*bromine* will sometimes displace *chlorine* when in combination with *oxygen*]. It forms acids with both *hydrogen* and *oxygen* and salts with many of the metals. It is very volatile, and has a suffocative and offensive odor; to the latter quality it owes its name.

For medicinal purposes *bromine* has been given in material doses, from one to five drops largely diluted with water. For homœopathic use it is prepared in water up to the third decimal dilution, and higher with alcohol; the lower dilutions are directed to be freshly prepared on account of their liability to decompose. Applied locally in its concentrated form *bromine* acts as a painful escharotic, and in appropriate strength it is antiseptic. Inhalation of the vapor has caused irritation of the air-passages and spasm of the glottis. Inhaled by animals it has determined the growth of false membrane in the throat.

* Read before the Homœopathic Medical Society of the State of New York, February, 1889.

Given internally *bromine* is rapidly converted into *hydrobromic acid;* in a toxic dose, it is an irritant corrosive poison. After swallowing such a dose inflammation of lips, mouth, throat, œsophagus and stomach have followed with constant burning pain, difficult respiration, great anxiety, trembling of hands, rapid pulse and in a few hours extreme prostration, ending in convulsions and death. In full doses it has produced intense catarrh of the respiratory and digestive passages, profound sleep, delirium and dilatation of the pupils. From small doses have come sense of heat in mouth, throat and stomach, hiccough, increased secretion of mucus and saliva, and when long continued, headache, dyspnœa, diminished sensibility of skin and loss of reflex irritability at root of tongue and posterior wall of pharynx. Injected into the veins *bromine* has shown its most characteristic action on the respiratory organs, causing inflammation; the larynx being most involved. The post-mortem evidence in fatal cases has been of extending hyperæmia and inflammation effecting the peritoneum, liver, lungs, trachea and larynx, with added ecchymoses, ulcerations, exudations and softening in the gastro-intestinal tract.

A review of the several hundred symptoms obtained from the provings of *bromine* gives little more indication of its sphere of action or for its use in disease than we obtain from a knowledge of its local and more crude pathogenetic effects on animals and man. I need, therefore, call attention to only a few of the more important. There are no reliable mental states; depression and a tendency to be suspicious have been recorded, to which might be added anxiety as a confirming symptom. The headache is like a pressure, left sided and made worse by heat of sun. The coryza of *bromine* is fluent, obstinate, with corrosive soreness of nostrils; it is accompanied by sneezing, swelling of nose inside, slight scabbing and bleeds easily—the bleeding affording some relief. In the pharynx are feelings of swelling and scraping. The voice is hoarse, even suppressed; the larynx seems constricted, inspiration produces a sensation of coldness, respirations are short, sometimes difficult, with occasional desire to breathe deeply, which seems impossible. In the trachea are feelings of contractive pressure. The cough of *bromine* is caused by tickling, scraping, rawness, or sudden paroxysms of suffocation caused or much aggravated by swallowing, with rattling in larynx and trachea and stitches in lungs. With respiratory disturbances there is much yawning and drowsiness. In the abdomen, *bromine* causes distension and passage of flatus. In the rectum it excites painful blind piles with dark or black stools. In the female, *bromine* is said to have caused the formation and emission of gas from the vagina, and

brought on too early menstruation with profuse bright red flow with membranous shreds and much exhaustion, also spasms of the uterus during the menses, long lasting and leaving the abdomen sore. *Bromine* increases the urinary secretion and diminishes sexual desire. On the skin it tends to the formation of boils and acne pustules, which are characterized by a rather diffuse hardness. It has also caused swelling of single lymphatic glands.

Bromine has produced marked prostration in animals and in cases of poisoning in the human subject, and to some extent, also, with small doses; when from the latter it is ephemeral in character like a natural tired feeling or excess of weariness. *Bromine* has an evening aggravation, a certain amelioration from motion, shows a preference for the left side, and acts better on persons with light hair and eyes and of rather full habit.

Bromine is one of the substances whose action on the human system depends much on its chemical nature. It produces its local effects by combining with water and liberating *ozone*, which attacks the mucous and other tissues. Internally, its great affinity for *hydrogen* and the consequent irritation, with resulting effects through the reflex nervous system may explain much if not all its symptomatic action, while its elimination by the respiratory organs affords some basis for its more energetic action on the mucous membrane of those parts, and the larynx especially, from being a more constricted passage.

As a remedy in diseased conditions, though its sphere is somewhat limited, it may be pretty well defined. Out of the body *bromine* is a powerful disinfectant, and has been rendered practicable as such by use of the "Silicious Sponge," invented by Dr. Frank, a small piece of this sponge saturated with *bromine* and placed in a close room is said to thoroughly disinfect it in one hour. For the speedy purification of houses and rooms it ought to be of value. It has been shown, also, that a solution of *bromine*, one part in a thousand of water, will disintegrate false membrane in sixty minutes or less.

Bromine may be well used at times by olfaction. Repeatedly have I seen the croupy breathing of children while asleep relieved by the exhibition of the medicine in this way. In all the affections of the respiratory passages it may be administered in this manner when indicated. The nasal catarrhs for which *bromine* is indicated are probably not very common; I have seen it act with great benefit in obstinate catarrh of the left nasal region with thin discharge and spots of superficial scabbing, which would bleed from the least touch or from blowing the nose; I have not, however, found a corrosive soreness at the margins of the nostrils a good indication for its use.

On the larynx *bromine* has had its best success as a remedy, but usually as a secondary one. While it may act to relieve primary irritation and spasm here, like *spongia*, it has shown its more complete action in true croup after *iodine* has lost its power for good or the disease has advanced beyond that drug and before that condition is reached which requires *hepar sulphur* or *tartar emetic*. Indeed, the actual condition of a patient at this stage is strikingly like that which we may gather from the action of *bromine*: the difficult breathing, the gasping for air in efforts to get a full inspiration, the aggravation from swallowing, the spasmodic suffocating cough with rattling up and down in trachea and larynx, at times the anxious expression of face or again drowsiness, and the evident weariness, not to say prostration—all may remind us of *bromine*. Many cures have been recorded with this remedy in this desperate stage of croup; even in less typical cases *bromine* has yielded good results. In diphtheria of the air passages *bromine* has proved also an efficient medicine. Its marked prostration (from toxic doses) has been taken for a chief constitutional indication for its use here, and in such cases it has attained its greatest success.

In pneumonia *bromine* has been thought of great value, especially in the croupous variety, but here, as in true croup, it serves to supplement or reinforce *iodine*, when that fails, and it cannot be said to have that influence over parenchymatous inflammation that *iodine* has.

Bromine ought to prove useful in some of those rare cases of uterine or vaginal irritations attended by emission of gas from the vagina; *sepia* is the only other drug having that symptom, so far as I know, and in one such case which came under my observation it afforded relief.

On the skin I have got much the best result from *bromine* in combination, and have seen indurated acne of recent origin rapidly disappear under the use of one per cent. solution of *bromide of arsenic* (or ten per cent. *bromide of potash*), internally. The better action in these instances is probably due to the longer retention of *bromine* in the system than when given alone.

The character of the *bromine* prostration has led to its being given in intermittent debility with palpitation of the heart, etc. Dr. Underwood, of Brooklyn, relates a case in the *Medical Counselor* for Dec. 15, 1882, of a daily feeling of prostration beginning after breakfast during the first days of spring which *bromine* 3 promptly cured for one year, but on its appearance the next spring this dilution failed, as did various other remedies, but *bromine* in higher attenuation gave immediate relief.

If we follow *bromine* in its combinations many of the effects of those salts may be traced to its influence. In these compounds it loses largely its action as a local irritant and develops more its power over muscular tissue, especially that controlled through the vaso-motor nervous system, secondary effects on other nerve-centers follow. That the action of these salts is due to the *bromine* rather than to the base we may assume from the fact that the salts containing the larger per cent. of *bromine* can be given in the least dose to produce certain results. *Bromide of potassium* contains about sixty-six per cent. of *bromine*, *bromide of sodium* seventy-eight per cent., and *bromide of lithium* nearly ninety-two per cent. The so-called physiological dose of these salts varies in about the same ratio as the proportion of *bromine*.

With a drug apparently never intended for independent (single) existence in the chemistry of nature, and which has to be carefully imprisoned to be kept in a pure state, the question of form and dose for medicinal use is of more than ordinary interest. Without in any way attempting to answer the query, whether a substance held in a non-medicinal vehicle loses powers peculiar to itself of affecting the vital force or functions of the human body by reason of chemical changes (which probably may be affirmed of some drugs and doubted as regards others), I think all will agree that *bromine* is a remedy very liable to produce aggravations (especially in children) even as high as the 3c. attenuation. But all will not admit that the *lowest attenuation which does not cause an aggravation is the best form to administer in the least quantity repeated as needed.* And yet this is a fundamental principle in homœopathic therapeutics which applies with more than average force to *bromine*, and if adopted in practice would give greater confidence in this drug, I believe, as a remedy for suitable conditions.

Unfortunately, the clinical records of homœopathy do not always state the attenuation of a drug employed. So far as the records show, the lower attenuations of *bromine* have been given most often. Dr. Harrington, of Rochester, reported in 1870* that he had relieved a few cases of croup after all other means had failed with half-hourly inhalations of *bromine*, 1-60 parts of water. Dr. Jones, of Albany, reported at the same meeting that he had never lost a case of croup in which cough was a prominent symptom, even when membrane had been formed, since he had used *bromine*—usually by allowing the room in which the patient was confined to be filled with vapor.

* N. Y. S. Trans., vol. viii., 68, 69.

Dr. Chas. Sumner, at the meeting of the Central N. Y. H. M. Soc., Dec. 15, 1870, reported a case of membranous croup cured by inhalation of *bromine* tincture.

Kafka uses *bromine* 3 in croup and diphtheria when *iodine* 3 does not promptly relieve, and he has seen good results follow the inhalation of the first or second decimal of *bromine* on cotton wool in cases of croup.*

Phillips says † he has seen excellent results in diphtheria from inhalations and *bromine* internally (in a solution of one to sixty) "even when the disease had extended to the bronchi and great prostration had set in."

Ozanam ‡ used *bromine* in 1 to 1,000, aqueous solution, one or two drops every hour, together with inhalations of a weak solution in many cases of diphtheria with a mortality of only about three per cent.

Dr. B. F. Betts, in a paper on "Sub-involution of the Uterus—Symptomatic Indications for Remedies," § relates a case where *bromine* was indicated and given in the third attenuation with good effect

Other cures (and some failures) have been reported, but so far as they have come under my notice the attenuation has not been clearly stated, and hence they are without value as illustrating the quantity and quality of dose used. This holds true in a less degree with high attenuations. Though the evidence of their efficacy is not altogether sound in some instances it appears to be so in others. It will suffice to give here the experience of the late Carroll Dunham. ‖ He said: "My first use of a high potency of *bromine* was accidental. Called to prescribe for a severe case of croup, in which that remedy was indicated, I found that the crude substance or a low dilution was not to be obtained. I had the two-hundredth in my pocket case. I gave it with a result equally happy and much more speedy than I had ever before witnessed. This was altogether contrary to my preconceived notions concerning *bromine*, and it summarily upset a very pretty chemical theory I had formed."

The surgical value of *bromine* deserves mention. It vaporizes readily and destroys (decomposes) organic matters, and is, therefore, under suitable regulations, a diffusible disinfectant (already noted),

* Translations by S. Lilienthal.

† Mat. Med., v. i., 97.

‡ Brit. and Foreign Rev., April, 1869.

§ Trans. Am. Inst. Hom., 1888, 450.

‖ "High Potencies in the Treatment of Diseases," N. Y. S. Trans., v. ii., 74.

and may be used to render the air of apartments aseptic. But, when brought in contact with living tissues, it develops powers varying somewhat with the strength used and the nature of the tissues subject to its action. It is known to liberate *ozone* to a greater or less degree in proportion to the moist state of the tissues, and the *ozone* in seeking new combinations may penetrate into the underlying tissues. It also coagulates albuminous substances, and, according to Glover,* combines with albumin in the proportion of twenty-three to ninety-six. Whatever the sum of its action may be, it is remarkably efficacious when tissues fail to take on normal repair after wounds or surgical operations, or which have been infected with animal or vegetable poisons. During the War of the Rebellion *bromine* was found the best local application in hospital gangrene. Dr. Goldsmith, Surgeon U. S. V., conclusively showed its value in that disease in an article published in the *Medical Times*, v. ii., 1863. Dr. von Tagen † claims to have first used *bromine* for hospital gangrene, and gives some interesting tables of results—a death-rate of less than three per cent. Dr. F. H. Hamilton ("Principles and Practice of Surgery") gives the average duration of a number of cases of hospital gangrene under all treatments as twelve days; under *bromine* alone the average was six days. All observers agree that pure, or nearly pure, *bromine* is most efficacious in this disease. Dr. S. F. Wilcox stated in conversation that he had found *bromine* in weak solution very effective as a local application to unhealthy, granulating wounds, soon restoring them to a healthy appearance.

Dr. Geo. Allen ‡ mentions cases of phlegmonous erysipelas favorably influenced by applications of *bromine* in solution. In the same paper—"The Surgical Use of Bromine"—a case of pus inoculation and one of rhus poisoning are given, illustrating the local action of this drug. Reference is also made to the contribution of Dr. S. H. Brown, U. S. V., of many cases of poisoning by ivy, sumach and poison oak cured by local applications of *bromine*. For treating the latter, Dr. J. J. Mitchell § gives the following directions: "Ten or twenty drops of *bromine* dissolved in an ounce of olive-oil or cosmoline is rubbed gently on the parts three or four times a day. The oil is to be washed off twice a day with castile soap. The *bromine* mixture should be made fresh every day."

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* "Harveian Essay," 1842, Phillips.

† "Biliary Calculi, Perineorraphy, Hospital Gangrene, Boericke and Tafel, 1881.

‡ Trans. N. Y. S. H. M. Soc., 1883, 133.

§ N. Y. S. Trans., v. xv., 60.

In a brief article, "Bromine as an Antidote for Dissecting and Septic Wounds,"* Dr. M. O. Terry gives some personal experience with *bromine* in the above class of wounds, together with directions for the temporary immersion of the part affected in a weak solution, no other dressing being applied or worn.

LACERATION OF THE PERINEUM AND PRIMARY PERINEORRAPHY.†

BY M. BELLE BROWN, M.D.,
New York.

IT was formerly believed that rupture of the perineum was an unavoidable accident in primiparæ, and the older physicians were in the habit of treating it with indifference. Of late years, the past twelve or fifteen, much has been written upon prevention of laceration, and the accoucheur is regarded as not doing his duty if he neglects examining his parturient patient for perineal tears.

The duties of physician to patient at all times are two-fold: to relieve present suffering, and to guard, as far as possible, against future ailments. But in no department of the practice of medicine are the duties of the physician of more importance, or of greater moment, than in the lying-in chamber. Too many consider their work done when the woman is delivered, or being tired and worn out with a tedious labor, will omit examining her for accidents. At one time the physician would not have been considered as leaving anything undone if he let pass by an examination after delivery; but at the present day he is regarded as guilty of almost criminal neglect. In this city he has scarcely a chance to disregard his duty in this respect, for the woman herself will most likely call attention to it. It is a common thing in my experience to have a woman say, when she engages me to attend her in her confinement, "Doctor, will you sew me up if I am torn?"

In considering the etiology of lacerations of the perineum we will first take up conditions due to the *mother*.

Here we may have a variety of causes due to the structure of the maternal parts. We may have a firm and unyielding perineum, one that will not relax on account of its strong muscular structure, preventing the passage of the child's head by its great resistance; or, we may have the very opposite of this as a cause of laceration, the tissues

* *No. Am. Journ. Hom.*, v. ii., 3d ses., 747.

† Read before the Homœopathic Medical Society, State of New York, February, 1889.

composing the perineum may be so soft and yielding as to allow a too rapid passage of the head; any pathological changes in the perineal tissues, as an excess of adipose tissue or varicose veins, will cause them to part easily, deformities of the pelvis, a misproportion between a very small ostium vagina and the child's head. With any of these conditions the most careful and skillful accoucheur may get all the way from a slight tear to a complete rupture.

On the part of the *child* we have first the *size* of the *head.*

Small heads will sometimes cause rupture as well as large ones; they pass too rapidly before the maternal parts are ready; boys' heads are said not to yield as well as girls'.

In regard to the *mechanism* of *labor.* The most favorable for the perineum is the breach. In head presentations the normal is the best; occipito-posterior positions are a frequent cause of rupture. Apart from the conditions due to the mother and those due to the child, *ergot* and *forceps* are two agents that are responsible for a large per cent. of perineal injuries.

The most common cause of *preventable* tears is the too rapid or forcible emergence of the child's head or shoulders before the structures are sufficiently relaxed. The rapidly advancing head should be restrained by judicious counter-pressure. I say judicious counter-pressure, for it may not be always prudent to delay the progress of the head. A slight laceration may not be as great an evil as prolongation of labor with, perhaps, death of the child. While the best means of dilating the perineum is the slow advance of the fœtal head, yet a tear may occur in the hands of the most expert and accomplished obstetrician.

The old method of supporting the perineum by making forcible pressure against it is now seldom practiced. The best method of support, and I think the one generally adopted, is the Goodell method of "expressio capitis per rectum."

Two fingers of the right hand, the index and middle, are placed in the rectum and the thumb on the child's head. With the hand in this position the accoucheur can exert quite a positive influence over the progress of the labor. The head can be held back or allowed to descend. With the fingers pressing on the forehead, the head may be crowded close up to the symphysis and the perineum not allowed to relax. Dr. Munde says the head can be slowly "shelled out" between the pains. If chloroform is given at this stage of labor it lessens the liability to injury of the perineum. It assists in relaxing the tissues, and retards the passage of the head by diminishing the uterine contractions.

Can we exert any influence on the physical qualities of the perineum as a means of prophylaxis?

It has been my habit when in charge of a woman during the period of her pregnancy to have her make special preparation for her labor during the last month. I have her continue exercising as long as she can, and take a warm sitz bath every night. If a primiparæ, of firm muscle, I give her one drop of tincture of belladonna at bed-time for a fortnight, and during the progress of the labor use hot applications on the perineum with belladonna ointment, one drachm fl. ext. bell. to two ounces vaseline. The internal administration of belladonna renders the os less rigid and diminishes the liability to cervical lacerations. I have delivered strong and vigorous primiparæ after this preparatory treatment without the slightest tear of either cervix or perineum; always, of course, taking every other precaution.

Results of laceration if left unrepaired.

These are both immediate and remote. The immediate results are liability to septic infection from a wound in such highly absorbent tissue, nervous irritation, imperfect involution from interference of the circulation, and retarded convalescence. The remote effects are dependent upon the extent of the tear. Thus as a sequence we may have all degrees of prolapsus, from a slight sagging to complete procidentia; retroversion, antiversion, rectocele and cystocele. If the rent is through the sphincter there may be inability to retain the contents of the rectum, especially if the internal sphincter has been divided, or there may be difficulty in evacuating the rectum if constipated.

Benefits of immediate repair.

Diminished liability to sepsis, more prompt and better recovery, restoration of the pelvic floor, upon the integrity of which depends the normal condition of vagina and uterus, and saving the patient the secondary operation which is often necessary but more difficult to persuade her to undergo than the primary.

I believe the profession are generally in favor of the primary operation. The rule in the Maternity Hospital, in this city, that has been in force the last four or five years is to repair all lacerated perinii at once. If there is but a slight tear, they insert a single suture.

Technique of the operation.

If the labor has been tedious and the woman is exhausted, give a little light nourishing diet and let her rest for a time. Have her toilet neatly and comfortably made and all soiled linen removed. After placing her in the proper position across the bed and well drawn down over its edge with the feet resting on a couple of chairs (the

limbs are not yet to be flexed over the abdomen, for this increases the flow), all clots are to be removed and the vagina washed out with warm water and tincture of calendula — one-half an ounce to a quart of water. Tampon the vagina with a couple of sponges wrung out of the calendula solution. All hemorrhage must be arrested before the parts are brought together. If necessary to apply a ligature, animal ligatures are the best, as they can be left to be absorbed. For a slight oozing, there is no better styptic than hot water. When all bleeding has stopped, the limbs are to be flexed over the abdomen and held in this position by assistants. The sides of the wound can be easily brought together and a sufficient number of sutures should be put in to keep them well adapted. The kind of needle used is not of great importance. Some prefer a straight one, others one slightly curved. A Peaslee needle is easy to handle and is largely used by surgeons. With two fingers of the left hand placed in the rectum, the needle should be made to enter the skin near the edge of the wound and carried deep down into the tissues so the central portion of the wound will be brought together, and made to emerge in the skin at a point opposite to where it was introduced. Silver wire or silk may be used. The braided silk is better than the twisted. When the sutures are secured, care should be taken that the undenuded edges are not turned in. The wound being closed, the sponges are removed and the patient placed back in bed with a pad between the knees and the limbs bound together. No injections are given until the third or fourth day. If the woman is healthy the catheter is not used, but if the operation is on a patient "whom slight wounds do not heal readily," the urine is drawn for four or five days. If the catheter is not used, the nurse is instructed to place just within the vagina a piece of absorbent cotton to prevent the urine from running in and accumulating behind the wound; and after urination to douché the external parts very gently with a little calendula and water, and apply a little calendula cerate. The results have been just as good without using the catheter as with it. An injection of sweet-oil and warm water is given about the fifth day to move the bowels. If they are left constipated too long the circulation is obstructed and recovery not as prompt. The sutures are removed about the eighth day. If the patient's general health is good, and perfect surgical cleanliness is observed, the parts will heal by first intention. As a rule, I believe, the operation should be performed, but it is possible for cases to occur where it would be better to defer it.

I would like to add a word in regard to the use of chloroform. The puerperal complications that occurred in one case after its use has led

me to abandon it in this operation. The following is the history: Mrs. G., aged 27, was confined August, 1884, with her second child. Her general health was good with the exception of being somewhat hysterical. She had a most rapid labor, and the perineum was torn through to the sphincter-ani. After delivery of the placenta, she received one-half drachm *fl. ext. ergot* and allowed to rest for an hour. The uterus was well contracted and she was made ready for closing the rent. An attempt was made to put in the stitches without the use of an anæsthetic, but she was so nervous and excitable that we were obliged to completely anæsthetize her, using equal parts of chloroform and ether. Four sutures were introduced, but before the last one was secured she had a profuse hemorrhage. The uterus was grasped externally, as it had very perceptibly relaxed, and the hemorrhage controlled with hot water. The abdominal binder was applied and *caul.* and *china* given. The following day I found meteoristic distention of the abdomen and the woman looking as large as before delivery. Asafœtida gave her some relief, but the accumulation of gas did not subside until a rectal injection was given on the fourth day. On the ninth day the sutures were removed and union was perfect. On the morning of the tenth day she complained of pain in the left limb, and phlegmasia alfa dolens developed. The uterus was large and spongy throughout the whole period of her illness, which was tedious. Was not the trouble due to relaxation of the uterus from the chloroform?

FATAL RESULTS FOLLOWING INFLAMMATION OF THE MIDDLE EAR.

By CHARLES C. BOYLE, M.D.,
New York.

THE profession in general do not seem to realize the dangers accompanying inflammation of the middle ear, especially in children.

Children are often brought to us with the history of having had severe pain in the ears, which was only relieved when the discharge made its appearance, due to perforation of the membrana tympani, which, by a wise provision of nature, breaks down easily and gives free exit to the pent-up pus. This, if it did not find an outlet in that direction, would gradually extend to the brain, causing meningitis and death.

The parents of the child very frequently inform us that their family physician has told them it was a good thing for the ear to dis-

charge, and for them not to stop it, but let it run; that it will do no harm. The first is true—that it is a good thing to see the ear discharge if the inflammation has gone on to the formation of pus, but it is very bad advice to urge them not to try to have it stopped, because this discharge is only kept up by the destruction of the tissues of the middle ear, and the longer it persists the more harm there is likely to be done, which not only destroys the functions of the ear, causing permanent deafness, but in some cases it may finally extend to the brain. The seriousness of this trouble should be realized from its beginning, so as to carefully guard against any disastrous results. Physicians cannot be too careful, as some of the fatal cases bear ample testimony of the absence of judicious attention.

A case of this kind came under my attention at the New York Ophthalmic Hospital when I was associated with Dr. Geo. S. Norton there. A boy nearly three years of age was brought to the clinic, with a slight discharge from the ear, accompanied by considerable redness and swelling over the mastoid process. He had been treated by some physician outside, but as the boy had several slight convulsions, his mother became alarmed and brought him to the hospital for advice and treatment. An operation was immediately advised and performed, which consisted in making a deep incision through the swollen tissues covering the mastoid process, but as the bone appeared not involved it was not cut into. Subsequently the swelling subsided considerably, aided by the application of poultices, and the patient apparently improved. He was kept under constant observation and treatment for over a month, and seemed to do well, until one night the father came after me to go and see the child, who had had a convulsion and was unconscious.

On reaching the house I found the child in a comatose condition, pupils dilated. Having my ophthalmoscope with me, I made an examination of the fundus of the eye to see if I could find any optic neuritis to confirm the diagnosis of meningitis which I had made. The neuritis was very marked in both eyes—nerves swollen, outlines indistinct, veins enlarged and congested—in all presenting a perfect picture of an optic neuritis due to meningitis, accompanied by effusion.

This meningitis was undoubtedly due to an extension of the inflammation of the ear to the brain, and ended in death. This meningeal inflammation can occur more readily in some cases than others on account of the bony partition between the middle ear and brain not being always formed in children, its place being supplied only by a membrane deficient in osseous structure, which naturally forms less

of a barrier to the extension of inflammation inwards than bone. Had the seriousness of this disease been appreciated in the very beginning the probabilities are that under appropriate treatment it might have been checked in the commencement, as a great many histories of similar cases will show.

These fatal results do not always confine themselves to children, nor does it follow that with the best of care and treatment that this unfortunate result can always be prevented, but it undoubtedly can be in the majority of cases, if we can judge by the severe cases that have recovered. A running ear should never be looked upon as a matter of very little importance, but instead, it should be regarded as something that needs prompt and persistent treatment, which must be continued until the trouble is cured. If it becomes chronic it is one of the most difficult things to control that comes under a specialist's notice.

REMARKS ON CROUP AND DIPHTHERIA.*

By LEWIS HALLOCK, M.D.,

New York.

THE ordinary symptoms of croup, its sudden attack often arousing the patient from a sound sleep with loud, rasping cough and oppressed respiration are familiar to all; but the characteristic attack, so sudden and alarming is often preceded by *unobserved* symptoms which if duly recognized and promptly treated will generally arrest the disease and secure quick relief. This early premonition is often given by an unusual sprightliness and animation of the child during the evening or a few hours before the development of the attack. So often has this been noticed that an experienced and watchful mother while enjoying the lively, animated talk and actions of her child amusing to herself and friends in the domestic circle, has troubled forebodings of an attack of dreaded croup, or of cerebral congestion and convulsions. If her subsequent watchfulness detects vocal hoarseness and slight fever, some favorite remedy to arrest the threatened danger is promptly administered with often gratifying success. When such premonitory symptoms are unobserved and unheeded the child awakens in the morning apparently in usual health, until the approach of the next evening renews the symptoms with more marked severity, followed again by a similar abatement the following morning. This insidious approach of the disease may be repeated

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for several days before the sudden, hoarse, rasping, painful cough awakens the frightened child and alarms the anxious parents. For most cases of this insidious approach of croup in children and for the sudden attacks of spasmodic croupy cough often seen in adults of a nervous, hysterical temperament, awakening them from profound sleep in great alarm, though unattended by fever or much dyspnœa, a few doses of *aconite* repeated every few minutes will in most cases be the only remedy needed.

When, however, the disease assumes a more serious form and in addition to a hoarse, stridulous cough, chocking, dyspnœa, painful larynx, etc., we find on examination the fauces slightly reddened with little soreness or pain in deglutition, we have still a case of simple inflammatory croup—a clear trachitis—and may expect to effect a cure by the use of *aconite*, *phosphorus*, *spongia* and *hepar*. But if on a subsequent examination perhaps after the foregoing symptoms have continued two or three days we detect small white patches on the tonsils, uvula and pharynx, have we a case of membranous croup, or is it one of diphtheria? If the symptoms *commenced* with hoarseness, dry, croupy cough, etc., without marked inflammation of the fauces or painful deglutition and the white deposit appears *after* such symptoms it may, I think, be diagnosed as secondary or membranous croup. A disease of *local* and not constitutional origin—the exudation began in the trachea or larynx and advanced upwards, appearing some hours or days *after* the initial symptoms.

Diphtheria begins as a pharyngitis, with reddened, swollen tonsils and fauces, slight apthous patches soon enlarging, painful deglutition, slight fever and general prostration in the simple or milder and most frequent forms of the disease. When to these symptoms are added large, dark, grayish patches, offensive breath, delirium or convulsions with great prostration, we have the grave unmistakable signs of true diphtheria. In its milder form the disease generally yields to appropriate remedies in a few days, though convalescence is often delayed by enlarged glands, ulceration of the nares, and stomachic or intestinal disorders. The *malignant* form, often epidemic, is generally fatal, or entails wasting fever, deep ulcerations, albuminuria, and various sufferings enduring for months or years. An additional aid in the diagnosis of these dreaded diseases is afforded by the fact that croup whether in the simple or membranous form is a *sporadic* disease, never epidemic or infectious, whereas diphtheria, especially when malignant, often affects whole families, adults as well as children, spreads over neighborhoods and villages, and extends both through atmospheric pollution and personal contagion. Instances of its origin

in the latter form from accidental contact of the acrid discharge upon the lips and mouth of nurses and the abraded or wounded hands of physicians with alarming and even fatal results, are well attested.

As it is not the purpose of these remarks to describe the treatment of diphtheria with which I have had but ordinary success, my further remarks will relate only to membranous croup and briefly report two or three typical cases of gratifying results from the treatment employed. Some years since I was called to a child of four years affected with hoarseness, cough and slight sore throat. The left tonsil only was slightly reddened and there was no fever. It seemed with the exception of these mild symptoms in usual health until the third day, when suddenly it was awakened by painful croupy cough recurring in severe paroxysms every few minutes. The throat was then seen of a dark, reddened hue, both tonsils swollen and covered with large patches of lymph, and the voice reduced almost to a whisper. *Aconite, spongia* and *hepar* were given through the day and night without relief. The following day *phosphorus* was substituted for several hours followed by *Tr. iodine* three drops on sugar dissolved in water and repeated every hour through the succeeding twenty-four hours. The symptoms continuing unchanged, these were suspended and *merc. corr.* internally and a solution of *nitrate* of *silver* thirty grains to an ounce was applied every eight hours to the throat through the two subsequent days with no perceptible benefit.

Phosphorus and *iodine* were now resumed, the latter in increased doses and the tincture applied externally every eight hours to the throat. In addition the child was encouraged to use the *iodine* by frequently snuffing it from a vial and occasionally by inhalation, which was possible only at times, as the difficult breathing was increased and almost suspended by attempts to respire through an inhaler.

The strength of the patient was well sustained through this long struggle by liquid nourishment, which it took with avidity and hastily, to lessen the increased dyspnœa occasioned by the act of deglutition

Two days longer the *iodine* treatment was continued, until the eighth day of the disease, when the symptoms began to yield, the patches were smaller, the tumefaction less, and the loud dry cough occasionally ended in a slight discharge of tenacous mucous, and a fine papular eruption much resembling lichen tropicus appeared on the chest and back, occasioning an itching, sensibly aggravated by each repetition of the *iodine* by inhalation. Soon the child began to expectorate shreds of tough mucous, at times tinged with blood, and

the respiration, hoarseness and cough steadily improved. The external application of the *iodine* was now omitted, as the troublesome eruption was considered the effect of its use, producing a homœopathic proving on the skin—an *iodine* exanthemica—to the evident relief of all the croupal symptoms. Its internal use was diminished gradually as, if suspended for an hour or two, the hoarseness and cough again increased. It was therefore continued in prolonged intervals a few days longer till complete recovery.

Two years after the foregoing case I attended another of equal severity. Beginning with the usual remedies as before, which failing to relieve after two days of faithful use, the *iodine* was given internally and for one day by inhalation. But the patient, a resolute, ungovernable boy of six years, resisted the inhalation to such degree that an atmosphere of *iodine* vapor was substituted by constant evaporation of the tincture from a saucer placed in water kept hot over a small stove day and night. The symptoms slowly yielded, but did not sufficiently abate to suspend the treatment until after nearly a week and a quart of the tincture had been used. Since the preceding two other cases of the same character were saved by the persistent use of the *iodine* after the unavailing employment of other remedies. One case to which I was called in consultation on the third day was lost through the insufficient use of an inhaler and the unwillingness of the friends to employ the *iodine* by evaporation when informed that its use would fade the paint and curtains, and require removal of most of the expensive furniture of the room.

The history of these cases shows that to secure the curative effects of *iodine* it must be freely and persistently employed day after day till relief is obtained, and that it must be cautiously omitted till convalescence is well established. In one case after the expectoration of a tubular piece of membrane from the larynx two inches long, followed by great temporary relief, the remedy was for some hours almost suspended, and a consequent return of the symptoms ensued, resulting in a sad disappointment and fatal termination.

LECTURE ON TORTICOLLIS.*

By PROF. KIRMISSON, HOTEL DIEU.

Translated with additions by S. Lilienthal, M.D., San Francisco, California.

TWO cases of torticollis are before you. The first one is a girl of sixteen, who, in October, 1887, was suddenly taken, on awaking, with torticollis. The head was inclined upon the left shoulder,

* Bulletin Méd. 23, 1889.

with rotation to the right. She went to bed feeling well, but was exposed to a draught during the night, and it was impossible to put her head in the normal position, and every attempt caused severe pains. After six months a considerable swelling of the neck followed the former state. Examined to-day we find the head inclined over the left shoulder, and the face turned to the opposite side. A vertical line drawn from the left eye falls upon the sternum, while a vertical line from the chin touches the right clavicle. The left shoulder is raised by contraction of the trapezius; the sternomastoidei are normal, there is no diplopia. The right half of the neck is occupied by a swelling extending to the occiput, which is round, resistent, of uniform consistence, showing nowhere fluctuation; pression on the apophyses remains negative, while the same pressure exercised on the transverse apophyses is very painful; flexion and extension are possible, but rotation is extremely painful. The touch of the pharynx shows the existence of a bony projection in the region of the first cervical vertebræ. This is, therefore, a *bony torticollis, showing the existence of a sub-occipital Pott's disease.*

Our second patient is a boy of fourteen years. When eighteen months old this deviation of his head and neck showed itself, though he never had convulsions, and it gradually increased up to the present time. Though nicely developed for his age, we see his head strongly inclined to the right shoulder, which is higher than the left one. The face is turned to the opposite side, a rotation to the left, hence a *muscular torticollis.* A vertical line drawn from the right eye falls upon the right sterno-clavicular articulation. The left eye is more raised than the right one. Examining the right lateral region of the neck, we meet a hard cord formed by the clavicular tendon of the sterno-mastoideus. The sternal end is also contracted. All the muscles of the neck appear normal, and the vertebral articulations allow flexion, extension and rotation.

In all cases where torticollis dates already from youth, we meet a marked atrophy of the right side of the face, the cheek bone of that side is more protruding, the forehead more receding, no ocular troubles. In the boy's case the whole trouble lies in the sterno-mastoideus. Mistakes have happened in differentiation, as the same attitude may be found in both cases, but when the vertebral column is attacked, we find a tumefaction on the neck and painfulness about the first cervical vertebræ. A very important symptom is also that in muscular torticollis the motions of flexion and extension, and especially those of rotation of the head, are preserved, while the contrary takes place in bony torticollis. The attitude is, after all, not the same in both cases,

changing most in the bony lesion, the head may be inclined without rotation or with rotation in the same way as the inclination, while in torticollis from the sterno-mastoideus the lateral inclination and the rotation are always in opposite directions. In the case of the girl the sub-occipital Pott's disease shows itself about the articular apophyses of the atlas, and of the axis of the right side, though the affection may also be bi-lateral, and we do not know whether it arises from the bone or from the synovial membranes. Bouvier describes two forms; Lannelongue and Volkmann blame the bones. Is it of tuberculous or rheumatic origin? In this case the slow and febrile coarse of the disease, her poor state of health and heredity show its tubercular origin. In fact, the mother died from phthisis, and the apex of the right lung of the girl shows suspicious symptoms, which render the prognosis grave. Spontaneous luxations are not rare, which may cause a rapidly fatal compression of the cord, either where the atlas slips before the axis, or by luxation of the apophysis odontoidea into the vertebral canal. The first case allows a more favorable prognosis, as the cord might become accustomed to the pressure slowly produced. Death may also be caused from paralysis after pachy meningitis, from suppuration or from hemorrhages caused by ulceration of the vertebral artery, still a cure by ankylosis is probable, and this we must try to produce by immobilization after putting the head in its normal position. Great care is necessary, as force might cause immediate death, especially when there is subluxation of the vertebræ. Slowly progressive reduction by suitable appliances must be our aim. In muscular torticollis surgery is indicated to rectify the malposition. In relation to muscular torticollis the etiology is interesting. This deformation may show itself at birth or a little later, hence the distinction between congenital and acquired torticollis. Whether it may originate intra-uterine, as the clubfoot, or whether the use of forceps, a tardy confinement is the cause of the sterno-mastoidean deformation, is still awaiting its final decision (torticollis obstetricalis). Acquired torticollis may also be the consequence of convulsions, or of an ocular affection causing the malposition, and rheumatical torticollis, usually only transitory, may become chronic. Most surgeons agree that one layer after another must be carefully laid open, till the surgeon is able to divide the tendon, and whether one or both tendons must be cut, depends on the individuality of the case. In order to retain the reduction many applications have been invented, but Sayre's apparatus may be considered the most practicable.

Most authorities, to which we had recourse, mention only torticollis muscularis, and when we want to find out something about Kirmisson's torticollis, ossea or sub-occipitalis, we have to look under spondylitis cervicalis. Here Eulenburg, in his Encyclopædia, viii., 554, remarks that it is the local pain which urges the patient on to abstain from any motion of the head, and if obliged to do so he will support the head with both hands, and when congestive abscesses form the pus usually presses towards the back of the pharynx, forming a post-pharyngeal abscess, or it dissects its way downwards between the œsophagus and vertebræ, and may open into the cavity of the thorax with its ominous symptoms. Why spondylitis cervicalis is so much neglected in our works of surgery, shows that this *torticollis sub-occipitalis ossea* must be rather a rare affection. Worcester, in Arndt's Cyclopædia, ii., 689, puts torticollis down as a spasm of the sterno-mastoid, and O'Connor (l. c., 812) calls it myalgia cervicodynia. Kane in the third edition, 818, also mentions only a myalgia cervicalis, and does not mention this bony torticollis under spondylarthrocaes (846). Kafka, ii., 167, has a good article on spondylitis cervicalis, where the disease is situated between the first and second cervical, or between the last cervical and first dorsal vertebra, but does not mention this sub-occipital spondylitis. Jousset and Baer are silent about it, and as Kirmisson treats us here to a thorough knowledge and differentiation, it was certainly worth while to study it in order that the prescriber may not consider every wry-neck of rheumatic or neuralgic origin, and loses time and patience in prescribing for a case which he considered of easy removal. The celebrated French clinician opens different views to us; he shows that even muscular wry-neck may be of congenital or acquired origin; that the former need orthopædic measures just as clubfoot does, and even in acquired cases, merely, anti-rheumatic treatment or nervines will fail, and to give such remedies in sub-occipital torticollis is the height of nonsense. It is all very well to insist upon the totality of symptoms, but to get at it just in such cases pathological knowledge is of the first importance. Here anti-psorica, or if some physicians like another more scientific name better, constitutional treatment looms up and Kafka gives us good indications for *phosphorus*, as long as the inflammation did not pass into the state of suppuration. *Natrum mer.* may be interpolated after having given the former for two weeks; still, we must not forget *asafœtida* and *silicia* in these cases. Gilchrist, in his "Surgical Therapeutics," 421, acknowledges that the treatment of spondylitis includes a consideration of many questions outside of mere medicinal indications, and among remedies he professes great confidence in *calcarea*,

silicia and *iodium*, while Franklin ("Spinal Curvature," 64) praises among others *asafœtida*, *belladonna* and *mezereum*. We are in the habit to begin the treatment in neglected cases with *sulphur* gradually, then the indications become more clearly developed, and individualization in its three branches is here as necessary as in any other case. If we could only get these psoric children from the start, the disease would never develop such a fearful state as to need mechanical appliances.

Muscular torticollis and rheumatism is easily cured in its acute stage. Chronic cases show more or less dyscrasia, and the indications for remedies are too well known to need repetition. Whether in congenital malformation such remedies as *pinus sylvestris*, *bruica*, antidysenterica and anti-scrofulosa will correct the false position, is still doubtful, though asserted on some good authority. No morbid state ought to be considered incurable.

PHOSPHORIC ACID IN THE URINE.

By CLIFFORD MITCHELL, M.D.,

Chicago.

THE purpose of this paper is, first, to give a *resumé* of the clinical significance of decrease and of increase of the total phosphoric acid in the urine, and second, to show in detail how the quantitative estimation of this substance can be made in fifteen or twenty minutes. I shall not consider the phosphates, earthy and alkaline, separately, but shall treat of them *in toto*, and reckoned as phosphoric acid.

I. (*a*) Decrease of Phosphoric Acid.—Zuelzer * has shown that a remarkable decrease of the total phosphoric acid in urine occurs in the course of chronic interstitial nephritis. Ralfe † points out the practical application of this observation in making the differential diagnosis between interstitial disease and diabetes insipidus. When albumen is absent in interstitial nephritis the urine is often like that of diabetes insipidus. But an estimation of the total phosphoric acid, all other things being equal, will show no diminution in the quantity of this substance if the disorder be diabetes, but a marked decrease in quantity if the disorder be interstitial nephritis.

During the course of interstitial nephritis, even when the total urine of twenty-four hours is as high as 3,000 cubic centimeters, the total phosphoric acid may amount only to one gramme.

* Untersuchungen über die Semilogie des Harns, Berlin, 1884.

† Diseases of the Kidneys, Philadelphia, 1885.

(*b*) Livon and Alezais* have shown that in tabes dorsalis the total amount of phosphoric acid is decreased, while that of the earthy phosphates is proportionally augmented. These facts, taken in connection with the tendency to diminution in urea, are of aid in making the diagnosis.

(*c*) In my paper entitled "The Urine of American Business Men,"† I made no reference to phosphoric acid in renal insufficiency, but I am ready now to give figures showing that the total phosphoric acid is diminished fully as much and probably often more in proportion than the urea.

In a later paper I shall hope to give information regarding unoxidized phosphorus in the urine in cases of renal inadequacy.

TEN ANALYSES OF TWENTY-FOUR HOURS' URINE IN SEVEN CASES OF RENAL INSUFFICIENCY.

CASE.	TOTAL URINE IN 24 HOURS: (NORMAL AVERAGE, 1450 C.C.)	TOTAL SOLIDS: (NORMAL AVERAGE, 58 GRAMMES.)	TOTAL UREA: (NORMAL AVERAGE, 33.5 GRAMMES.)	TOTAL PHOSPHORIC ACID: (NORMAL AVERAGE, 3.1 GRAMMES.)
No. 1. Mr. S.				
First day.....	710 c. c.	43 grammes.	18.50 gra'mes.	1.60 grammes.
Second day.....	767 "	46 "	20.00 "	2.10 "
No. 2. Mr. C. S. (wt. 144 lbs.)				
First day.....	782 c. c.	47 grammes.	27.00 gra'mes.	2.20 grammes.
Second day.....	1066 "	45 "	24.00 "	2.00 "
No. 3. Mr. H . .	606 c. c.	36 grammes.	16.36 gra'mes.	1.44 grammes.
No. 4. Mr. M.....	1390 c. c.	33 grammes.	15.00 gra'mes.	1.40 grammes.
No. 5. Mr. C	1345 c. c.	46 grammes.	23.00 gra'mes.	1.96 grammes.
No. 6. Mr. V.....	1047 c. c.	63 grammes.	25.00 gra'mes.	1.50 grammes.
No. 7. Mr. H.....	932 c. c.	58 grammes.	32.00 gra'mes.	2.14 grammes.
	Quantity measured by myself in all cases.	Trapp's formula used in all cases.	Hypobromite process used for estimations.	Volumetric analysis with uranium nitrate.

* *The Lancet*, October 15th, 1887.

† *Medical Era*, December, 1888, and January, 1889.

PERCENTAGES OF DECREASE, COMPARED WITH AVERAGES FOR HEALTHY ADULT MALE OF 147 POUNDS' WEIGHT.*

CASE.	PER CENT. OF DECREASE IN URINE OF 24 HOURS.	PER CENT. OF DECREASE IN TOTAL SOLIDS.	PER CENT. OF DECREASE IN UREA.	PER CENT. OF DECREASE IN PHOSPHORIC ACID.
No. 1.				
First collection.....	51 %	26 %	45 %	48 %
Second collection...	47 "	21 "	40 "	32 "
No. 2.				
First collection.....	46 %	19 %	19 %	29 %
Second collection...	26 "	22 "	28 "	35 "
No. 3.....	58 %	38 %	51 %	54 %
No. 4.....	18 %	43 %	55 %	55 %
No. 5.....	19 %	21 %	31 %	37 %
No. 6.....	28 %	None.	26 %	52 %
No. 7.....	36 %	None.	5 %	31 %

The seven cases are a new set, and do not include any which I described in my articles in the *Era*, though resembling closely the ten I mentioned there. I omit mention of all patients who have not furnished me with their twenty-four hours' urine, nor have I even included those who themselves measured the urine and gave me but a specimen. It is understood, also, that I have quoted no cases in which albuminuria was present. It will be noticed that in one case only is the decrease in urea greater, relatively, than that of phosphoric acid. This exception might easily have been due to circumstances of the particular twenty-four hours when the collection was made.

II. Increase in Amount of Phosphoric Acid.—We find the total amount of phosphoric acid increased when there is marked disintegration of the nervous system. It has been noticed in acute inflammation of the membranes of the brain, in acute paroxysms of certain forms of mania, and after injuries to the head. In two estimations of phosphoric acid which I made lately in a case which proved to be mania I found 6.2 grammes the first time, and 4.0 grammes the second.

That increase of phosphoric acid takes place during disintegration of nervous tissue has been shown by W. F. Somerville† in his paper on "The Urine in Cases of Abscess of the Brain." He found an increase of the acid while pus was in the brain and great destruction of nervous tissue going on, but after operation the phosphoric acid in the urine diminished.

* None of the cases here quoted were far from 150 pounds in weight.

† *The Lancet*, September 17th, 1887.

A very considerable and constant elimination of phosphoric acid, with or without increase of the other constituents of the urine, is found in the disorder called by Teissier* phosphatic diabetes.

The symptoms are great emaciation, aching rheumatic pains in loins and pelvic regions, dry harsh skin, with tendency to boils and ravenous appetite; in some cases cataract develops. Where phosphatic diabetes is associated with nervous derangements or with phthisis the prognosis is unfavorable.

We are justified in believing that increased excretion of phosphoric acid is found accompanying or even preceding diseases in which disorder of nutrition is usually well-marked, such as phthisis, diabetes and cancer. †

Information regarding the excretion of phosphoric acid in cases of genito-urinary tuberculosis may be of value in the early recognition of this *béte noir* of the diagnostician. ‡

III. (*a*) Now the total amount of phosphoric acid in the urine is determined most satisfactorily and accurately by means of the volumetric method of chemical analysis involving use of standard solution of uranium nitrate. Objections to the use of this method of analysis have been made. It has been said that for clinical purposes it is too tedious and requires too much experience and skill to be of value to the "busy" practitioner. If I were in a hurry, and had my choice between making a quantitative analysis of phosphoric acid, sufficiently accurate for clinical purposes, and testing urine for a trace of albumin, I should choose the phosphoric acid analysis. Any one who has the time to test for a trace of albumin in urine can certainly afford to take the time to make the phosphoric acid analysis in the way I shall describe it. I admit that the preparation of the standard solutions takes both time and skill, but in all large cities are to be found skilled chemists who will for a moderate fee prepare the solutions for the physician's use. After the solutions have been made up and accurately titrated by the chemist, the physician can, after a few trials, make the phosphoric acid analysis with but little difficulty. The process is an accurate one, and slight errors will not be of consequence. Moreover, in cases of renal disease *diminution* of phosphoric acid is often noticed, and the analysis is especially easy and short when the substance is in small amount.

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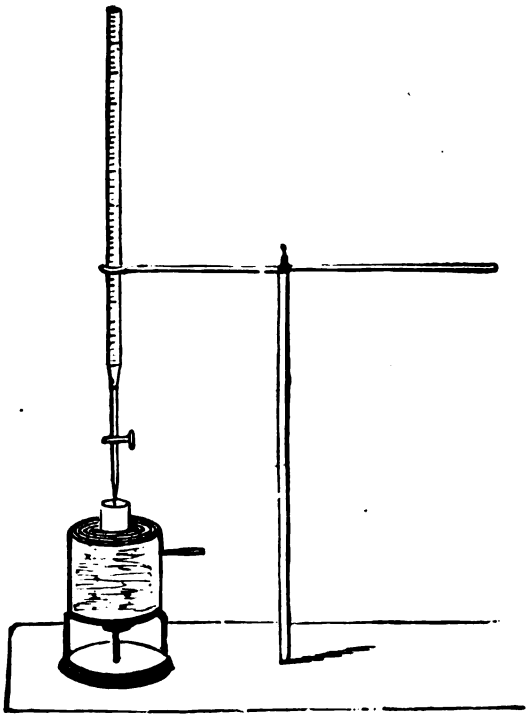
* "Du Diabète Phosphatique," Lyons, 1877.

† Rolfe, *op. cit.*

‡ The writer hardly deems it necessary to state that a sediment of phosphates found often in disturbances of digestion does not necessarily indicate an increase in the acid.

In order to perform the estimation accurately and quickly procure the following apparatus: First, a *burette* should be had which will hold fifty cubic centimeters, graduated in tenths of a c.c. I greatly prefer one which is provided with a smoothly ground glass stop-cock, and which has a dark blue background, whereby the level of the liquid within may be read off to a hair-line. The glass stop-cock should shut off completely when removed the slightest degree from the perpendicular. When it is desired to make the analysis, close the stop-cock, fill the burette exactly to the zero mark at the top, and proceed as follows, observing the order which I describe: After filling the burette fasten it in a *burette-holder*. Next, take an *alcohol stove*, provided with a *tin vessel*, on which water may be boiled, and hence answers to what chemists call a *water-bath*. Fill the tin vessel nearly full with as hot water as can be obtained. If cold water only is at hand it will take a few minutes longer to make the estimation. Set the water to boiling over the alcohol flame, putting the whole under the filled burette, as shown in the figure. Have ready a number of *metallic rings*, which place concentrically on top of the tin vessel, just as shown in the figure. While the water is being heated to boiling, measure out just fifty cubic centimeters of urine. The measuring may be done (*a*) by means of a *pipette* (graduated so as to hold 50 c. c. when filled to a certain mark on the stem) or (*b*) by means of another burette. If a pipette is used, it must be filled by suction. After the urine has been sucked up to the mark, quickly close the finger over the top of the stem and hold it there firmly. Then remove to a *beaker* holding, say 200 c. c., and on withdrawal of the finger the urine will flow from the pipette into the beaker. Next measure out exactly five cubic centimeters of the standard sodic acetate solution, and mix with the urine in the beaker. Use a 5 c. c. pipette for measuring and delivering the sodic acetate. Now set the beaker containing 50 c. c. of urine and 5 c. c. of sodic acetate on the rings on the tin vessel, as shown in the cut. While the urine mixture is being heated on the water-bath in this way take a clean plate or saucer and spread out on it a number of drops of the standard ferrocyanide solution. Now wait until the urine mixture shows a temperature of 90° Centigrade—that is, 195° Fahrenheit. Use a *chemical thermometer* for taking the temperature. When the desired temperature is reached, cause the uranium solution to flow from the burette by turning the glass stop-cock to a point slightly away from the perpendicular. See that the lower part of the burette is over the beaker containing the urine, and so near it that no waste or loss occurs from splashing. Run in a few centimeters of uranium solution at a time, stirring well with a clean glass rod.

Ten cubic centimeters may, as a rule, be safely run in, when the urine is above 1015 in specific gravity. After ten cubic centimeters have been added, stir well, and close the stop-cock for a moment. After thorough stirring transfer a drop of the mixture to a drop of the ferrocyanide on the plate. *If a reddish color is noticed, the operation is over.* But if no color is noticed, consider the amount of urine in twenty-four hours and the specific gravity. If the twenty-four hours' urine is small, say 30 to 35 fluid ounces in quantity, and the specific gravity is high, say 1025 to 1030 or upward, it will often be safe to run in ten



cubic centimeters more, without stopping to test by transferring the drop. If the amount of urine is large and the specific gravity not much above 1015, proceed more cautiously, adding a cubic centimeter at a time, then a half, then a tenth, transferring after each addition a drop to the ferrocyanide drops and watching for the red color, which indicates that the uranium solution is now in excess and that the operation is over. *It is imperative to stir well after each addition of uranium solution.* Beginners will fail if they do not observe this precaution. When finally the red coloration is obtained—and at the first

blush of color the operation should be stopped—read off on the burette the number of c. c. of uranium solution which have been added. Multiply this number by .005. Multiply the product by the number of times fifty goes into the total urine of twenty-four hours. The final product represents in grammes the total phosphoric acid in the urine of twenty-four hours. It is understood that the 50 c. c. of urine in the beaker is a sample of the mixed urine of twenty-four hours.

Example: Suppose the total urine of twenty-four hours be 1500 c. c. Suppose the total amount of uranium solution used be 10.8 c. c. Now, 10.8 multiplied by .005 equals .054. 1500 divided by 50 equals 30. Finally, .054 multiplied by 30 equals 1.62 or the total phosphoric acid in grammes in the twenty-four hours' urine. The normal average of the acid is about 3.1 grammes. 1 gramme = 15½ troy grains.

(*b*) Now, chemists are not satisfied with one operation, but usually repeat until a constant result is obtained. But for clinical purposes this repetition is unnecessary, after the physician has acquired sufficient familiarity with the process to obtain results which are tolerably near one another. In the beginning repeat each estimation until it is found out that the difference is, as a rule, not over one cubic centimeter of uranium solution used. Suppose, for example, the correct amount of uranium solution to be used is 10.8 c. c. Suppose the physician makes an error, he adds 1 c. c. of uranium solution too much before noticing the red color on the drop of ferrocyanide made by a drop from the mixture. In other words, he reckons the amount of uranium solution 11.8 instead of 10.8. 11.8 multiplied by .005 is .059. The latter multiplied by 30 is 1.77. The correct amount of phosphoric acid being in this case 1.62, the physician has made an error of fifteen-hundredths of one gramme only. Now, what is desired, is knowledge whether the acid is greatly decreased or increased, and errors likely to be made after a little experience are of no importance, clinically speaking. When a faint blush of color is noticed on the ferrocyanide drop, a very few tenths more will cause a bright red color which no one can fail to see, so that an error of more than ten-tenths—that is, one whole c. c.—is not likely to be made. The process is more difficult when the phosphoric acid is in excess, but in this case the excess will be clearly shown by the large number of c. c. of uranium solution necessarily used before any coloration at all is developed on the ferrocyanide drops, and hence the error, if any, here is not of importance. It matters little for example, whether the urine contains 8.4 or 8.7 grammes of phosphoric acid. The nor-

mal amount being 3 grammes, it is readily seen that a figure like 7, 8 or 9 is excessive.

The whole operation does not take so much time as I have occupied in writing the description of it. I took pains not long ago to time myself during an estimation, and here are the figures:

Time required for filling and measuring, . .	5 minutes.
" " " heating the urine to 195° F., .	8 "
" " " running in uranium solution till first blush of color is noticed on ferrocyanide, .	4 "
Total, ...	17 minutes.

It will save time if urines of 1025 sp. gr. or over be diluted with equal parts water, care being taken to multiply by two the results obtained.

Example: Urine in twenty-four hours, 1500 c. c.; specific gravity, 1030. Take 50 c. c. of urine and dilute with 50 c. c. of water. Mix well and use 50 c. c. of mixture. Suppose 10.5 c. c. of uranium solution be required to precipitate completely. Then 10.5 multiplied by .005, the product multiplied by $\frac{1500}{60}$, gives final product of 1.575 gramme of phosphoric acid. But this figure must be multiplied by *two*, for the urine used was half water. It is, perhaps, needless to say that in such cases any error is multiplied by two, so that an error in using 1 c. c. too much of uranium solution would involve an error of three-tenths of a gramme in the total phosphoric acid; but even such an error is not of great consequence.

IV. The apparatus and solutions required are as follows:

1 burette, with dark background and glass stop-cock.
1 burette-holder.
1 alcohol stove and water-bath provided with rings.
2 pipettes, one 50 c. c., the other 5 c. c.
1 beaker, 200 c. c.
1 chemical thermometer.
2 glass rods.
1 plate.

Uranium nitrate solution such that 20 c. c. completely precipitates 50 c. c. of a sodium phosphate solution containing 0.1 gramme of P_2O_5.

Sodium acetate solution containing in one liter 100 grammes of the acetate and 100 c. c. of 30 per cent. acetic acid.

Potassium ferrocyanide solution containing 10 grammes in 100 c. c. of water.

The tediousness and difficulty of the operation have been exaggerated. Boys of seventeen or eighteen are taught in our scientific schools

to make close volumetric estimations. There is no reason why the physician should be unable to make tolerably correct ones, quite sufficient for his needs. After one or two estimations of a patient's urine have been made the physician will be able from the fluctuations in the specific gravity to guess tolerably closely at the number of c. c. of uranium solution to be run in, and hence further time will be saved in the performance of the operation. The significance of phosphoric acid is by no means thoroughly understood, and there is much room for profitable investigation.

To those willing and anxious for work in this direction I suggest the following:

1. Estimation of the total phosphoric acid in cases of well-pronounced tuberculosis of the genito-urinary passages.

2. Estimations of the total phosphoric acid in all cases of pregnancy in which albuminuria becomes well-marked, with especial reference to those cases in which convulsions occur.

In all cases where the estimation of phosphoric acid is made, estimation of urea, or better still, of the total nitrogen in the urine, should also be made, the latter to serve as a standard for comparison. In precise physiological researches when an estimation of phosphoric acid is to be made the modern process of Neubauer and Zuelzer is to be preferred, while for the estimation of the total nitrogen the method of Kjeldahl is preferable. Both of these processes, are, however, out of the reach of the average practitioner, and require special apparatus and chemical skill. When for clinical purposes an estimation of the total phosphoric acid of the phosphates is made, according to the method which I have described in this article, an estimation of urea may also be made sufficiently accurate for clinical purposes by use of the apparatus of Dr. W. H. Greene as improved by Dr. Marshall.

ORIGINAL ARTICLE IN SURGERY.

HOMŒOPATHIC THERAPEUTICS OF SURGICAL DISEASES.

By C. S. SARGENT, M.D.,

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Caries and Necrosis of Bone.

THESE diseases may be studied together, as they differ in degree more than in type. Erichsen says: "Necrosis differs from caries in the fact that caries may be regarded as the granular disintegration, or molecular death of the osseous tissues, conjoined with

the suppuration of the surrounding healthy parts, while necrosis must be looked upon as death of the osseous tissue as a whole."

We will first take up the subject of caries. This condition is sometimes called ulceration of bone, since it is analogous to ulceration of the soft tissues. It is essentially an inflammatory process, although of low grade, and its primary seat is usually the cancellous bone-structure. Caries, like sclerosis, or consolidation of bone-tissue, is a result of osteitis; but in the case of caries, the inflammatory action is degenerative, and, in the case of sclerosis, it is reparative or formative.

When osteitis causes caries, the porosity increases under the inflammatory action, and the bone-structure becomes soft, so that it can be readily cut with the knife. Sclerosis often attends caries, but it is limited to the outer margin or periphery of the inflamed structure, and in this direction there are frequently observed upon the surface nodular deposits of bone, but these are usually derived chiefly from the osteo-genetic layers of the periosteum.

As the degenerative inflammatory action progresses, the bone-tissue changes its structure, becoming converted into granulation-tissue, or the bone-corpuscles may perish, leaving a fatty residuum. The granulation-tissue, when formed, may continue to proliferate so that it presses out in every direction wherever a tegumentary outlet permits its escape; or, the retrograde action continuing, it may be converted into pus. Occasionally the degenerative action is unusually rapid, and, the ostein or animal matter being destroyed before the bone-corpuscles have undergone the granulation, metamorphosis, minute bony masses become separated, and hang by the granulations or fall away with the pus, giving to the secretions a gritty feel. This condition has been called *caries necrotica*.

Caries may be superficial or central in its situation, and is most frequent in the *articular* extremities of long bones, if centrally located. It is met with in scrofulous subjects, in syphilis, or in other conditions of low vitality; and it may also follow injury, or an extension of inflammation from other parts to the neighboring bone. It is associated, sooner or later, with inflammatory changes in the soft tissues, and the formation of abscess and sinuses.

If the ulcerative process be superficially situated, the periosteum becomes loosened from the surface of the bone, and thickened and altered in its structure.

Carious bone is easily broken down by the pressure of a probe, and yields to the touch a grating sensation, similar to that perceived on rubbing an instrument over sand-paper. This peculiar sensation

is a point of diagnostic value in discriminating between caries and necrosis.

The symptoms of caries are, at first, those of a low grade of inflammation, and comprise constant pain in the neighborhood of some bone, swelling, more or less impairment of function, and the symptoms of abscess over the affected portion. Later on in the disease, a constant escape of pus having a putrefied and offensive odor, the formation of sinuses and the development of granulations at the mouth of the sinuses, which gives it a pouting or elevated appearance, are indicative of the irritation produced by the diseased bone upon the surrounding parts.

A positive diagnosis of caries is only revealed, however, by probing, when the absence of extreme sensitiveness and the detection of a grating surface which is soft, and which bleeds readily, are pathognomonic, in case the direction of the sinuses will admit of the introduction of the probe to the seat of the disease. In some cases light percussion over the affected parts is of diagnostic value, as a sharp pain is experienced by the patient, similar to that perceived when injury is done to a carious tooth.

In the condition described as abscess of bone, the cavity in which the pus is contained is formed, to a great extent, by carious degeneration, which is liable to continue after the pus is evacuated.

Necrosis.

By this term is meant the *death of bone-tissue in mass*, and not in molecules. It is analogous to gangrene of the soft tissues.

This condition is one essentially of the *compact tissue* of bone, since that part of the bone which is the least vascular is most liable to be the primary seat of gangrene when the nutrition of the part is either impaired or totally arrested.

The causes of necrosis may all be grouped under the head of agents, which impair or totally arrest the blood-supply of the affected part. Thus the causes may be made to include both those *local causes* which interfere with the nutrition of bone, such as the separation of the periosteum, traumatism, escharotics, exposure to the cold, thrombosis or embolism of the nutrient artery or some of its branches, acute osteitis, etc.; or they may also embrace those *constitutional conditions* which so alter the character of the blood as to impair its life-giving properties, and thus to predispose to gangrene of the bony structures in those situations where the blood is, in health, but scanty, and which immediately feel any influence which intends to impair its nutrition. These constitutional conditions which predispose to

necrosis are too numerous to individually mention, but they include all the fevers, scrofulous conditions, syphilis, cancerous cachexia, poisoning from mercurials, phosphorus, ergot and other drugs.

The changes which are induced in a bone where the nutrition is locally or generally impaired to a serious degree may be summarized in the following stages:

1st. *Death of the bone*, as indicated by its white color. unless it be exposed to the air when it becomes darker, its insensibility, the absence of vascularity, and the existence of a hard denuded surface which emits a sonorous sound when struck with an exploring probe.

2d. *Inflammation* of the *surrounding tissues* from the irritation produced by the dead bone, which has now become a foreign body. This inflammatory process in the soft tissues leads to suppuration and its subsequent evacuation, and the formation of sinuses which present the pouting appearance at their mouths, mentioned as present also in caries, and which is due to the process of exuberant granulation as a result of the irritating character of the pus which is constantly exuded. In this inflammatory process the periosteum also participates, and it becomes loosened from the affected portion of the bone and perforated with openings to allow of the escape of pus into the sinuses through the soft tissues. These sinuses, leading from the surface to the seat of necrosis, are called *cloacæ*.

3d. Separation of the necrosed portion of the bone now occurs, and the term sequestrum is applied to the loosened piece of bone. The sequestrum may not be always movable, however, as it is often held in its original position by bands of newly-formed bone which are poured out by the detached periosteum. This process of detachment of the necrosed bone is often a very slow process, and may extend over a period of months.

4th. *Gradual extrusion* of the *sequestrum* now occurs from pressure produced by the development of newly-formed bone granulations underneath the sequestrum, which are destined, subsequently, to replace the necrosed portion, and to which the term *involucrum* is applied. This process is in some cases rendered impossible, as the sequestrum is retained by newly-formed bone; but if the necrosis be superficial in its situation, nature, even when unassisted, will remove the dead portion of the bone, although the process must of necessity be a slow one.

5th. A modelling of the *involucrum* into the normal shape of the bone, after the sequestrum has been either artificially removed or extruded, generally takes place, and the bone thus regains its normal strength and often its normal appearance.

Necrosis may be divided, on a basis of its location and extent, into three varieties, viz.: *Superficial*, when on the surface; *central*, when imbedded in the bone beneath the surface, and *total* when the whole thickness of the bone is involved.

The symptoms of necrosis are but little at variance with those of caries, save that in superficial necrosis, the suppuration is more rapidly developed and the symptoms of onset more marked.

In *central necrosis*, deep-seated pain, throbbing rigors, general debility, tumefaction over the seat of the disease and some pain on pressure are usually present. In some cases acceleration of the pulse and temperature may likewise be detected. In this condition surgical relief affords the only prospect of recovery, as the extrusion of the sequestrum is an impossibility.

Some general idea of the extent of the disease may be formed, as a rule, by the number and situation of the sinuses, as they usually bear a direct relation to the amount of necrosis present.

Mr. Salter was the first to call attention to necrosis of the jaw as a sequel to eruptive disease, and especially of scarlatina (Salter, Guy's Hospital Reports, 3d series, Vol. IV.).

A similar result ensues sometimes upon typhoid fevers and upon conditions of extreme anæmia; still more rarely as a result of mercurial ptyalism, or of the internal use of arsenic and other drugs as I shall show later on when we come to the therapeutics of the diseases in question. Mr. Salter attributes its frequency in connection with the exanthems to the correlations among the various portions of the dermal system, of which the teeth constitute a part. The period most favorable for its occurrence appears to be from the third to the eighth year of life, when the nutrition and development of both the temporary and permanent teeth demand the greatest activity in the vessels of the jaw. Some weeks after the disappearance of the eruptive fever the gums become tender, and, with only a moderate amount of swelling, suppuration ensues, and necrosis is already found to exist. Its most usual seat is in the region of the molars, and it is in most cases limited to that portion of the bone which contains the teeth or their gums, the base of the jaw seldom becoming involved; exfoliation takes place much more quickly than in phosphorus necrosis, and no involucrum is usually present to obstruct the removal of the sequestrum. Quite often the disease is observed to be symmetrical, occurring simultaneously or consecutively upon the corresponding and opposite sides of the jaw.

THERAPEUTICS.

In treating caries and necrosis by therapeutic measures we are simply fulfilling one indication. In some cases medicine may be the prime factor in restoring health, while in others merely an auxiliary; this is a question which must be left to the surgeon who has charge of the particular case. In a case of kyphosis or caries of the spine, the surgeon must first fit some appliance which will remove the super-incumbent weight. In my opinion this is best done by the use of the "Hand-woven wire corset" of Milton Josiah Roberts, M.D., of New York (see his article on "Treatment of Spinal Diseases," in *International Journal of Surgery*, vol. i., October, 1888). Then resort to all hygienic measures which will improve the general health.

Now, in addition, if we give the indicated remedy, our patients' prospects are greatly enhanced.

Hughes, when treating of osteitis, says :

"Osteitis, in the acute form, is practically identical with acute necrosis, as which I shall consider it. Chronic inflammation of bone, whether primary or extending from the periosteum, is syphilitic, mercurial or scrofulous. If syphilitic, the first question is whether the patient has been mercurialized. If not, *mercurius* suggests itself as in every way a most homœopathic and suitable remedy. *Aurum* is its most important ally, and the two medicines may reinforce and replace one another until the cure is complete. Too often, however, the osseous diseases owes its origin to the improper use of mercury, and here our primary aim must be to antidote the poison (Manual of Therapeutics). *Nitric acid* is the most important agent we homœopaths have for this purpose, and then comes *aurum* again and *staphysagria*. These medicines are likely to suffice when the mercurialization has not been extreme. But if the patient is in the latter unlucky case, or if the syphilitic diathesis is very pronounced, I cannot but think the ordinary prescription of *iodide of potassium* still more satisfactory," and here I concur perfectly with Dr. Hughes.

In the same author's article on "*Caries*," he says :

"*Caries* is reputed incurable under ordinary treatment, and is relegated to the knife." We have better auguries.

Let me cite the following case. It is given by Dr. Laurie in his "Elements :"

A boy became affected, after scarlet fever, with caries of the temporal bone, which, during a period of five or six years, periodically broke out afresh, discharging an offensive pus, and then healed again. The entire left side of the cranium was arrested in its growth, and consequently rendered much smaller than the other side ; the left eye

also appeared strikingly smaller than the right one. The intellect of the boy was, nevertheless, not in any way affected. Several remedies improved but failed in curing the caries. After the employment of *fluoric acid* the attacks came on earlier, and in a more aggravated form than usual, but never returned. From that time onward the lesser half of the cranium commenced to grow, and the previous inequality of size between the two sides of the head became gradually less and finally imperceptible.

Besides *fluoric acid*, its chemical congener, *silicia*, is a valuable medicine for caries, as also are *phosphorus* and *acidum phosphoricum*. The last should especially be chosen when there is free suppuration and hectic is present (here *china* also should be thought of). Jahr advises that in scrofulous subjects the treatment should always be commenced with sulphur, after which, he says, we shall get much better results from *silicia* and the other special remedies. If the caries be syphilitic or mercurial, the treatment I have indicated for osteitis arising from these causes is required. When speaking of necrosis, the same authority (Hughes) says:

"Here, as in caries, the question of surgical interference will arise, and here, as in caries, I would recommend you to refrain. Give *silicia* as your basis remedy, bringing to its aid occasionally any other medicine which the general condition may seem to demand. You will see exfoliation gradually taking place, and your patient's health not suffering under the process."

Symphytum, I should add, is a medicine recommended in aid of the detachment of the sequestrum.

Baehr, when speaking of the treatment of osteitis, says:

"The frequent occurrence of osteitis in individuals whose constitutions are tainted with some constitutional dyscrasia invites a careful inquiry into the presence of such a constitutional taint, even though not manifest by any outward signs; and, in the second place, to employ such remedies as not only correspond with the constitutional affection, but likewise aim at remedying the local disease. A mere comparison of symptoms will scarcely ever answer the purpose, for the reason that the localities may differ too much; it is only for a few definite localizations of osteitis. In general, we advise, therefore, that the general, not the local symptoms be taken as our guide. On this account we mention the following remedies: *Mercurius*, *mezereum*, *acidum nitricum*, *phos. acid*, *phosphorus*, *staphysagria*, *aurum*, *silicia*, *calcarea* and a number of others for further comparison, as *hepar sulphuris*, *iodium*, *kali bichromicum*, etc."

Kafka, in his "Homœopathische Therapie," has an interesting chapter on inflammation of the vertebræ. He finds phosphorus to be

the main remedy for this trouble, frequently followed by *natrum mur.*6. Both these remedies, he says, correspond to the scrofulous as well as to the rhachitic and tuberculous diathesis. If abscesses form in spite of our treatment, he then advises *silica*, 6x., followed by *sulphur*, 6x.

If the tubercular diathesis is noticed in season, he advises *phosphorus*, *calcarea*, *natrum*, *muriaticum*, *silicia*, *iodium* or *sulphur*, together with a suitable diet and good country air. Now let us look more closely to the individual merit of these drugs.

PHOSPHORUS.—Those who are employed in the manufacture of lucifer matches are liable to necrosis of both the upper and lower maxillary bones. The disease is said to be less frequent since the manufacturers have substituted amorphous phosphorus for the ordinary phosphorus. Phosphorus necrosis commences with a pain resembling tooth-ache, but the pain soon extends to other portions of the jaw, fallowed by inflammation and much swelling of the soft parts. Pus at length forms and is discharged from various orifices; the teeth loosen and fall out, and the probe reveals denudation and necrosis of the bone. The extent of the necrosis varies in different cases, but it is seldom limited to an inconsiderable portion; and, when it attacks the lower jaw, it has occasionally involved the entire bone. In the case of the superior maxilla, the necrosed fragments usually separate and come away in detached pieces, no new bone being formed; but when the inferior maxilla is the seat of the malady, spontaneous separation occurs only at the point at which the necrosis is arrested, and meanwhile an abundant deposit of new bone takes place; especially along the base and inferior lateral walls, so that it is with some difficulty that the sequestrum is removed entire. In most cases the process of exfoliation is exceedingly slow, and a few of these patients finally succumb to the long-continued irritation and suppuration, but the majority recover.

The fullest researches instituted on this subject are those of Von Bibra and Geist (see eleventh volume of the *British Journal of Homœopathy*). It is a mooted point whether this effect of phosphorus is produced by a local and chemical action on the parts, or whether it is a result of the dynamic influence of the poison. In favor of the latter being the true interpretation of at least some part of the morbid process is a case of poisoning by phosphorus recorded by Dr. J. O. Müller (see NORTH AMERICAN JOURNAL OF HOMŒOPATHY, vii., 467), on the fourteenth day of which there came on painful boring, burning pains in the bones, especially in the teeth, the jaw and the nose. They were removed by *mezereum*, a drug which has cured the maxillary caries of the workers in phosphorus.

Striking evidence is derived to this effect from the results obtained by Dr. Wegner from feeding rabbits with long-continued minute doses of phosphorus—from one to three milligrammes daily, according to one calculation; from the four-hundredth to the hundredth of a grain, according to another. Here an influence is produced upon the osteogenetic tissue (of which periosteum is the chief representative all over the body, which leads to increased production of osseous matter, to thickening of the spongy and greater density of the compact substance of the long and short bones, and even, in some instances, to the obliteration of the medullary cavity by the continuous fresh formation.

Dr. Wegner himself cannot but see the analogy of all this with the effects on the jaws produced by the fumes. "Phosphorus," he sums up, in minute doses, in all probability is dissolved in the blood, and, circulating with it, operates on the osteogenetic tissue as a specific plastic irritant. From the traditional point of view, the natural application of this power of phosphorus would be to further bone-production in cases where it was defective, as in osteo-malacia and rachitis, or where it was needed in temporary excess, as in fractures, intra-periosteal resections, and transplantations of this membrane. In the latter field Dr. Wegner has no doubt of its beneficial operation, and within certain limits the process is a physiological one. We, however, see how exquisitely homœopathic this agent is to caries and necrosis, particularly when the seat of the disease is in the jaw-bones.

Clinical experience bears out what we might expect from the administration of this drug. Kafka, Baehr, Hughes, Bayes and numerous others bear testimony to this point.

Mercurius is a medicine of whose specific and almost constantly definite relation to the osseous tissue we may always rest satisfied. It is indeed suitable in most cases of osteitis and periostitis, provided they do not originate in mercurial poisoning. It is particularly indicated by violent bone-pains, distension, swelling, redness of the integuments, and, in general, by the more acute symptoms of the disease.

Dietrich states that periostitis is a not uncommon effect of the long-continued use of mercury.

Pereria considers that this affection is rather to be ascribed to the venereal disease for which the drug had been administered. But Graves affirms that periostitis attacked patients who had taken a great deal of mercury, even if they had never been affected with syphilis, as often as they took cold, and almost all later observers admit this action of the poison. Trosseau and Pidoux mention a case of a

worker in quicksilver who suffered as severely from nocturnal bone-pains as if he were syphilitic, which he was not.

Mercurius is recommended by Hartman in caries developing itself in strumous subjects, or from injury to the bone.

MEZEREUM antidotes *mercurius* in the bone-range; this alone shows that both remedies must be homœopathic to osteitis. Hufeland and Alexander Russell refer to its influence over nodes and nocturnal bone-pains *dolores osteocopi* as they used to be called, showing its relation to syphilitic bone-diseases.

Noack and Trinks mention several osseous diseases as benefited by it.

ACIDUM NITRICUM is chiefly indicated in mercurial osteitis, and in osteitis originating in syphilis and abuse of mercury; but his agent may likewise be of use in other forms of osteitis, especially of the lower extremities and in periostitis generally.

PHOS. ACID.—Baehr, when treating on osteitis, says:

Phosphorus is inferior to *phos. acid* for the reason that the latter acts more specifically and more penetratingly in chronic affections. In other respects the therapeutic sphere of both remedies is very similar; we would accord the preference to *phosphorus* if consumption with unceasing colliquative diarrhœa had set in.

AURUM is, like nitric acid, an exquisitely anti-mercurial medicine, and hence deserves special attention in cases of mercurial osteitis. It has also an excellent effect in non-mercurial osteitis with caries and violent pains, especially at night. *Aurum* is a specific remedy for inflammatory ulceration of the nasal bones and facial bones generally.

The bones are affected with burning and boring pain, sometimes —especially in the face and feet—accompanied by redness and swelling; sometimes—as in the head—with nodes. One of the affections specified by Hahnemann as cured by him with gold was a mercurial caries of the nasal and palatine bone. The French experience has shown that the action of the metal is closely analogous to that of mercury, causing—as it does—its salivation (without much, if any, affection of the gums) and its erethistic fever with diuresis and sweat. Thus *aurum* has come to be reputed among us as a remedy for chronic hydrargyrosis, in which we have the support of Dietrich.

Dr. Hughes relates a case where he gave *aurum* to a man whose constitution was broken down by the combined influence of syphilis and mercury; the patient returned in a week's time looking quite another man, and exclaimed: "Surely you have given me the elixir of life." Dr. Chapman has narrated a similar case in the seventh volume of the *British Journal of Homœopathy*, page 396.

It is very useful in scrofulous and syphilitic ozæna.

Silicia is one of the most important remedies in caries from any cause and at any age, as soon as the inflammatory stage has run its course; is is adapted to every constitution, but may not have a very favorable effect in acute ichorous suppuration.

Silicia influences the nutrition rather than the functional activity of the tissues which come within the range of action; it is hence suited to organic changes rather than to functional disorders Its deep and slow action, moreover, makes it appropriate to chronic rather than acute diseases, thus showing the rational of its action in caries and necrosis. It is chiefly when scrofula manifests itself in the bones and joints that *silicia* proves its remedy. There is abundant testimony to its value in periostitis, when non-syphilitic in origin; and it is no less valuable when the bone itself is affected, as shown by caries or necrosis. In the scrofulous joints the "white swelling" of the old authors, where all commend it; it is probably most useful when the mischief has begun in the bones or cartilages, rather than in the synovial membrane. If in any of these cases matter is already discharging, Hughes recommends the local use of the remedy.

Acidum flouricium should be compared with *silicia.*

Calcarea.—This agent is not so much indicated in uncomplicated osteitis as in osteitis depending upon scrofulosis.

In caries of the vertebræ, calcarea is, according to Baehr, superior to any other drug.

Cervical, dorsal and lumbar abscesses, depending upon caries of the bodies of the vertebræ, are in most cases fatal. In a few exceptional examples, after the evacuation of the pus and a protracted continuance of the discharge, the vertebræ structures resume a healthy action, bony splints are formed, and recovery takes place with permanent deformity of the spine.

Caries of the Temporary Teeth.

The temporary teeth are no less subject to caries than the permanent, nor are its consequences any less serious, giving rise to much local and constitutional disturbance and, in many cases, seriously compromising the health. It occurs most often in children of delicate constitution, yet there are many apparent exceptions to this rule. It is Dr. Frank Hastings Hamilton's opinion that the early destruction of the teeth, whether by caries or necrosis, always implies, even in those who appear healthy and robust, a lack of stamina and that the physical condition of these persons in after life will confirm the justness of these observations.

We owe to the fertile and original mind of M. Teste the remarkable development of the use of *kreosote* for this condition. He calls attention to the effects of the continued use of smoked meat—"a sort of scurvy carrying off the teeth, foul breath, costiveness, a general malise, and a real cacohymia." He then suggests that the power of *kreosote*, when locally applied, not merely to relieve, temporarily, the pain of toothache, but to arrest the progress of caries, is of a dynamic nature. Putting these facts together, he justifies by them the following statement, drawn from his experience :

1st. *Kreosote* is, in children of all ages as well as in adults, the chief remedy for *odontalgia*, when it is caused by caries of the teeth.

2d. When dentition is so badly performed as to become a disease, comprising general initation and cachexia with degeneration of the teeth themselves, especially when the child is constipated, *kreosote* is the specific remedy.

This statement is confirmed by Drs. Madden, Hughes and Guernsey.

I do not wish to be misunderstood in regard to the part medicine plays in necrosis ; a purely medicinal treatment of necrosis is, of course, out of the question, except in so far as secondary osteitis may be present ; all that can be done is to remove the necrosed portion of bone by surgical measures, and then combat the osteitis by remedies.

Bibliography: "Ranney Surgical Diagnosis," Frank Hastings Hamilton ; "Principles and Practice of Surgery ;" Hughes' "Manual of Pharmaco-dynamics ;" Baehr's "Science of Therapeutics."

THE CAUSE OF RECURRENCE OF MAMMARY CANCER AFTER OPERATION.—Heidenhain, of Berlin, stated, at the meeting of the Congress of German Surgical Societies, held in Berlin, April, 1889: "The sad fact that after amputation of the mamma only 17.2 per cent. of the cases remain free from recurrence of the disease for three years, forces us to the conclusion that in spite of the extensive operation now done there remains a residue of morbid glandular tissue in the wound and especially in the pectoralis major muscle." In eighteen cases in the practice of Herr Küster, H. was able to predict in twelve a return of the disease, for he found there were, in the superficial layers of the muscle, small carcinomatous foci. He therefore recommended that in still movable carcinomata a thin layer of the pectoralis major be removed, but when the growth is adherent the whole muscle is to be removed ; a radical procedure, which functionally has shown no injurious results.—*Berl. Klin. Wochensch.*, No. 18, 1889.

O'C.

HOMŒOPATHY IN NERVOUS DISEASES.

THE enormous advances made within a relatively few years in our knowledge of the structure of the nervous system have aroused admiration and astonishment even outside the medical profession. The remarkable results of experimental and pathological researches in this department have given color to the assumption that these investigations disprove the truth of the law of similars, for, it is argued, the symptoms caused by diseases of the nervous system are results of interference with the functions of special structures rather than of the disease process itself. Taking hemiplegia as an instance, due to hemorrhage anywhere in the motor tract, it is said that the destruction of conducting fibres can never be repaired, since the law of secondary degeneration comes at once into play, and hence it is useless to treat such a case by the law of similars, as the paralysis and secondary contractures will be permanent.

Let us see how far the objections to homœopathic treatment can be borne out in such cases.

While it is true that secondary degeneration begins at once when a nerve tubule is separated from its originating cell, we must not forget that the symptoms of, say, hemiplegia, are, even if it is organic and not functional (hysterical), of two kinds—direct and indirect. The direct symptoms are those due to destruction of nervous tissue, the

indirect to pressure in outlying regions or to shock. In any given case it is impossible to say what the outcome is likely to be, unless evidences are present of serious implication of certain vital centres, such as those governing the cardiac or respiratory functions. In most cases of hemiplegia not soon fatal there is more or less improvement for a considerable period, but there is every reason to believe that this improvement is only due to release from pressure or irritation of the tissues around the lesion; in short, that the improvement is simply the cessation of the indirect symptoms. The duty then of the physician is to treat a case of this kind even in the earliest stage according to our law, for he thus best enables the parts not destroyed to recover more quickly and more thoroughly than they would if left to Nature alone.

Besides treating the existing condition the physician should seek to prevent a recurrence, and hence should, as early as possible, determine the cause. It makes no difference whether the nerve tract is ploughed through by hemorrhage or destroyed in its continuity by degeneration resulting from embolism, the loss of conducting power is the same in either case. But it may be of vast importance to the patient if the physician neglect to find out as the cause atheromatous changes in the blood-vessels, embolism due to heart trouble, thrombosis or endarteritis. The cause must be treated by hygienic and medicinal means if we are to have any hope of preventing a recurrence. Here the law of similars will be our guide, even using according to it the indications of physiological experiments with drugs; the conditions caused by a drug if present in our patient will be relieved or cured, provided the experiment was properly conducted and the drug, as a remedy, given in attenuation.

Tumor (including abscess) of the brain can be diagnosticated in probably the majority of cases, but with the exception of gummata, will hardly be cured by medicinal treatment. Tumors have been apparently kept from increasing under our treatment, but it is doubtful if even this negative success would be thus reached in case of brain abscess. Early recognition of tumor, and especially of abscess of the brain, may, if located by the physician, lead to relief by surgical means, but we think homœopathy is not to be discredited for

failing to cure such conditions any more than for not curing a broken leg. Still, as has been already said, the homœopathic remedy chosen by the symptoms will, we believe, do better in relieving sensory irritation than bromides or morphine. But here again the hopelessness of cure should be made plain to the patient's family.

Hahnemann distinctly states that his method will not cure incurable cases, so that his dictum implies the ability of the physician to determine what is incurable. In nervous diseases this is in a goodly number readily determinable, but at the same time there is a much larger proportion in which destructive, and hence irremediable, change cannot be positively shown to exist. A very large field for the treatment according to the law of similars is before us.

In disease of the peripheral nerves the conditions are different and more favorable for cure. For, unlike the nerve tubule in the central nervous tracts, the peripheral nerves, although degenerating when separated from their nutritional centres, show, on minute examination, an immediate effort at regeneration. If the separation be not too great and the conditions not unfavorable, this regeneration becomes complete. So, parenchymatous neuritis is, in consequence of this inherent tendency to repair in the peripheral nerves, amenable to homœopathic treatment.

An English lecturer has recently said that our anatomical knowledge (of the nervous system) is greater than our powers of diagnosis, and that the latter are greater than our ability to cure. In the writer's opinion the curative power of homœopathic treatment is far greater than anatomical or diagnostic knowledge of even this day.

We must learn to recognize the incurable cases of nervous disease, that we may not injure our cause by impliedly claiming for it impossibilities, but at the same time we must remember the existence of indirect symptoms and utilize this fact.

In the paralyses of children, whether of spinal or of cerebral origin, the same reasoning holds good. In the former the amount of paralysis left after the acute attack has passed always lessens, but usually some remains permanent. Here the cells in the anterior gray horns are affected by the inflammatory process, some recovering, others going on to complete destruction. Whether remedies chosen accord-

ing to our law will enable a greater number of cells to recover than otherwise would can only be determined by experience, but to claim that complete recovery will take place (and this we know to have been done) is a positive injury to our cause. In regard to infantile cerebral paralysis from porencephaly, for instance, the writer inclines to the view that in early infancy, before the end of the first year, while there will not be restoration in the porencephalic district, there may be then a stronger tendency than at a later period to compensatory substitutive action of other parts of the brain, and hence a great improvement in the case under homœopathic treatment, with forced action of the muscles by proper electrical stimulation.

Concerning such diseases as locomotor ataxia and disseminated sclerosis but little favorable can be said, and the writer fears that when the diagnosis is positive medicine is of little or no avail. The cases reported cured are few indeed, and we cannot help thinking that a real knowledge of the pathology in the initial stages would be of great service in selecting remedies. If connective tissue changes are first, and secondarily set up by irritation and pressure, degeneration in the nerve tracts, the remedy would probably be different from the one chosen to meet the reverse sequence of pathological changes.

The summing up of these remarks is—that we ought not to refuse treatment in any case of organic nervous disease in the early stages; that we ought not to assure a cure in any case in which destructive changes are presumably present (excepting multiple neuritis); that we ought, in disease of the nervous system, secondary to and dependent upon other disease, treat the primary and causal one; and finally, we ought to utilize, according to the law of similars, the so-called physiological provings, even though pathological conditions or states (without symptoms) are reported as their results.

THE MEETING OF THE INSTITUTE.

THE forty-second annual meeting of The American Institute of Homœopathy, held at Minnetonka Beach, Minn., the proceedings of which are reported in detail in this number, was remarkable for the entire satisfaction with which the members reviewed results as

they parted for their homes. The perfection of arrangements for the entertainment of the members and the unstinted prodigality which the Minnesota hosts lavished upon the Institute will be long remembered as unsurpassed in the history of previous sessions. The citizens of Minneapolis and St. Paul vied with the profession in extending honor; the Hotel Lafayette treated the members as guests in the true sense of the word; and, with the beautiful lake and refreshing air to complete the feeling of well-being and physical enjoyment, excursion, the banquet, the ball, music, and warm hearts mingled festivity with science and softened the warfare of contending thought with the graces of true fraternity. It is evident that there is no sectional feeling in homœopathy and that West and South, East and North, are one in feeling and in purpose for the cause we love. If any comparison might be ventured, it would be that perhaps the western feeling is a little more alive.

Of the scientific results of the meeting it is yet too soon to judge. The most notable features were those which relate to the subjects of medical legislation and the protection of our organization against the assaults of those who profess friendship for profit and seek the sanction of homœopathy while they deny and misrepresent it. That our national organization should have declared in favor of separate Examining Boards throughout the Union and thus provided a common line of defence against the effort of the American Medical Association to gain control of the licensing power, should furnish reason for profound satisfaction. To protect the future of our cause practical men can see that there is no other course, however much difference of opinion there may be as to the function of the State in regulating the medical affairs of the people and in maintaining a censorship over the profession. As homœopathy gains the more as the equipment of its practitioners advances, and as its colleges have nothing to fear from rigorous examinations by the State, the proposed law will be undoubtedly pushed vigorously throughout the Union. It remains to be seen whether it will not be defeated by our allopathic brethren who have clamored so loudly for a single Board of their own making.

It is also a matter of satisfaction that the Institute declared overwhelmingly in favor of putting the journals to the test of loyalty to the

fundamental aims of the school. Although it was proposed that the loyal journals should be punished for their loyalty in order that one disloyal journal might escape the just disavowal of our national body, the Institute appreciated the gratitude which it, as a society and as the great exemplar of the school, owed to its loyal press. By declaring that all journals, in order to be avowed as homœopathic representatives, must announce the principle of similars as the dominating principle in the selection of drugs for the cure of the sick, and must also assent to support of the organization of homœopathy as a distinctive body in the medical profession, a just definition was framed and an equitable criterion was established. Throughout the world happily there can be but one journal which would seek to evade so fundamental a condition of recognition. Hereafter our nondescript contemporary which claims and disclaims homœopathy in alternate breaths, while it preaches empirical miscellany and labors for the obliteration of our school, must declare loyal support of our distinctive organization and show that consistency between practice and profession which can alone meet the approval of honest men.

In nothing was the growth of the school better indicated than by the large accession of 129 new members with the election of A. I. Sawyer for president who fairly has won the honor and the great responsibility; a year of prosperity can cordially be greeted. Homœopathy is growing big and powerful. With her increasing power there is nothing better to be wished than that she may grow in her distinctive science as she rapidly multiplies her material resources and the number of her practitioners.

COMMENTS.

THE WORK OF THE BALTIMORE CLUB.—While interested and skilled in all branches of medicine the homœopathic physician has a special solicitude and profound anxiety in his study of the materia medica. He thoroughly realizes that it is the foundation stone, that upon it rests the superstructure and that upon its purity and reliability depends his success as a practitioner, the lives of his patients and the future of homœopathy. For many years dissatisfaction with the state of the materia medica has been increasing in the profession; has been reflected in the journals, and has at length manifested itself in different sections of the country in determined attempts to reconstruct the materia medica on a reliable and, therefore, scientific basis. The sentiment in

favor of such revision is overwhelming. It has not been fostered by any journals nor developed by any individual or set of individuals, but comes from the profession at large as their deliberate judgment after long and patient trial and investigation. In the *Hahnemannian Monthly* for June, 1889, may be found an article from the "Medical Investigation Club" of Baltimore, Md., which gives some account of an attempt to construct "A new and scientific materia medica based on pure pathogenesy." The earnestness and determination with which the club has gone to work evidences the widespread discontent that exists, and the equally widespread purpose to remedy matters if possible. The plan of work adopted by the club and which it terms the synthetic method is briefly as follows: The study of drugs is divided into three departments; first, history; second, symptomatology; and third, therapeutic application. An endeavor is made to eliminate all untrustworthy provings and all symptoms occurring in but one prover are excluded from the pathogenesies as needing further verification. No drug provings are admitted by any potency over the twelfth decimal and all clinical symptoms are rigidly shut out. To each symptom as given is affixed a numerical exponent which indicates the number of provers who have experienced the symptom. While we are not quite ready to accept this plan in its entirety as "*the* form in which the future materia medica will appear," yet in essentials it is following along the same lines that have guided the Boston Committee and that served as a basis for the recent meeting in New York. It is extremely doubtful whether the arbitrary halt at the twelfth potency is advisable. Why not admit all provings and subject all to the same tests? Can it be positively stated that potencies above the twelfth produce no effect on the human organism? Again by this plan how are untrustworthy provings known and on what authority are they so classified and omitted? In these respects it seems that the plan of Dr. Wesselhoeft is better for it affords an opportunity for comparison and tests for concordance and reduces the arbitrary personal equation to the minimum. However, these differences will be finally adjusted. The work of revision will not be done by one man, nor by one club, nor in one year. It will be the work of many hands and will bear the imprint of many minds. But it must be built on so fair and liberal a basis that its worth will compel recognition even from those who fought it at the start.

A Suggestive Circular.—The section on scientific papers of the American Pharmaceutical Association some time before the recent annual meeting at San Francisco issued a circular letter to all members of the society, which probably produced greater results in the way of procuring valuable papers and in stimulating to thorough original research, than such appeals generally do. While as a rule the ordinary circular of this sort is general, this is specific. It does, briefly and vigorously in the time-honored manner urge the necessity that all should contribute to the success of the meeting, but it does not stop here as most circulars do, but devotes the greater part of its space to a definite statement of just what is required to be done. The "List of Queries" which follows the text and which is by far the most impor-

tant part contains fifty-two subjects for investigation and for essays. It is not, of course, intended to confine subjects of inquiry within these limits, but simply to indicate the main lines. Most of the "Queries" are very suggestive. No 38 is "An essay on Corrosive Sublimate is desired. Do the advantages derived from its use outweigh the disadvantages?" No. 43 : With what degree of accuracy are powders usually divided in dispensing? No 45: An essay on "How to conduct Quez Classes in our Pharmaceutical Educational Establishments?" No. 52 : Is the college training in pharmacy after two years practical experience better for the student than the reverse, viz.: theoretical first and practical afterwards? These topics attracted the immediate attention of the members and papers were presented upon most of them. That which makes this circular better than its fellows is its great suggestiveness. Many a man who would read unmoved an eloquent but vague appeal for contributions, finding some attractive question in the "Query List" might and probably would be stimulated to investigation and composition. Other societies may profitably imitate the method of the pharmacists. By so doing work may be better systemized, investigation may be more concentrated, work may be more thorough and so more valuable and a much larger number of earnest workers be secured.

The Eleventh Census.—The Superintendent of Census, Mr. Robert P. Porter, has issued a letter to the medical profession in which he says: "As the United States has no system of registration of vital statistics such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal legislation. In view of this the Census Office during the month of May this year will issue to the medical profession throughout the country 'Physicians' Registers' for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census. Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington. Information obtained through this source shall be held strictly confidential." There is cause for regret that the homœopathic profession in its various societies and journals has not in the past taken a more vigorous interest in matters pertaining to the public welfare. It is true that certain cogent reasons exist that explain to a considerable extent this apparent indifference. While individual interest has been as great in the new as in the old school concerted action has been discouraged by adverse circumstances.

But the way to improve the existing conditions is by manifesting a determination to promptly assume our proper share of public responsibility. This spirit is already animating homœopathic organizations. Every homœopathic physician should obtain and fill out a "Register" and so do his part as a member of the medical profession.

BOOK REVIEWS.

PSYCHOLOGY AS A NATURAL SCIENCE APPLIED TO THE SOLUTION OF OCCULT PSYCHIC PHENOMENA. By C. G. RAUE, M.D. Philadelphia: Porter & Coates. 1889. Pp. 541.

Dr. Raue holds, with the best modern psychologists, that psychology is a *science* of mind; that it has its own definite laws, and that it has its own instruments and methods of research to ascertain these laws. As Professor Sully states, this conception of psychology is opposed on the one hand to the doctrine that the inner region of mind is (in part, at least) not a realm of natural events having a fixed order. On the other hand, it stands in no less distinct antagonism to the view of Comte and his followers that introspection is incapable of being employed as a scientific instrument, and that, therefore, the facts of the mind can only be studied as a special group of biological phenomena. While the work is based upon Dr. Beneke's "Psychologische Skizzen" it is not markedly dependent, and in its essential features is entirely independent. In the opening sections of the book, entitled "The Intellectual Sphere of the Mind," "The Sphere of Conation," "The Emotional Sphere," and "Physiological Psychology," the author, guided by the most recent researches of others as well as by his own, has presented with scientific accuracy and clearness the facts and truths of psychology. The chapter on Physiological Psychology is especially interesting. But it is when sections v. and vi. are reached, which close the volume, that there emerges the distinctive and original part of Dr. Raue's work.

The fifth division, "Complemental Inquiries," treating in part of the "Ego, Force and Matter, Soul and Body," "Death," while extremely instructive and interesting must be passed by in order to notice the concluding section—"Occult Phenomena." Here he applies the science of psychology to the solution of "Muscle-Reading thought-transference," Mesmerism, Hypnotism, Hallucinations, Somnambulism, Second-sight and Retrospection, Psychic Action at a distance and Spiritualistic Phenomena. Opinions as to the value of the conclusions drawn will of necessity vary. But even those who distrust the philosophical value of psychology in any form as a possible way to the discovery of truth, will recognize the educational worth of the book as a discipline in abstract reasoning, and as a window opening upon a world of ideas in which every mind will find enlargement. Dr. Raue's style must not be left without remark. He has carefully and successfully studied the recesses of the English tongue for his purposes. He has mastered the difficulties that confront the foreigner in acquiring English, and has a diction clear and concise. To illustrate his method and manner we give the closing paragraph of the

book: ". . . Therefore we may assert that departed spirits, the souls of men, real men, continue to exist after so-called death. This assertion is certainly an hypothesis, because the existence of spirits cannot be proved by *physical* means, as spirits lie out of the reach of physical means of detection; but it is an hypothesis which we are not only warranted, but necessitated, by the existing physical facts, to establish. We shall have to submit to these facts; and, *consequently*, the *possibility* of an intercourse between departed spirits and this corporeal world is likewise established. Here ends my task. I cannot be expected to prove how far and in what particular cases this possibility has been actually realized in the millions of spiritualistic experiments with the thousands of public and private media, for I am not writing a work on spiritualism. In the elucidation of this subject it was my part to state, and state fairly, that on the one side there exist *possibilities* by which an appearance of communication between man and spirit may be produced, and yet be only the effect of natural physical action of mind upon mind; that imitation may and does succeed in taking the appearance of spirit-interaction, and yet be only the result of cleverly construed physical contrivances. On the other side, I had to show that the assumption of a like possibility of an intercourse between man and departed spirits is not only warranted but necessitated by the existing psychical facts, because this assumption is in accord with the nature of the soul of man, and the laws by which the psychic organism is governed throughout its existence in this wonderful world of psychic and material forces combined." P.

AMERICAN RESORTS, With Notes Upon Their Climate. By Bushrod W. James, A.M., M.D., member of the American Association for the Advancement of Science, etc. F. A. Davis, Philadelphia: 1889.

There may be subjects concerning which the average doctor knows less than he does about health resorts in the United States, but it would be, perhaps, quite difficult to state what they were. Too many physicians prescribe localities for the sick much the same as they give their drugs. A senseless and inexcusable routine is observed. All cases of phthisis go to one place, all of rheumatism to another, and all Bright's disease go to a third. The many things that should be taken into consideration in prescribing climate are ignored because unknown. The temperament of the patient, the nature and stage of his disease, the character of the place selected, the society found there, the cost of living—these and many other important things are overlooked. But this ignorance is somewhat excusable when we remember that few colleges even yet teach their students anything concerning this important topic, and books upon American resorts are not numerous. Dr. James has, however, rendered it possible for every physician to inform himself quickly and easily on this subject. He describes all the principal resorts of America—mountain, sea-side and fresh water, etc.—giving character of the soil, the climate and accommodations. In Chapter X., entitled "Therapeutics," he states the special advantages of different resorts as related

to disease. The work gives evidence of laborious research, and contains a great deal of valuable information in a convenient form. In the next edition some of the more important resorts might be more fully described. The book deserves a large sale. P.

THERAPEUTIC METHODS. An Outline of Principles Observed in the Art of Healing. By JABEZ P. DAKE, A.M., M.D. College edition. Otis Clapp & Son, Boston: 1889.

The medical student can spend his time to no better advantage than in the careful and repeated reading of this extremely valuable book. It contains the kind of knowledge that he most needs and generally knows the least about. There is, perhaps, no other book of recent publication that will do him such good service as this unpretending volume. As the book has been previously noticed at length in the JOURNAL, it is unnecessary to again direct attention to its special merits. The binding and letter-press is excellent. P.

REPORTS OF SOCIETIES AND HOSPITALS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE forty-fifth anniversary and forty-first session of the American Institute of Homœopathy was held in Hotel LaFayette, Minnetonka Beach, Minn., with the President, Dr. Selden H. Talcott, in the chair. All the officers of the Institute were present.

Prayer was offered by Rev. Mr. Heath, of St. Paul.

On the platform were seated the following ex-Presidents of the Institute: Drs. J. P. Dake, '57; J. S. Smith, '58; R. Ludlam, '69; I. T. Talbot, '72; J. W. Dowling, '81.

Dr. J. E. Sawyer, of St. Paul, President of the Minnesota Institute of Homœopathy, then welcomed the Institute.

Mr. President and Members of the American Institute of Homœopathy:

I have the honor and pleasure of extending to you as the oldest, if not the largest, medical association in the United States, a most cordial welcome into this beautiful north-west country, and especially into the State of Minnesota, in behalf of the Minnesota State Institute of Homœopathy.

About one year ago we extended to your honorable body an invitation to come and meet with us in your annual session of 1889 on the shores of this beautiful lake.

And when a little later we were apprised of your acceptance of our invitation, we felt that already a new impulse had taken hold of us. For we felt and fully realized, that by the assembling of such an organization as the American Institute in our midst, composed of the leading talent of our school in this country—professors to our colleges, superintendents of our asylums, physicians who have become prominent as specialists in every class of diseases, and general practitioners of no less renown—could but establish a standing for homœopathy in a community like this, composed of intelligence and the independence of a free-thinking people which, perhaps, be done in no other way. And not only for this, but we welcome you that you may see what we have already done and are still doing in Minnesota and the West for homœopathy. Although a comparatively young State, yet we feel that we can make a favorable showing in comparison with many of our elder sister States. We have in the State of Minnesota 150 or more homœopathic physicians,

a strong State society (the Minnesota State Institute of Homœopathy) of which a great majority of the physicians of the State are members, the St. Paul and Minneapolis Academy of Homœopathic Medicine, a young but growing society, composed of most of the physicians of the two cities and some from the surrounding towns—a society which, I believe, is destined to be of great good to the profession and homœopathy in the State, and besides these we have local societies and a homœopathic hospital in St. Paul and Minneapolis; and during the last year a medical department has been added to our State University, in which homœopathy has been duly recognized. We have, also, in course of construction at Fergus Falls, in this State, what is to be one of the best insane asylums in the State if not in the country, the medical department of which is to be given to homœopathy.

And, had it not been for a little misunderstanding in our own ranks, we would have been the first State to have had a separate homœopathic examining board, under one of the best State laws in the Union.

And all these, we trust, are but the beginning of better things to follow, if we are united and work together for the common good of the profession instead of for our individual interest. And again we extend to you a most cordial welcome. We welcome you from the East, not as strangers, but as fathers, for as the sun rises in the East and travels toward the West, so has been the tide of emigration and migration in this country, until to-day the great north-west is teeming with young blood, sons and daughters, who left their early home in the East, around which cling the fond recollection of childhood and can never be effaced long as life shall last, for in our dreams we return to our old home and we see as in childhood, our old associations. We welcome you from the South as brothers from a new and growing country, and from the West as neighbors, having one common interest and all in one grand brotherhood of purpose, having in view the one great object—the elevation of the profession by a better and more thorough understanding of the true science of therapeutics.

We would now extend to you, members of the American Institute, our most sincere thanks for your having come so far west to hold your annual session of 1889, and we shall endeavor to make your stay with us as pleasant as possible and with profit to ourselves, and we sincerely hope that you will feel fully repaid when you have visited our State, seen our beautiful lake and flourishing cities, and should you continue your journey on to the great National Park, as it is hoped that you may, you will see the great fields of ripening grain, from which the millions not only of our own but foreign nations are fed. And we feel assured that the Institute will be so strengthened by the additions of new members from this western country that you will say before the session closes that it has been good for you to leave the old beaten paths of the East and South and come into the new north-west to gather up the sheaves that are already ripe for the harvest.

Dr. T. Y. Kinne, Vice-President, in response, said: Dr. Sawyer—It is a pleasing duty to respond to such cordial words of welcome, but no words of mine can adequately voice the pleasure which I see upon the faces of the members here before me, as we have listened to what you have said for us, and, more than all, for yourself, because we feel that we know you better now that we have the pleasure of meeting with you here. In speaking of this as the Far West, we felt as we came over your excellent roads, in those limited trains with their unlimited accommodations, the distance seemed too short until we saw your noble river upon which the twin cities rest, which are stars in the diadem of the north-west. We feel that you have not only for yourselves and your State society the motto of Hahnemann, but also the motto of your own

State, "the star of the north-west." We trust that our meeting here with you may be of some service to you; that we may in some measure strengthen your hands; that you may go forward in the battle you are waging in the cause of truth, of right, and the best interests of humanity, so that your hands will be like those of Moses, upheld as they were, until the battle went for the people of the Lord. We thank you, sir, for your welcome. We have come with pleasure, and our pleasure has been enhanced, and we trust that we shall in our stay here have the pleasing recollection that we shall be only too glad to hear your welcome to this section of the country again.

The President then delivered the annual address, of which the following is a brief abstract:

THE PRESIDENT'S ADDRESS.

The undercurrents of progress are not always apparent to the casual observer; but they are, after all, the mightiest motors in human experience. We see the foaming crest of the wave, and we note its angry and active motion, but the vast volume of the waters beneath make no demonstration of their gigantic power until they seize the mighty vessel and dash it against the rocks. So in the world of human thought and human experience and human action—it is not the frothing foam of turbulent agitation or the blaze of noisy dissension that accomplishes either the destruction of an enemy or impels the progress of society. During the year that is past there have been no radical changes in the condition of homœopathy throughout the world, but there has been a gradual, slow-paced, steady-footed, onward movement towards the truth and the light. As evidence of steady and sure progress in England, we present a few facts as expressed in a letter from Dr. Hayward, of Liverpool. In this letter he states: "The Medical directory will now mention our appointments at our hospitals and dispensaries. Perhaps this concession has resulted from the threat of Dr. Alfred Drysdale to institute legal proceedings against the editor if they were refused." In France the homœopathic hospitals are being sustained and strengthened by numerous large and flattering legacies. In Saxony the laity by thousands are expressing confidence in our system. During the past year a homœopathic hospital has been successfully established in Leipsic—Leipsic, the city from which Hahnemann was once driven as a fugitive and vagabond because of his belief in similars. From Russia, Spain, India, and even from the Isles of the Sea, we have encouraging reports relative to the progress of our cause. Wherever sudden and fatal diseases prevail, wherever the history of medicine shows a record of humiliating failures in the treatment of formidable diseases, there you will find a new and intense thirst for the better knowledge of homœopathic methods of treating and curing the sick. In this country the progress of homœopathy is more apparent than in any other. Here we have colleges for the education of the young, here we have hospitals and asylums for the treatment of every form of disease, both physical and mental. The more carefully and persistently we apply correct homœopathy the more successful are results. Of course diseases vary in their intensity from year to year, consequently results sometimes apparently fluctuate. Massachusetts has followed the example of New York by establishing within her borders an institution in which homœopathy is developing its astonishing powers. At Ionia, Mich., is a third asylum under the rule of homœopathists. And now the youthful and energetic and gigantic West has aroused herself once again to action, and in this beautiful and glorious State of Minnesota—a State which stretches out her arms in royal welcome to the Institute on this blessed occasion—is establishing at Fergus Falls yet another homœopathic asylum for the treatment of the insane. We fervently hope that the members of this Institute will witness each succeed-

ing year the birth and healthy growth of at least one institution where those afflicted by nervous and mental diseases may be treated and cured speedily and safely and numerously in accordance with the principles of homœopathy. A short time since the sentiment that "every homœopath should be hung until he was dead three times" was applauded by those who claim exceeding regularity in the medical profession. Now, when the success of homœopathy is proven, they meekly say, "All we ask is that we be allowed to live and let live." The growth of homœopathy in these United States has been so marvelous and so unexpected as to excite against us not only the ridicule, enmity and persecution of the dominant branch of our profession, but it has excited even their gravest apprehensions, and has finally stimulated in the minds of our opponents a subtle, deep-seated, far-reaching and crafty determination to destroy by pretension, mastication, deglutition, digestion and assimilation that young David of homœopathy which so seriously threatens the peace of mind and the personal prosperity of the "old-school Goliath." To the end that our self-styled "regular" brethren may encompass us about and check our alarming progress, a systematic effort is being made throughout the various States to create in each a single board of State medical examiners. These boards are to be formed almost invariably upon such a basis as to give the old school at least a two-thirds majority in each board. When these examining boards have been established by law in the various States they are to grant or refuse licenses at will, and this action is final and irrevocable. We respectfully suggest that your attention be directed to this matter, in order that the dangers threatened may be discovered and understood, and, by resolute action, averted. We feel that in the establishment of State boards of medical examiners each school of medicine should have its own board, since by this means only can every student who applies for a license to practice have his qualifications tried and passed upon by a jury of his unprejudiced peers. I would suggest that the members of the American Institute of Homœopathy encourage the cultivation of specialties. Every fair-sized town should have its specialist in each branch, and by a careful division of labor each specialist may become gradually more and more thorough in his knowledge of that branch of medical science which he has selected to investigate, and consequently more skillful in the application of remedies for the cure of special diseases. Again, I believe we should recommend no list of journals as peculiarly worthy of patronage. Let every journal stand or fall upon its merits.

THE HIGHER DUTIES.

The general tendency of the times is towards the development and dissemination of truth, regardless of clan or creed, in every department of science or of art. The people chafe under and fight against any measure in politics, religion or social intercourse which seems likely to hamper the individual in his action, or co-operative associations in their action. Unjust repression of individual rights is being vigorously assaulted all along the line of human progress. Only cardinal principles of exact and equitable justice are to be considered. Efforts to repress the weak, by those who are strong, will undoubtedly be continued until another era dawns. Cramping compulsion will still be attempted by those who are mighty; but the days of tyranny in matters moral, physical and intellectual are drawing slowly to a close. Under these circumstances the medical profession must shape its course in accordance with the convictions of those who have become more and more enlightened and in accordance with indisputable and inalienable individual rights.

Much has been said of late about the unification of the medical profession. There should be, as Dr. Helmuth asserts, an everlasting unity of purpose on the part of our profession. And that purpose should be

the safe and speedy and permanent healing of the sick, and the general health and happiness among the masses. Every doctor should make the cure of the sick the highest and noblest object of his existence. But this unity cannot be fostered and promoted by any plan of forcing every aspirant to medical honors through some ancient and narrow channel, guarded by the crafty agents of bigotry and intolerance, before he be licensed to practice. We will unite with our medical brethren, of whatever school, in earnest efforts to heal disease and to promote the sanitary welfare of the people, but we will maintain a distinctive organization and distinctive but thorough method of education until the doctrines enunciated by Hahnemann and fostered by this Society receive that recognition and respect which they deserve from the thoughtful, the scholarly, the broad-minded and the unprejudiced.

We are sometimes asked to yield our opinion because we are largely in the minority. If men were to acquiesce to such a proposition then Christianity would yield to Mohammedanism, and Mohammedanism to Buddhism, and it in turn to ignorant and abject idolatry. The believers in enlightened and recently developed truth are always in the minority. It is this same minority that eventually leads the majority into the light.

Whenever, in the past, union has been proposed by the majority in our profession, we have found the terms so unjust that they could not be accepted. Those terms required not only the furling of banners, the hauling down of colors and the burial of a name; but they required stultification of conscience and the yielding up of an honest opinion. We can no more unite with our brethren of the "old school" upon the terms proposed than the United States can be reunited with the mother country. And, besides, there is no wisdom in or good reason for the union proposed in the manner indicated. Both parties are undoubtedly trying to accomplish the best results in behalf of suffering humanity. Through the agency of the schools active competition is continued, new experiences are unfolded, and by competition, comparison, by criticism, by emulation and by attention, every side of the shield is not only more carefully examined, but more brightly burnished.

What we need in our school and, I believe, in every school of medicine, religion, law, art and politics, is a loftier and more sterling honesty. We believe the duties which rest most solemnly, emphatically and religiously upon the physician of the present day may be enumerated as follows: First, universal unity of purpose in the work of healing the sick; second, universal liberty of opinion and action as an indisputable individual right; third, sectarian cohesiveness and aggressiveness are impulsions to progress.

The speaker further developed the ideas set forth in the above paragraph, and continued:

Fellow-members of the American Institute of Homœopathy, I conjure you by the example of the illustrious Hahnemann, by the names of those heroes who first declared their belief in homœopathy, by the memory of their work, their worthiness and their self-abnegation, by the boundless blessings which have come to the sick in every land through the mild agency of new methods—be true to the cause you have espoused; be earnest in the future development of those medical truths which have been as yet but partially discovered. Be loyal to this organization and all the vast interests which this Institute fosters. Then, with all the benign forces of freedom and opportunity that are about you, you may go on and send up unceasingly that cry for larger light which millions are forever shouting forth all along the path of human progress. That cry is universal. It is the German cry, "Licht mehr licht." It is the English cry, "Let in the light." It is the American cry, "Give me liberty to search for the light, or give me the blackness of death." It is the cry of

humanity everywhere. With eager cry and persistent effort we shall move on from strength to strength and from glory to glory, until the truth which we represent is recognized and accepted by the vast majority of workers in medicine.

On motion of Dr. Hall, seconded by Dr. Comstock, a vote of thanks was tendered the President for his interesting and eloquent address, and the same referred to a committee consisting of Drs. G. A. Hall, T. G. Comstock and I. T. Talbot.

The reports of the Committee on Programmes, Executive and Publication Committees were presented and referred.

The order of business as presented was adopted, with the change that action on amendment to By-Laws be taken on Thursday instead of Friday.

Dr. E. M. Kellogg, Treasurer, presented his annual report, showing the receipts to have been $4,925.29 and the disbursements $3,624.83, leaving a balance of $670 46. He also reported that some $60 was all that remained of the subscription to the "Encyclopædia of Medicine," published by the British Society, and that inasmuch as the Institute stood pledged to 400 copies, unless the number of subscribers could be increased the expense would fall on the treasury of the Institute, and would amount to about $2,000.

The report was received and referred to the Auditing Committee, consisting of Drs. J. P. Dake, D. S. Smith and H. A. Houghton.

The report of the Necrologist in his absence was presented by Dr. T. F. Smith, and contained notices of the death of thirteen members, of whom five were seniors. The deceased members are Drs. Joshua F. Whittle, of Nashua, N. H.; Wm. B. Chamberlain, Worcester, Mass.; Wm. P. Wood, West Chester, Penna.; Geo. F. Foote, Chicago, Ill.; Edward Reading, Halboro, Penna.; Wm. R. Childs, Pittsburgh, Penna.; Wm. Von Gottschalck, Providence, R. I.; O. P. Baer, Richmond, Ind.; F. L. Vincent, Clifton Springs, N. Y.; John D. Vail, Montrose, Pa.; Wm. M. Pratt, New York City; Louis J. Olmstead, Kansas City, Mo.; Fred. S. Fulton, New York City; Jos. A. Reed, Auburn, N. Y.

The report of the Bureau of Organization, Registration and Statistics was presented by the Chairman, Dr. T. F. Smith. He said he had received reports from three national and two sectional or inter-state societies; of twenty-nine state societies twenty-three had reported; of sixty-eight local societies nineteen had not reported; of fifteen medical clubs two had not reported; twenty-six general and twenty-one special hospitals report 4,630 beds; 33,661 patients had been under treatment; of this number 21,861 were cured, 4,947 relieved, 725 not relieved, 1,045 died and 5,000 still remained under treatment. The death-rate had been 3.10 per cent. No reports from three general and ten special hospitals; thirty-three dispensaries out of forty-four send reports, and show 136,728 patients under treatment and 274,261 prescriptions made; twenty-five journals reported, of which several had started during the past year.

Fourteen colleges report 1,198 students matriculated, 373 graduates and 8,692 alumni.

On motion the report was accepted, with the letter from the editors of the *New York Medical Times* containing opinion of Judge Barrett, as published in that journal, stricken out. The bureau was also authorized to publish a full list of deceased members every five years, and to send reprints of their statistical report to all hospitals and dispensaries reporting to their bureau.

Delegates presented verbal reports from various societies and organizations.

Dr. Sherman presented the following request: "The Homœopathic Medical Society of Wisconsin, through its delegate, desires to formally request the Institute at this session to formulate a medical bill which

meet the needs of the times, and which shall be applicable to all States of the Union." Received and referred to the Committee on Medical Legislation.

Dr. Wm. H. Leonard, Chairman of the Committee of Local Arrangements, reported that for those who desired to visit the "Twin Cities," private carriages would be provided, at such times as would be most agreeable to the Institute, and that the courtesy of the lake steamers would be tendered the members of the Institute.

SECOND DAY—MORNING SESSION.

The Institute met promptly at 10 o'clock, pursuant to adjournment, with the President in the chair.

The Board of Censors made a preliminary report, which was accepted.

Dr. H. C. Allen, Chairman of the Committee on Railroad Fares, made a full report, giving a complete history of the difficulties under which the committee had labored, owing to the various disagreements of the trunk lines, and it was only at the last moment that any agreement could be made with the various roads.

The Committee on Memorial of the W. C. T. U., R. Ludlam, chairman, presented its report, and recommended that the following letter be adopted as the action of the Institute, and it was so ordered.

"We beg to inform you that as a school of medical practitioners we have always stood in opposition to the common and indiscriminate use of alcoholic liquors. We have opposed the old preparations known as 'bitters' and 'tonics,' in which alcohol is the chief ingredient, and we have denounced the 'whiskey cure' for consumption or any other ailment, except possibly 'snake bite.' We would also say that the evils of intemperance and the responsibility of the medical profession have not escaped our attention. While we fully recognize these evils we are unable to assent to the teaching indicated in your letter, 'that an element that is universally acknowledged to be the deadly enemy of a healthy human organism cannot be the friend of a diseased one.' Our studies and accumulated experience have shown us a great number of agents that are inimical to the human organism in health, and yet very useful and oftentimes necessary to that organism in disease. We recognize the difference between poisonous or pathological doses and those of the same drug that may prove curative. As to pharmaceutics and medicinal uses of alcohol, we are persuaded that in some cases there are no proper uses for it. We oppose alcoholic liquors as a beverage, and cheerfully second the worthy efforts of your organization for the extinction of the American saloon."

The report was adopted without opposition.

In the absence of the chairman, Dr. J. Heber Smith, of the Bureau of Materia Medica, it was presented by Dr. Cowperthwait. In it he referred to and gave an outline of the work which was being carried on by Drs. Wesselhoeft and others, calling attention to the fact that this method was to show the congruent symptoms in the pathogenetic record of drugs. He, however, demurred from the deduction that only in this way could a scientific plan be established. Congruent symptomatic results appeared to proceed from like provers under similar conditions, and subjected to nearly equal doses of the drug, and this was not denied, but diverse and incongruent symptomatic results obtained under test conditions may prove, and have proven, to be "pearls of our therapia," when subjected to a clinical test. Study the provings, old and new, as critically as may be, but hereafter let us know our provers better.

The address of the Bureau of Psychological Medicine was presented by the chairman, D. F. W. Boyer, on the subject of the will-power.

Dr. J. P. Dake (American editor) presented the report on the Cyclopædia of Drug Pathogenesy, giving a brief history of the origin of the work and the progress made. Report accepted and referred.

The address of the Bureau of Ophthalmology, Otology and Laryngology was read by Dr. A. B. Norton, in the unavoidable absence of Dr. Deady, chairman. The doctor referred to anomalies of the ocular muscles, and called attention to the importance of the subject to the general practitioner, and gave a brief résume of the conditions produced by these states and the benefit of treatment by proper aids in the exercise of these muscles. Headache was often due to this weakness of the ocular muscles, due to the effort to preserve the equilibrium necessary for distinct vision. Nausea, vertigo and headache often resulted from gazing from the windows of a rapidly moving railroad train, and here we often have an insufficiency of the external recti muscles, the effort to preserve parallel visual lines during rapid changes in fixation subject these muscles to extra labor and produce these disagreeable symptoms. Where the internal recti muscles are at fault the functional disturbances occur as a result of near work, as in writing, reading, sewing, etc., and often causes headache after shopping expeditions, from the long-continued strain in examining goods. Headaches, extreme nausea and severe vomiting, occurring at intervals over long periods, have in many instances resulted from the loss of balance between the superior and inferior recti muscles, and have been cured by restoring the normal muscular equilibrium. These conditions may also produce nervous dyspepsia. When muscular insufficiency exists there is a tendency to diplopia and in the unconscious effort to preserve single vision, the patient expends a great amount of nervous force. This may be gained at an expense to the general system where there is deficient vitality. These conditions may also produce spasmodic symptoms, such as winking, general chorea, etc., in children. Oftentimes glasses and proper training of these muscular abnormalities will do much in cases of epilepsy or incipient insanity.

In the absence of the chairman, Dr. W. C. Goodin, no address was presented in the Bureau of Anatomy.

The Committee on Pharmacy, through its chairman, Dr. E. M. Howard, presented a series of long and careful experiments, instituted to test the quality of certain drugs, bought at different pharmacies, of which he knew the drugs, but did not know where they were procured. The drugs were acon. nap., bellad., digitalis, gelsem., puls., and aralia rac. Test tinctures were made from extracts and from guaranteed tinctures of our pharmacies, and careful comparisons made between them and the drugs furnished, as to color and odor.

In the discussion Dr. Wm. Owens objected that these were not reliable tests, since it was known that a high-colored and odorous tincture might contain very little extractive principle, which was the important ingredient in all drugs, while a clear and odorless fluid might contain a very large amount of extractive material.

Dr. T. F. Smith agreed with Dr. Owens, and related instances where in his own experience certain tinctures would vary in color in different years, but would not by clinical tests lose their efficiency.

The papers of Mr. A. J. Tafel on "Homœopathic Pharmacy of To-Day," and of Dr. T. H. Carmichael on "Pharmacy of Dilutions" were read by title and referred.

Dr. I. T. Talbot presented the report of Dr. W. C. Wesselhoeft, of the Committee of Directors on Drug Provings, in abstract. The committee had urged during the year the necessity of subjecting to critical analysis the provings which were reported last year. As a result six provings had been analyzed, and would be presented.

AFTERNOON SESSION.

The general subject of the Bureau of Psychological Medicine was "Agents for the Creation and Development of Will-power." Dr. F. W. Boyer in his introduction called attention to the fact that for many years the study of the mind was left to the metaphysician, and only by a gradual process was the attention of the physician turned to it. The tendency had been to regard the human body as a machine, but gradually less severity was practiced upon it, and a more merciful therapy was developed. Action and reaction are contrary and equal, and from lack of consideration of psychological influences in the cure of disease we have gone to the opposite extreme—namely, to ignore all curative agencies other than those associated with the workings of the psychic force. The results of will, often mistaken for will itself, or a person may be called strong-willed who is only stubborn, and lacks will. Will is a result, and not first cause. Will is the doing, preceded by a desire.

Dr. J. D. Buck, in his paper on "Pre-natal Influences in Relation to Will-power," said that in our thought and care of this subject we were less wise than the ancient Greeks. The child may be influenced by the imagination of the mother; it may be deformed for life, or converted into a monstrosity, but it cannot be said to exercise its own imagination in utero. Not so with the will. The will to live is derived from the act of impregnation, so that it not only resists this tendency to change of form, but furnishes also a substratum of will and vitality for all coming time. The foundation of the will, therefore, is laid in the very act of conception, and is inseparable from the life and perfection of the human form. The surest safeguard against physical deformity, mental imbecility and spiritual obliquity will be found in deliberate preparation for paternity, long recognized as profitable in the breeding of horses and cattle. Then, perhaps, the will of man may begin to be supreme.

Dr. Sophia Penfield, in "Emotions as Affecting the Will," said that to most minds the term "will-power" signified different states. To one it meant the power of controlling others, to another bodily control of self, to a third the control of circumstances. The value of the will varies in each individual. Emotions are always present; ever active. The physical pain of the new-born infant is the first emotion to which it gives expression. Later the senses develop, and next comes emotions of pleasure. From these two early emotions others occur. Slowly he learns that a prolonged wail will bring about results that fail through other means, and now he wails, not from instinct but for a purpose. His will-power is in embryo, but mind prevails over matter. Suggestions awaken his dormant impulses into activity, whether of fear or joy. The wise parent will know when to use the emotion as a whip to spur the mind. Mental causes are stated as supplying the greater per cent. of cases of insanity. Careful attention should be given to the early training of these forces in the child, so that the adult may have a healthy mind in a healthy body.

Dr. E. O. Kinne, on "Drug Action," said that drugs produce an effect upon the will-power in two ways: (1) By deranging the nervous system and preventing normal action, so that it becomes impossible for the will to express itself through these disordered channels; and (2) by their essential action dwarfing the individual and rendering him incapable of performing the spiritual functions which are the prerequisites and concomitants of the birth of will.

Dr. A. P. Williamson, in "Emotions as Affecting the Will," said that emotions were divisible into four classes: The elementary ones being pain and pleasure; then come the affections, love and hate; then the feelings, as typified by fear and courage, or sorrow and hope, and these are crowned by the highest of all the emotions—the passions. While the former do not necessarily involve the intellect, they are usually accom-

panied by excitement of the muscular apparatus. These primary emotions may be suppressed or held in abeyance by education or by the presence of one of higher degree. The emotions, love and hate, more directly require the exercise of the intellect for their development. When these emotions have full control of the intellect, judgment is warped and oftentimes without reason. Next we have those states accompanied by mental depression and mental elevation. In these are fear and sorrow, courage and hope. Far above these stand the emotions which demand for their development the highest intellectual effort, and these can be produced by mental effort alone. These are the passions. These emotions are in all individuals, and when there is a healthy body and mind they are under the domination of the will, but liable to modification when diseased conditions are set up. Interesting cases were cited, representative of these various emotions and mental states.

Dr. W. M. Butler, on "The Creation and Preservation of Mental Equilibrium," said a thorough knowledge of our subject necessitates its division into two parts, and an individual consideration of each.

In considering the agencies conducive to the creation of mental equilibrium, the question of heredity in all its bearings must be of major importance.

Only healthy parents, with dispositions and temperaments suited to each other, free from the taint of insanity, epilepsy or phthisis can be expected to create the germs of strong, active minds. Mother as well as father should possess intellectual strength. Children usually inherit intellectual and moral qualities from mother. Illustrations in Alexander the Great, The Gracchi, Napoleon, Mirabeau, Goethe, Byron and Cromwell. The disregard of this law, cause of so few gifted children in families of illustrious men. Hence necessity of higher education of woman.

Effect of injurious pre-natal influences, drunkenness, opium-eating, shocks, disturbing emotions, continued mental exertion in one direction on part of parents, severe manual labor of mother during pregnancy. Illustrated by examples cited from clinical experience and quotations from eminent authors. Importance of physicians impressing upon their patients the effect which the surroundings and mental condition of the mother during pregnancy is liable to produce upon the child.

Effect of environments and early education of children. Great necessity of child's early acquiring self-control.

Parents are frequently the cause of their children's mental weakness, from allowing them to acquire evil habits in regard to eating, sleep, the use of tobacco, stimulants and self-abuse. Evils of the cramming of our high schools and the elective system of many of our colleges.

Higher education as a preventative of numerous mental and nervous diseases in women. Beneficial effects of the establishment of trade-schools, which should be more thoroughly patronized by children of rich as well as poor.

Agencies causing insanity in those who have avoided the shoals and quicksands of youth. An analysis of over twelve thousand cases from reports of the asylums in New York State shows that three per cent. belong to the learned professions, while the members of these professions comprise less than two per cent. of the entire population over twenty-one years of age, and less than one per cent. of the aggregate population. Of this number sixty-two one-hundredths of one per cent. were lawyers, fifty-seven one-hundredths of one per cent. were doctors, and forty-nine one-hundredths of one per cent. were clergymen. Next to the professions stand the farmers, with only five per cent. of the general population and eighteen per cent. of the inmates of our asylums, while the laborers, standing next, with an equal per cent. of the inhabitants, number only eight per cent.

The causes of insanity, equally potent in each of the professions, are improper development and strengthening of the brain by suitable preparatory training, constant drain upon the brain with insufficient rest and recreation and unsuccessfulness in their respective callings.

Another frequent cause with lawyers and doctors arises from excessive indulgence in intoxicating drinks.

Numbers of lawyers and clergymen fail from dyspepsia caused by insufficient exercise.

The physician is also endangered by the irregularity of his life and constant exposure and fatigue, with loss of rest and sleep.

Causes of insanity in the farmer—constant worry, continued exposure, improper diet, excessive bodily exertion with too little rest, and constant turning of mind in one direction with too little mental diversion.

Woman's mental health endangered by numerous uterine diseases, too frequent child-bearing, miscarriages, prolonged lactation, routine of household cares and lack of mental diversion and the dissipations of society.

Our national need is greater moderation and less haste to get rich, less work, more play, and a greater number of holidays suited to the needs of each class.

Professional men should have avenues of mental diversion outside their professions. The women of the land should become something better than household drudges or society butterflies, and with their minds raised to higher planes of thought and action they will less frequently sink into the abysses of insanity.

Papers were also presented by Dr. Helen M. Bingham, on "Climatic Influences;" by Julia H. Smith, on "Mental Training of the Young as Affecting the Will;" by S. Lilienthal, on "Agents for the Creation and Development of the Will-power."

These papers were freely discussed in their scientific and religious aspects.

BUREAU OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

In the absence of the chairman, Dr. Chas. Deady, Dr. A. B. Norton was elected presiding officer.

The first paper, "A Case of Lupus of the Larynx," with specimen, was read by the author, Dr. J. M. Schley.

Dr. Dillow stated that he had seen this case while under Dr. Schley's treatment, and judged that, as the patient had previously been under Dr. Leffert's treatment, it was probably the same case reported by him, and that it was probably the only case of lupus of the larynx on record in this country.

Dr. E. W. Beebe, of Milwaukee, read a paper upon "Chrysophonic Acid," in which he called especial attention to the value of this drug in blepharitis, and from an accidental proving he judged it would prove of great value in cases of retinal asthenopia.

Dr. McDermott confirmed the use of this drug in blepharitis.

Dr. A. B. Norton stated that he had found it of very great value in cases of phlyctenolar kerotitis and conjunctivitis, especially when there was an eczematous condition of the lids and face, with photopholein and redness of conjunctiva. It had also proven of value to him in the eczematous conditions of the external auditory canal and of the scalp around the ear.

Dr. A. B. Norton then read his paper upon "The Advantages of Systematic Exercise in the Treatment of Heterophoria." In this paper Dr. Norton believed it to be much better to restore the natural equilibrium to the ocular muscles by exercise with prisms than by use of the knife, as two strong muscles, properly balanced, were better than ten

weak ones properly balanced. He did not believe that this could be accomplished in every case, but did in the large majority of cases, and where operations were necessary the results would be far better from having first toned up to their greatest extent the weakened muscles. He believed that oculists did not carry this exercise far enough, but resorted to the operation too quickly.

Dr. F. Park Lewis' paper upon "The Indications for Operative Interference in Heterophoria" was then read by the Secretary, and Dr. Deady's paper upon "Observations on the Methods of Exercising the Ocular Muscles with Prisms in Heterophoria" was read by Dr. A. B. Norton.

Dr. Lewis seemed to consider the necessity of operations to be more frequently demanded in hyperphoria than in any of the other varieties, and reported cases in which most desirable results had been obtained.

Dr. Deady stated in his paper that he had never failed to relieve exophoria by the systematic exercise with prisms, and that more difficulty was found in correcting hyperphoria by exercise than any of the other varieties.

Dr. McDermott inquired whether it was customary to exercise with the glasses for correcting the refractive error on or not?

Dr. A. B. Norton answered that it was his custom to exercise without the glasses.

Dr. Beaumont spoke in favor of greater conservatism, and that our remedies should not be overlooked, as, in his opinion, the tendency to resort to the knife was too great.

Dr. Beebe inquired as to the frequency of astigmatism in cases of heterophoria.

Dr. A. B. Norton replied that he had not made any estimate on this point, but should judge that not one-half of his cases had had astigmatism. He had further noticed that frequently in exercising for hyperphoria on relief of this condition that the accompanying exophoria or esophoria would be decreased or disappear entirely, hence it was his custom to exercise for the hyperphoria when existing first.

SECOND DAY—EVENING SESSION.

The Bureau of Materia Medica, through Dr. A. C. Cowperthwait, acting chairman, presented the following papers, which were briefly discussed:

"General Analysis of Kali Iodatum," by A. C. Cowperthwait, M.D.

"Unproven Iodides," E. M. Hale, M.D.

"Therapeutic Range and Limitations of Iodine," J. Heber Smith, M.D.

"Iodium," S. Lilienthal, M.D.

"How Shall We Reform Our Materia Medica?" M. W. Vandenburg, M.D.

"The Materia Medica of the Future," John W. Hayward, M.D., Liverpool, Eng.

Following the report of the Bureau of Materia Medica, Professor J. T. O'Connor, M.D., of New York, delivered an address before the Bureau of Anatomy on "The Brain Axis: Its Structure, Tracts and Connections." The address was freely illustrated, and was listened to by a large and appreciative audience.

THIRD DAY—MORNING SESSION.

Meeting called to order by the President.

On motion of Dr. C. Bartlett, Section I., Article VII. of the By-Laws was amended by changing the name of the bureau of "Psychological Medicine" to "Mental and Nervous Diseases."

Dr. A. C. Cowperthwait moved, and it was adopted, that a committee should be appointed whose duty it should be to enquire of life insurance companies why agents are not allowed by the home office to appoint homœopathic physicians as medical examiners because they are homœopathic physicians.

The President appointed Drs. A. C. Cowperthwait, I. T. Talbot, J. W. Dowling, J. P. Dake and G. A. Hall as the committee.

The General Secretary read a communication from the New York County Homœopathic Medical Society, transmitting to the Institute the resolutions passed by the Society in relation to the refusal of the Medical Board of the Ward's Island Hospital to report to the Institute. On motion the letter was received and referred to the Bureau of Organization.

A communication was also received from the Secretary of the New York State Homœopathic Medical Society, calling attention to the apparent discrimination against homœopathic journals in the Index Catalogue issued from the Surgeon-General's Office at Washington, together with the resolutions of the State Society thereon. The communication was received and referred to the Committee on Medical Legislation.

Dr. T. G. Comstock moved that the Secretary be instructed to have printed each day, for distribution to the members, the order of business and the arrivals of the members. Referred to the committee on Programme and Business.

The report of the Committee on Medical Literature was presented by title in the absence of the chairman, and contained a list of the publications of the year and the periodical literature.

The report of the Committee on Foreign Correspondence was presented by the chairman, Dr. T. M. Strong. Letters were read from Drs. Hughes and Skinner of England, Bojanus of Russia, and Banerjee of India.

Reports were presented of the medical status in Russia, England, Cuba, Wurtemberg and Australia.

The report of the Committee on an International Pharmacopœia was presented by Dr. J. P. Dake, chairman. The plan of work as outlined was that a paper on general pharmacy should be prepared, and a copy sent to each member for his criticism, and these criticisms and suggestions were then to be added with the reasons for them, and these were to be re-examined. A majority vote was to decide, but the vote must include two members who were pharmacists and two who were not. The committee was instructed to prepare the work for the needs of the physician rather than for the pharmacists; that it should contain a supplemental chapter as to the best mode of administering medicine, and that the work when completed should be issued at the risk of a reliable publishing house.

The Bureau Address in Surgery was delivered by the chairman, Dr. S. B. Parsons, who gave a resumé of the various forms of tumors of the brain with treatment, and the most approved operations for fractures of the cranium.

The Bureau Address in Pædology was delivered by Dr. L. C. Grosvenor, chairman. He thought preventive medicine was the coming medicine, and was the work for the homœopathic physician. Food and outdoor exercise were important factors. The specialist in physiology, nervous diseases and others were all doing good work in this direction.

The Bureau Address in Obstetrics was delivered by Dr. S. Leavitt, chairman, who said that our school was limited almost entirely in their field of personal observation to private practice. Our homœopathic therapeutics, as relating to this subject, had been built up in an artificial manner and were inadequate. There were a number of remedies given, enough for almost every emergency, but the greater number were elusive, delusive and insincere. They gave, probably, the best results in pregnancy and puerperality. He thought the mortality was less in our school than in others, but there was room for improvement. Hegar's symptom, as a sign of pregnancy, was growing in value, the recognition of the ballooning of the uterine body and the softening at the junction of the body and cervix. While not an advocate of the extreme antisepsis, as sometimes recommended, he still thought there was very much to be

done in making our physicians less untidy in the sick room. The freshly-lacerated perineum should be sutured, and carefully done. Electricity was proving of great advantage, and was a valuable agent in sub-involution, applying the galvanic current in utero and on the abdomen; it was also of value after abortion or in labor at full term, when the hemorrhage was long-lasting and profuse with indications of incipient sepsis. Tait's modification of Porro's operation had simplified this severe procedure very much. The address closed with a plea for our physicians to do more in this line of work.

The report of the Committee on Medical Legislation was presented by the chairman, Dr. A. I. Sawyer. Dr. I. T. Talbot presented the following resolutions in behalf of the committee:

Whereas, A general effort is being made to induce the legislatures of the various States to establish in each of these a medical board or its equivalent, which shall have full power to determine who shall be allowed to practice medicine or administer to the sick, and may forbid and prevent all others from so doing under pains and penalties of fines and imprisonment; and

Whereas, In the present widely different methods of medical practice it would be obviously unjust to allow any man or set of men to judge those holding opinions different from their own and impossible to constitute a medical board in which all these medical opinions are equally represented, or to establish separate boards for each of them; and

Whereas, Such restrictive and prohibitory laws are contrary to the spirit of American liberty; of the rights of our citizens to employ whosoever and whatsoever means they may deem advisable in cases of sickness and subversive of that freedom of thought and investigation essential to medical progress and repressive of all new medical ideas not supported by existing associations.

Resolved, That the American Institute of Homœopathy emphatically protests against and opposes all medical legislation which shall in the slightest degree restrict the liberty of thought, the freedom to investigate and adopt any opinion and to practice any method of cure which such investigation commends.

Resolved, That such restrictive legislation is obstructive of medical investigation, trammels scientific effort and is a hindrance to medical progress.

Resolved, That laws which prevent the people from employing in sickness any medical method which they may desire, take away rights which should be inalienable and are oppressive and unjust.

Resolved, That such restrictive laws are un-American in their character, injurious to the profession which they belittle, and oppressive to the people whose rights they invade.

Resolved, That medical legislation may properly be directed to the prevention of deception and fraud through the unjustifiable use of medical titles by persons who have no right to the same, and it should be the duty of the medical profession and the community, while depriving no person of their just rights, to limit to members of the medical profession the titles legally conferred upon them as evidence of their education and attainments.

Resolved, That if any State restrictive medical legislation should be enacted and a medical board established, in order to lessen somewhat its evil influences, every effort should be made to secure upon each board an equal representation of each of the three present dominant schools, or methods of practice, or the establishment of separate medical boards, each with full power to judge of the qualifications of those belonging to its own school.

Resolved, That we call upon the American Medical Association and the medical profession to relinquish all efforts to secure such unwise restrictive medical legislation, upon all members of the American Institute of Homœopathy, and upon all liberal physicians and citizens to join with us in opposition thereto.

Dr. A. S. Couch presented the following substitute, and gave a history of the progress of medical legislation from the original Boards of Health, with their minority representation, and that now, when the question of our right to practice, our existence was involved, we were expected to accept the same representation, provided the old-school influence was not strong enough to ignore us entirely:

Whereas, The American Medical Association, through the several State medical societies, is endeavoring to procure State Boards, with or without homœopathic minority representation; and

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction, of our school as a distinct organization; therefore,

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and co-operate with the legislative committees of the State homœopathic medical societies in the procurement of separate boards of medical examiners throughout the United States.

Resolved, That this action is taken not from any want of confidence in the medical colleges of our school or any desire to review their work or reverse their decisions regarding a standard of qualifications, but as an alternative from which we have no escape if either our school or colleges are to have continued existence.

The report of the Auditing Committee was received and adopted.

AFTERNOON SESSION.

The sectional meeting of the Bureau of Surgery was held in the afternoon, with Dr. S. B. Parsons as chairman. The following papers were presented:

Dr. J. K. Warren, in "Cerebral Localization," rapidly pointed out the various interesting points of localization by means of charts, and gave a brief résumé of the experiments which had been made to locate these areas.

Dr. C. M. Thomas, in "Tumors of the Brain," said that the tubercular, syphilitic, sarcomata and encephalomata forms were the most common. The causes of these tumors were obscure. The cerebral cortex the most common site. The symptoms were not dependent so much upon the character of the tumor as upon the pathological changes which it caused in surrounding structures, and these might be irritative, inflammatory or destructive. Slowly-growing tumors cause thinning of the overlying cranium. The diagnosis is not easy to determine, since it cannot be certainly told that an organic affection of any kind exists. It is only by the association of symptoms that the diagnosis can be made. Headache is a common symptom to many conditions, as are also vomiting and vertigo. Headache, nausea and optic neuritis, while not peculiar to brain lesion, still point strongly to an organic affection. Epilepsy, interstitial nephritis and hysteria may lead to confusion. Tumors of the brain must be differentiated from meningitis, abscess, cerebral softening, intercranial aneurism, disseminated spinal sclerosis, locomotor ataxia and hydrocephalus. To determine the locality of a tumor individual symptoms are not important, but their groupings are. Tumors may exist for a long time without producing any symptoms. A slow-growing tumor likely to be a glioma or cystoma. Sarcomas are usually superficial, as also cephalætomas. The prognosis unfavorable, unless syphilitic in character One and a half years is the average course of a brain tumor. No remedial treat-

ment offers any relief except in gummata. We must determine the following: 1. Is organic disease present? 2. If so, is it a tumor? 3. If a tumor, what is its character, and is it amenable to internal treatment, or must it be referred to a surgeon? 4. If surgical treatment is required, what is the exact locality? 5. Is that locality accessible or suitable for operative measures? 6. Is there reasonable probability that there is only one tumor present? The portions of the brain that can be legitimately operated on are very few. The technique of the operation were fully described. A clinical case, with the presentation of the tumor, closed the paper.

The paper of Dr. N. Emmons Peine, on "Cases of Cerebral Tumors," was a detailed account of three cases of brain tumors, as confirmed by autopsy, together with diagrams showing the location.

Drs. C. E. Walton and H. L. Obetz read papers on "Depressed Fractures" and "Compound Fractures of the Skull." Dr. Obetz said fractures of the cranial vault were of three kinds: 1. Punctured or perforation of bone by a sharp projectile; they are usually clean fractures, and seldom give rise to much bleeding. 2. Stellate fractures, from a blunt instrument. 3. Fissured fractures, resulting from blows or falling bodies from a height. 4. Ceruminuted, from a crushing blow, as with a bludgeon, or from falling from a rapidly moving train. The treatment of these various forms were detailed in particular, special attention being called to the necessity for a thorough cleansing and the careful checking of all hemorrhage. He also spoke of glonoine, 2x, as being of special service in shock, followed by arnica as an aid in the repairing of brain tissue. For excessive reaction, acon., bellad., hyoscy., veratrum vir. Light regimen.

Dr. George A. Hall gave an exhaustive paper on "Under What Circumstances and Where Should the Skull be Trephined in Brain Lesions?" He recommended the use of the trephine in traumatism, attended with compression, punctured or gunshot wounds; in hemorrhage when the clot can be localized; in abscesses of brain when diagnosed or certain morbid growths, after remedial agents have failed; in epilepsy, with the history of reflex traumatism, as also in insanity and imbecility; in cases of exostosis, internal or external, causing cerebral disturbances when the lesion is localized; in purulent meningitis, if possible to evacuate the pus, and lastly, for diagnostic exploration. He would use the trephine at any point when the symptoms are sufficiently urgent to demand it. Not in a reckless daring, the outgrowth of ignorance, but in a careful and skillful manner, the result of a painstaking experience. The points to guide us in the selection of the point of operation must be determined with the cranial covering intact. He thought that many of the external landmarks as, now given, were unreliable.

Dr. S. B. Parsons' paper was on "Tumors of the Dura-mater," and described all the varieties, with their etiology and pathology.

In discussion Dr. Willis Danforth said that he thought many of these cerebral growths were the result of syphilitic infection, and suggested that specific treatment might be of value. He thought the trephine should always be used in punctured fractures, because otherwise the result was likely to be a fatal one.

Dr. Shears related the case of a young boy who had a deep punctured wound of the head from a sharp point of an iron fender, making a wound in the skull of the size of a quarter of a dollar, with the splintered end in the brain. The child got up immediately after the accident. The wound was carefully cleaned, and the boy recovered without any but the most moderate array of symptoms. The point of entrance was just above and a little posterior to the ear. In these cases, he thought, enough bone could be removed with the gouge or cutting forceps to permit of thorough cleansing of the wound. In depressed fractures use trephine, and elevate. When trephining preserve the button and replace.

Dr. Obetz had always used the chisel and mallet, where feasible, in preference to the trephine. He could operate quicker that way, and thought, perhaps, his more frequent use of it was due to the fact that he had become accustomed to it rather than the trephine.

Dr. Claypool said that his experience taught him that in the use of the chisel he was enlarging an original wound to discover spicula, while in trephining we are making a new wound in order to elevate.

Dr. Hall thought it was not the instrument, so much as it was the one who used it, and related a number of interesting cases in brain surgery. The entire report was a credit to the bureau, and will bear careful reading.

In the sectional meeting for Pædology the following papers were presented :

Dr. C. Bartlett, in "The Relation Between Rheumatism and Chorea," which will appear in full in this JOURNAL. Dr. Hedges thought the proportion, in his experience, in which girls were affected over boys was larger than that mentioned in the paper, being about seven to one. The spring of the year had given him the greater number of cases, and he also thought that school examinations had much to do with developing the condition. He thought rheumatism had a certain relation, and that there was a line of heredity in rheumatism. Thought that rheumatism was possibly more frequent in girls than in boys.

Dr. Bartlett thought statistics would show that rheumatism was more common among boys than girls, the former being more exposed to exciting causes.

Dr. Schley thought the etiology of chorea in doubt, especially as to rheumatism. Rheumatism exists in different degrees according to age, since it is rare to find the joints attacked in the young as in the older, but the light attacks apparently in the young are often followed by pericarditis and endocarditis.

Dr. Belle Reynolds thought that chorea was a product of civilization, since in her experience with the children of the poorer classes, which had been a large one, she had seen but one or two cases.

Dr. Chapman said one of the severest cases she had ever seen was in a child of very poor parents.

Dr. Runnels thought the child suffered from chorea because it had been defrauded in its inheritance, and not endowed with the nerve-force it should have.

Dr. Leavitt thought we had, as a basis, the inherited temperament, which developed more or less rheumatism, and then came exposure while improperly clad. These might be called predisposing conditions, to which fright or some violent emotion came as an exciting cause, and we had chorea.

Dr. H. M. Hobart's paper was the "Importance of Appropriate Feeding After the Nursing Period in Preventing Diseases in Children," in which he said there was great need for the serious study of this question, as shown by the practice of many physicians and by observations in our homes. This improper feeding is the result of ignorance, carelessness and over-indulgence, and, as a result, we find: 1. Perversion of the normal appetite; 2. the digestive organs are involved and the power of resistance to disease is reduced; and, 3, the most serious diseases are developed. If the mother has consumption the infant should not be nursed more than one month. If older and showing weakened nutrition and rickets it should be weaned. Milk was undoubtedly the best food, condensed milk being used only for temporary feeding. Farinaceous foods alone are objectionable, but may be used in combination with milk when thoroughly cooked. Regular diet and cleanliness essential factors in the case of the child.

Dr. Deschere's paper on "Homœopathy as a Preventive," dealt mainly with the use of belladonna to prevent scarlatina, with cases in illustration.

Dr. L. C. Grosvenor gave one of his talks, which must be heard to be appreciated, on "Baby's Bath," and described the benefits of the "Gertrude" suit.

Dr. Lilienthal sent a paper on "Nursery Don'ts," and Dr. M. W. Van Denburg one on "Open Air as a Preventive of Nervous Complications in Teething."

The Obstetrical Bureau held its sectional meeting in the evening, which was largely attended, and presented a valuable and interesting report. The papers presented were the following:

"The Management of the Breasts in Non-nursing Puerperæ," by Geo. B. Peck, M.D., was simply an indication of the best method of treating the breasts when the child is lost, ascertained by a comparison of the courses pursued by experts other than text-book writers, representing the eclectic, allopathic, homœopathic and Hahnemannian branches of the profession. The mechanical principle which aims at suppressing the lacteal secretion by bandaging the breasts so tightly it is impossible for it to appear is more convenient for the nurse; but the natural means, the partial unloading of glands as frequently as comfort requires, is best for the patient. The use of camphor was condemned as but another form of the first plan, while belladonna was commended as the only universally convenient and safe antigalactagogue. Breast-pumps were disapproved, while pipes, hot bottle-necks, the human mouth, if available, and the pup's mouth, if relished, were approved. Mechanical support of the breasts should be afforded if required, but no respectable homœopathist would for a moment think of resorting to any of the so-called derivatives frequently employed by members of other schools.

"The Pathology of Mammary Inflammation," by William G. Dake, M.D., referred to the importance of this disorder when occurring in a puerpera and the variety of its appearance under other conditions, the peculiar liability of the weak and the scrofulous to its attacks, although a robust constitution does not insure exemption, and to its three varieties, the subcutaneous, the glandular and the subglandular, whose several courses and distinguishing characteristics were described at length with singular accuracy and clearness.

In the "Treatment of Inflammations of the Mammæ," by J. Nicholas Mitchell, M.D,, careful search for the cause and its removal was first recommended; then the determination of its variety and, if of the second, its stage. The first requires simply poultices and the knife, without interference with nursing. The second, in the first stage, *i. e.*, before the formation of pus, absolute rest with support; medicinal applications being useless and poultices injurious. The support consists of cotton-wool held in position snugly by well-fitting bandages, renewed daily, and accompanied by homœopathic medication. Should the inflammation continue, poultices must be employed and the abscess opened; if deep-seated, by etherizing the patient, cutting through the superficial tissues over the most prominent part of the swelling, and then thrusting in a grooved director down the groove of which the blades of an ordinary dressing forceps should be guided, when by pushing the handles apart, sufficient exit for the pus will be afforded; this to be repeated according to the size of the abscess and to be followed by drainage-tubes. These openings should be washed daily until the water runs clear, and then compressed sponge be applied externally. In the third variety the abscess should be opened as soon as the presence of pus is established. This variety does not prejudice subsequent lactations.

The "Puerperal Retention of Urine" was considered by the chairman, Professor Sheldon Leavitt, M.D. The cause is partial paralysis

of the bladder, or else spasmodic contraction of the sphincter vesicæ, the former resulting often from a tedious labor; the latter from hysteria, but more frequently from a torn vestibule or perineum. Do not hasten to use the catheter, but give bell., camphor, acon., ars., nux vomica or the Faradic current as may be indicated, encourage the patient, apply hot fomentations or knead the hypogastrium and even permit her to assume a sitting posture, unless especially contra-indicated, before resorting to that instrument.

"Phlegmasia Alba Dolens; its Pathology, Symptomatology, Diagnosis and Prognosis," was discussed by Professor L. L. Danforth, M.D., in a paper distinguished for its careful research into and faithful portraiture of the phenomena of this rare complication of homœopathic obstetrics.

The "Treatment of Phlegmasia Alba Dolens" recommended by Chester G. Higbee, M.D., was of two kinds; the prophylactic depending upon the symptoms exhibited during gestation, and including out-door walks, sitz baths, gelsemium for nervousness or bathing parts with a lotion of arnica tincture, oil of sweet almonds and alcohol; the curative embracing arn., ars., hamamelis, internally and externally, wraps of cotton batting or flannel, bell., rhus., apis, verat. vir. and antiseptic vaginal douches. When the inflammation subsides the leg may be bandaged its entire length. Should abscesses form they should be rinsed with carbolized calendula water after opening. During labor every possible means should be taken to prevent all lacerations and to insure the prompt and permanent contraction of the uterus.

"The Etiology and Symptomatology of Puerperal Mastitis" was the subject of a paper by J. B. Gregg Custis, M.D. He considers the bacterial theory of the origin of this disorder entirely visionary, and showed its symptomatology was entirely at variance therewith. He treated the subject under four heads: Simple, subcutaneous inflammation, often associated with diseased nipples; parenchymatous inflammation or mastitis proper, resulting frequently from cold, mental excitement, violence or retained milk; inflammation of the lymphatics arising from constitutional peculiarities; sub-mammary inflammation or retromastitis, which cannot be averted though it may be controlled, and is too often mistaken in its incipiency for malarial fever.

Previous to the above-mentioned sectional meeting the members of the Institute were tendered an excursion upon the lake by the physicians of St. Paul and Minneapolis. The attention shown the members by these physicians has been unremitting, not only at the place of meeting but in their respective homes.

FOURTH DAY—MORNING SESSION.

The meeting was called to order by the President at 9.30 A.M., and the Board of Censors presented their report.

On motion, Drs. Lal Sircar and B. N. Banerjee, of Calcutta, India, were elected corresponding members, and Mr. A. J. Tafel, of Philadelphia, an honorary associate member.

The amendment to the By-Laws presented last year, that no two successive meetings should be held in one State, was, on vote, lost.

Dr. C. Bartlett presented the following amendment to the By-Laws: That Art. VII., Sec. 7, be amended by striking out "and, being duly organized" etc., and substituting the following: "and the Secretary shall, after the organization of the bureau, notify each member thereof that he is expected to contribute a paper upon some portion of the subject-matter pertaining to such bureaus with which he is specially and particularly acquainted." Strike out Section 8 and number remaining Sections accordingly. On motion it was adopted.

Dr. H. C. Allen's proposed amendment as offered last year, that applicants for membership should declare their belief in the principle of and their practice of homœopathy, was lost by a vote of seventy-six to thirty-four.

On motion the time for the election of officers was appointed for Wednesday at twelve o'clock, in place of Thursday, as at present.

The committee to whom was referred the question of life insurance examiners presented the following report, which, on motion, was accepted, and the Secretary instructed to print sufficient copies for the use of the committee.

(Report)

Dr. George M. Dillow presented the following resolution as a substitute for the one adopted last year:

Resolved, That in making up the lists of existing journals illustrative of homœopathy by the Bureau of Organization, Registration and Statistics and the Committee on Medical Literature, all such shall be embraced who recognize the principle of similars as the dominating principle in the selection of drugs for the cure of the sick, and which also support the organization of homœopathy as a distinctive body in the medical profession, that no journal thus listed shall be striken off without formal notice through the General Secretary to the Institute of the reason for any proposed omission from the list, and then not without due notice and opportunity for defense on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list after failure to signify, before September 1st, 1889, its assent to the preceding conditions of its listing, and, if so assenting, after subsequent failure to make report to the Institute for three consecutive years. On motion it was adopted.

The Committee on Medical Legislation presented the following as supplementary to the report of the day before, and, on motion, it was received and adopted:

The American Institute of Homœopathy declares itself opposed to restrictive legislation which tends to curtail civil rights, encroach upon personal liberty and check the progress of medical science.

Whereas, The American Medical Association, through the different State medical societies, is endeavoring to procure State boards of medical examiners, with or without homœopathic minority representation; and

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction of our school, as a distinct organization, and act as a direct hindrance to medical progress; therefore,

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and co-operate with the legislative committees of the several State homœopathic societies, in the procurement of separate State boards of medical examiners throughout the United States, where such boards are to be established, and, when it is impossible to secure such separate boards, to insist upon equal representation upon single boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend $100 in carrying out the foregoing instructions.

The report of the Intercollegiate Committee was presented by Dr. I. T. Talbot, chairman, and was received and referred.

The Bureau Addresses on Clinical Medicine, Gynæcology and Sanitary Science, were presented by Drs. William Owens, A. Claypool and J. W. Dowling, the respective chairmen.

Dr. A. Claypool, chairman of the Bureau of Gynæcology, in his address referred to Alexander's operation for pernicious displacement of the uterus, and thought that while the operation had resulted in some appar-

ently perfect cures, it was hardly probable that any large per cent. of such displacements could be permanently relieved by the operation, since in few cases could the round ligaments be made tense enough to hold in suspension a sub-involuted uterus after that organ has permanently lost its other natural supports. Apostoli's method was not meeting with as favorable results in this country as with the originator. Rapid dilatation for cystitis has been recommended. Therapeutical measures receiving more attention. No new instruments worthy of attention had been offered during the year, but the literature of the subject had been largely increased. Mechanical and reflex functional disorders of the female urinary passages are much more frequent, and often as distressing as the inflammatory.

On motion, Drs. William Tod Helmuth, of New York City, A. R. Wright, of Buffalo, and J. H. McClelland, of Pittsburgh, were appointed delegates to the International Congress of Paris, to be held in August.

The Committee on Medical Education reported through its chairman, Dr. O. S. Runnels:

"There are 128 private institutions which are turning out young doctors," the speaker said. "They are actuated more by a desire to make money than to teach the truth of medicine. And, in their anxiety to graduate large classes, they make low rates, give an easy course and then give them diplomas which entitle them to be rated as physicians. Mountebanks are allowed to go on in the work without respect to the dignity of the profession. In no other country on earth is so great laxity found as in this. There must be a stop put to it. There ought not to be another school started in the next hundred years. There should be State boards of examiners to license physicians, made up of competent men, no one of whom is connected with a medical college, and the certificates granted by these boards should be good credentials in all States.

ELECTION OF OFFICERS.

President—Dr. A. I. SAWYER, Monroe, Mich.
Vice-President—Dr. C. G. HIGBEE, Tacoma, Mont.
Treasurer—Dr. E. M. KELLOGG, New York City.
General Secretary—Dr. P. DUDLEY, Philadelphia, Pa.
Provisional Secretary—Dr. T. M. STRONG, Ward's Island, N. Y.
Board of Censors—Drs. R. B. RUSH, Salem, O.; T. F. SMITH, New York; MILLIE J. CHAPMAN, Pittsburgh; A. C. COWPERTHWAITE, Iowa City, Ia.; C. B. KINYON, Rock Island, Ill.
Necrologist—Henry D. PAINE, M.D., New York.

Waukesha, Wis., was selected as the place of meeting, the time being left to the Executive Committee.

The President then appointed the following chairmen of committees:
Materia Medica—Dr. E. O. KINNE, Syracuse, N. Y.
Clinical Medicine—Dr. J. W. DOWLING, New York City.
Obstetrics—Dr. T. G. COMSTOCK, St. Louis, Mo.
Sanitary Science—Dr. D. H. BECKWITH, Cleveland, O.
Gynæcology—Dr. S. P. HEDGES, Chicago, Ill.
Pædology—Dr. C. BARTLETT, Philadelphia, Pa.
Surgery—Dr. C. M. THOMAS, Philadelphia, Pa.
Anatomy and Pathology—Dr. J. T. O'CONNOR, New York City.
Mental and Nervous Diseases—Dr. A. P. WILLIAMSON, Middletown, N. Y.
Ophthalmology and Otology—Dr. J. A. CAMPBELL, St. Louis, Mo.
Organ. Reg. and Stat.—T. F. SMITH, New York City.

The Bureau of Clinical Medicine held its sectional meeting in the afternoon, when papers were presented by Dr. Wm. Owens on "Clinical Notes on Iodine and its Salts." He said that prominent characteristics of iodine were emaciation, chilliness, desires to be by the fire, and slightly relieved

thereby with aggravation from motion. In intermittent fever with chill long lasting, alternating with fever, profuse sweating in the morning, emaciation and violent palpitation on slight motion. In acute and chronic catarrhal affections, kali. hyd. was of service; general malaise does not get warm by the fire, dry cough, followed later by one moist in character, with great accumulation of mucus in the throat. It was also of use in hay fever. Two cases of pneumonia were related where iodine was used with success.

The paper of Dr. C. Hoyt was an exhaustive one on the "Pathology of Pneumonia."

Dr. W. J. Martin considered the "Symptoms of Pneumonia" under two heads, the subjective or rational symptoms and the objective or physical signs. This paper was an exhaustive one and was drawn largely from the doctor's experience, which has been an extensive one.

Dr. A. K. Cranford read a paper on the "Treatment of Pneumonia, which will appear in full in this journal.

Dr. S. Lilienthal had a paper on "Iodine and its Salts in Pneumonia."

In the evening a banquet and hop were tendered the Institute by the members of the State Medical Society, and what with the elaborate menu, the witty and wise sayings, the vocal and instrumental music, and the terpsichorean opportunity, the event will long be remembered by those in attendance.

FOURTH DAY—MORNING SESSION.

The Institute was called to order by the President.

The Board of Censors made their final report, which included the election of those here named:

Scott W. Skinner, M.D., Leroy, N. Y.; Albert H. Collins, M.D., Prairie City, Indian Territory; John A. Schmidt, M.D., Chicago; A. P. Hanchett, M.D., Council Bluffs, Iowa; Henry W. Roby, M.D., Topeka, Kan.; H. W. Westover, M.D., St. Joseph, Mo.; J. L. Stone, M.D., Minneapolis, Minn.; J. W. Welker, M.D., Washington, Ill.; Wm. A. Shepard, M.D., Elgin, Ill.; S. P. McKinney, M.D., Chicago; T. E. Roberts, M.D., Chicago; J. T. Beamont, M.D., Minneapolis; J. A. Steele, M.D., Minneapolis; Henry R. Diessner, M.D., Waconia, Minn.; E. C. Williams, M.D., Chicago; Virginia T. Smith, M.D., Detroit, Mich.; P. E. Canfield, M.D., Kansas City, Mo.; S. E. Bacon, M.D., Chicago; E. R. Perkins, M.D., Excelsior, Minn.; W. H. Haviland, M.D., Minneapolis; C. B. Pillsbury, M.D., Duluth, Minn.; W. G. Patrick, M.D., Thomasville, Ga.; A. S. Wilcox, M.D., Minneapolis, Minn.; G. G. Clifford, M.D., San Antonio, Texas; E. A. Guilbert, M.D., Vicksburg, Miss.; J. H. Hallock, M.D., Walton, N. Y.; J. T. Thatcher, M.D., Oregon, Mo.; J. T. O'Connor, M.D., New York; T. Becker, M.D., Clermont, Iowa; W. N. Boyer, M.D., St. Joseph, Mo.; N. B. Sherman, M.D., Cooper, Mich.; P. Nelson, M.D., Minneapolis; E. E. Keeler, M.D., Danbury, Conn.; W. S. Briggs, M.D., St. Paul; W. L. Lawrence, M.D., Minneapolis; H. C. Leonard, M.D., Minneapolis; T. C. Bowman, M.D., Duluth, Minn.; B. Banton, M.D., Waterloo, Iowa; D. A. Strickler, M.D., Duluth, Minn.; T. W. Southworth, M.D., Tacoma, Wash. Ter.; M. L. Sabin, M.D., Lincoln, Neb.; W. A. Smith, M.D., Wenona, Ill.; T. R. Hill, M.D., Tacoma, Wash. Ter.; A. L. Macomber, M.D., Norfolk, Neb.; G. R. Harordon, M.D., Sherburn, Minn.; W. C. Hoover, M.D., Oak Park, Ill.; S. C. Wilcox, M.D., Austin, Minn.; N. R. Harris, M.D., Des Moines, Iowa; T. N. Saltonstall, M.D., San Francisco, Cal.; W. A. Schrader, M.D., Chicago; Chas. Gatchell, M.D., Chicago; J. E. Sawyer, M.D., St. Paul, Minn.; A. S. Hutchison, M.D., Minneapolis, Minn.; J. T. Hurlburt, M.D., Duluth, Minn.; Martha G. Ripley, M.D., Minneapolis, Minn.; W. A. Franklin, M.D., Washington, Neb.; W. A. Dewey, M.D., San Francisco., Cal.; W. Howe, M.D., Santa Anna, Cal.; J. W. Prunin, M.D., Sioux Falls, Dak.; L. E. Penny, M.D., St. Paul, Minn.; S. W. Rutledge, M.D., Grand Forks, Dak.; S. E. Geisse, M.D.,

Detroit, Mich.; G. H. Martin, M.D., San Francisco, Cal.; D. M. Nottingham, M.D., Lansing, Mich.; W. H. Hanchett, M.D., Omaha, Neb.; O. W. Clarkson, M.D., Milwaukee, Wis.; W. H. Goff, M.D., Stevens Point, Wis.; W. H. Van Derburg, M.D., Astoria, N. Y.; A. Zoller, M.D., West Unio, Iowa; Chas. L. Muhleman, M.D., Parkersburg, West Va.; James C. Valentine, M.D., Chicago, Ill.; Sara L. Valentine, M.D., Chicago, Ill.; Arthur B. Norton, M.D., New York; Eugene P. Mitchell, M.D., Los Angeles, Cal.; Henry M. Bascom, M.D., Ottawa, Ill.; Chas. Hayes, M.D., Providence, R. I.; Willis H. Glasier, M.D., Bloomington, Wis.; S. Martin Spaulding, M.D., Minneapolis, Minn.; S. E. Hassell, M.D., Lancaster, Wis.; Malcolm Leal, M.D., New York; Thos. O. Clements, M.D., Dover, Del.; August Adolph Just, M.D., Crookston, Minn.; James W. Vidall, M.D., Valley City, Dak.; Fannie E. Holden, M.D., Duluth, Minn.; Fred. J. Becker, M.D., Clermont, Iowa; Judson D. Burns, M.D., Grundy Centre, Iowa; Edward Walther, M.D., St. Paul, Minn.; John C. Bonham, M.D., Sutherland, Iowa; Carter McV. Tobey, M.D., St. Paul, Minn.; Levi Hall, M.D., Minneapolis, Minn.; Francis H. Berrick, M.D., Buchanan, Mich.; N. Bray, M.D., Iowa City, Iowa; Lorenzo N. Grosvenor, M.D., Chicago, Ill.; Joseph H. S. Johnson, M.D., Chicago, Ill.; Aaron M. Stephens, M.D., Chatfield, Minn.; Chas. E. Laning, M.D., Chicago, Ill.; Lemuel M. Roberts, M.D., Brainerd, Minn.; E. Stillman Bailey, M.D., Chicago, Ill.; Osmond N. Hoyt, M.D., Duluth, Minn.; Walter T. Knoll, M.D., Chicago, Ill.; Geo. W. N. Custis, M.D., Washington, D.C.; Myron H. Chamberlin, M.D., Council Bluffs, Iowa; Geo. E. Recker, M.D., Minneapolis, Minn.; Fred. T. Gorton, M.D., Portage, Wis.; Henry W. Brazie, M.D., Minneapolis, Minn.; John C. Bennett, M.D., Kansas City, Mo.; Wm. Russell, M.D., Minneapolis, Minn.; Wm. O. Fryberger, M.D., Minneapolis, Minn.; W. T. Stone, M.D., St. Cloud, Minn.; Eugene Hubbell, M.D., Waseca, Minn.; E. Stella Perrigo, M.D., Pipestone, Minn.; Geo. W. Pringle, M.D., Hamlin, Minn.; James H. Noble, M.D., Eau Claire, Wis.; Byron E. Miller, M.D., Portland, Oregon; Bessie P. Haines, M.D., St. Paul, Minn.; Frederick B. Righter, M.D., Lincoln, Neb.; Thos. W. Ashley, M.D., River Falls, Wis.; Daniel A. Locke, M.D., Minneapolis, Minn.; Robert D. Matchan, M.D., Minneapolis, Minn.; Wm. Henry Bennett, M.D., Fitchburg, Mass.; Chas. Henry Wagner, M.D., Fairbault, Minn.; Samuel A. Locke, M.D., Minneapolis, Minn.; Wilson A. Allen, M.D., Rochester, Minn.

The Committee on President's Address reported in favor of the recommendations expunging the resolution passed in 1867, in relation to Life Insurance Companies, while recommendations as to expression of a belief, and the appointment of separate examining boards, had been acted on by the Institute.

The Bureau of Organization was instructed to inform the journals of the action of the Institute.

Dr. I. T. Talbot, in behalf of the International Congress, reported that it would probably be held in September, 1891.

The Committee on Conference on Medical Education having no report was, on motion, discontinued.

Sectional meetings of the Bureau of Sanitary Science and Gynæcology were then held, and papers presented in the former by P. W. James, M.D., on "Climate in the Preservation of Health," in which he said that climate must be adapted to the pathological conditions, with proper regard for the peculiarities of the chosen place, and the idiosyncrasies of the sufferer. He also dwelt on the value of climate in tuberculosis. Dr. Lewis Sherman thought the dust of our houses was an important factor in this etiology, and that it was out-door air our patients needed, rather than change of climate, *per se*, instancing the facts that it was not those exposed to the roughest elements in whom we saw tuberculosis, but in their wives confined to the air of the house.

Dr. T. Y. Kinne read an interesting paper on "Clothing in Relation to Health," saying that perfect dressing meant perfect protection to the body, while preserving an equable temperature, together with ornamentation not conflicting with the previous conditions. He wore himself, and strenuously advocated the wearing of all-wool clothing throughout the year, and at night as well.

Dr. H. E. Beebe, on "The Relation of Work and Rest to the Preservation of Health," said: "It is frequently remarked that 'Mr. so-and-so has worked himself to death,' when, in fact, he had inadvertently worried himself to death; for this fact has long been established that from labor, health; from health, contentment springs. With a due observance of sanitary rules, work, whether mental or physical, should be pleasurable; when not so, rest is needed, and that rest must be commensurate with the toil, or ill health will be the penalty. Cheerfulness is contagious and begets health and a happy disposition follows which wards off disease. Words of encouragement to the sick act like medicine, and while we recognize the influence of the mind over the body, do we realize the reciprocal influence of the body on the mind? Have we, as Americans, not been dealing too much with mental cultivation, and too little with physical culture? How to live, is a great question. It is not 'where shall I go to have better health,' but how can I best preserve my health where I am. Better results can frequently be had at home than by going away. Rest and idleness are by no means synonymous terms. The convicts at Sing Sing are absolutely idle, yet they need rest—the rest of labor; they are restless, and it is reported that a demand may be made that employment be furnished as a convict's right. To the rugged laborer rest is sweet, but the idler knows not that sweet. A change of work is restful, for it beguiles one's thoughts. As one who walks all day amid the panorama of changing scenes and dissolving views feels less fatigue than he who travels all day a monotonous pathway, so a brain-worker who changes the form of his mental occupation is relieved thereby, and to his brain it is rest. The inactive and idle mind totters sooner under the weight of years than the active brain-worker. Healthy, vigorous brain action, not worry, strengthens the mind. 'A hearty laugh,' it is said, 'draws a nail from the laugher's coffin.' The correct formula of a well-ordered life is: Don't worry; be cheerful; don't hurry; don't despair; don't over-eat nor starve; court fresh air day and night; sleep and rest abundantly; seek peace and preserve it; avoid passion and excitement, as a moment's anger may be fatal, and spend less nervous energy each day than you make. Work should be a pleasure and preserver of health. We should all be able to say, like Longfellow, 'Work is my recreation; the play of faculty; a delight like that which a bird feels in flying, or a fish in darting through the water; nothing more.'"

Dr. J. E. Gilman's paper was on "Sewer Gas and its Effects upon Health," and Dr. J. W. Dowling's on "Food and Drink and their Relations to Health." He said that "careful observation of the rules of health was the surest means of preserving and regaining health. Many diseases, which are commonly attributed to mental strain, malaria or sewer gas, are the natural and inevitable result of excesses. A large class of diseases can be traced directly to the use of alcohol. The food comes next. Meat eaten by persons of sedentary habits is often the cause of nervous diseases. Many complaints will be remedied by dieting, and, as a rule, all would be better if they worked their muscles more and their digestive organs less. A diet which is less irritating to the liver sometimes avails when the doctors of both schools fail with their medicines."

The Bureau of Gynæcology presented papers by M. T. Runnels on "Urethritis," in which the discussion drifting into specific urethritis. Several took the ground that gonorrhœa is a much more serious trouble to

treat than ordinarily supposed, and that women who marry, although presumably cured of the infection, if they have any child at all it will probably be only the one. Others claimed that gonorrhœa, in the very large proportion of cases, will cure itself. Dr. C. B. Kinyon spoke of the treatment of fissures of the urethra with forty to sixty grains of nitrate of silver to the ounce. Although strongly criticized he maintained his clinical experience.

Dr. J. C. Wood's paper was on "Pathology, Etiology, Symptoms, etc., of Cystitis." Acute cystitis in women is more frequent than supposed, and arises from the anatomical peculiarities of the female bladder. Nothing remarkable in the pathology. The entire mucous lining of bladder may be cast off, and is usually post-puerperal and due to long-continued pressure. The etiological factors are numerous, with a doubt as to an idiopathic origin, these are cold, undue exposure, exciting causes added to scrofulous constitutional bias, parturition, abnormalities of the urine, foreign bodies, uncleanly and unskillful catheterization and unnatural or violent coitus. Any disorder causing chronic congestion may predispose the bladder to inflammation, as diseases of heart, liver and kidneys, acute exanthematous diseases. General disturbance of the system is oftentimes not great, even with severe local manifestations. Differentiation of urethritis and cystitis must be made, the pain is worse during micturition, and there is continuous oozing of pus in the former; while in cystitis pus escapes only during micturition, and the last discharge of urine is more cloudy. The writer thought there was great uncertainty in this test. When pus is from the kidney there will, probably, be albumen; while tube casts, absence of pain during micturition and in the region of bladder will aid in diagnosis. When due to pressure of the uterus, discomfort in motion and appearance of urine will aid. Dysuria from vesical neuroses is sudden, and urine remains unchanged. Prophylaxis important, also clean instrumentation. Many cases of cystitis date from childbirth, and careful examination should be made to see that the organ is freely emptied during the first few days of the puerperum. Rest, warm sitz baths, vaginal douching, drinking freely of milk or mucilaginous fluids, unstimulating and bland diet, with acon., bellad., canthar., cam. sat., chinrephilla, merc. corr., and arsenicum were of valuable aid in the treatment. When it has become chronic more direct medication is necessary.

"Some Anomalous Affections of the Urinary Organs" was read by Dr. Ludlam, and the paper complimented by several of the following speakers, and its hints as to reflex disorders commended. Dr. Ludlam, in answer to a question, disclaimed any belief or confidence in the rectal and papillæ treatment.

With the business of the session on Friday afternoon, namely, the memorial service, appointment of bureaus, unfinished business, etc., the Institute was declared adjourned.

RECORD OF MEDICAL PROGRESS.

ELECTRICAL TREATMENT OF UTERINE TUMORS.—Dr. James H. Aveling, in the *Brit. Med. Jour.* for May 25th, concludes, from his experience in four cases of uterine tumor which he treated electrically with benefit, that we should "pause in recommending or adopting the more dangerous methods of treatment before giving electricity a fair trial."

POISONING BY ARTIFICIAL MINERAL WATER.—Between thirty and forty cases of poisoning were reported in Rendsburg, Germany. Inquiry showed that only those were poisoned who drank freely of Seltzer water, and an examination of this water showed that it contained a very appreciable amount of arsenic.—*Lond. Med. Rec.*

ETIOLOGY OF WRITER'S CRAMP.—Brown-Sequard, at meeting of the Paris Biological Society, February 9, 1889, reported his observations in a case of writer's cramp, in consequence of which the patient, a journalist, used the left hand for writing. The disease attacking this, he learned to write with the toes of the right foot. The latter also became affected. That some influence affects the nervous system in this disease is shown by the fact that many individuals suffering from it have, for the moment, no symptom of writer's cramp if their attention be drawn in another direction.—*Wien. Med. Wochensch.*, No. 20, 1889. O'C.

TREATMENT OF PLEURITIS.—Comby, in *France Médicale*, No. 41, 1889, recommends the use of caffeine in large doses, 1.5 grm. with same amount of benzoate of soda, in solution, as the day's dose—this in combination with milk diet. In one case, in which this amount was borne without the slightest ill effect, the excretion of urine increased from 600 c. c. to 2,000 c. c. in twenty-four hours; at the same time with this increased diuresis the resorption of the exudation was evident both by percussion and auscultation. Within three weeks every trace had disappeared. Comby considers caffeine a powerful diuretic and prefers it as a heart remedy to the other substitutes for digitalis—sparteine, convallamarine and strophanthine. O'C.

CORONILLIN, A NEW HEART POISON.—Glay and Schlagdenhauffen have reported to the *Soc. de Biologie*, April 20, 1889, the results of their studies of this new glucoside from the grains of coronilla scorpioides (Papillionaceæ). It has an elective influence upon the heart. After the subcutaneous injection of ½ a milligram of coronillin there is cessation of the heart's activity in frogs. After subcutaneous injection of 2 milligrams, in doses of ½ mgrm. death followed in a dog weighing 10 kilos., through stoppage of the heart. With smaller doses the slowing of the heart is preceded by a stage of acceleration. This stage of acceleration can be prevented by dividing both vagi or the medulla, or by atropinizing the animal. Under these circumstances there is observed after each injection of from ½ to 1 mgrm. an increase of arterial pressure, followed always by a permanent sinking of the same. Hence, coronillin acts upon the vagus nuclei and the vascular centre in the medulla. In the last stage of the intoxication the heart's contractions are unable to sustain the arterial pressure and the latter sinks to zero before the heart's action has completely ceased. The cardiac nerves also suffer changes of their irritability under the influence of coronillin.—*Wien. Med. Wochensch.*, No. 19, 1889. O'C.

HYSTERIONICA BAYLAHUEN.—Dr. Baillé made a study of this plant, which was sent to Prof. Dujardin-Beaumetz by Dr. Cervello, physician in Valparaiso. It belongs to the family of composites, and its most characteristic manifestation is a resinous, yellow, fragrant exudation found in all parts. It is used in infusion, tincture and alcoholic extract.

Action on the Lungs—It acts splendidly in chronic pneumonia; in two cases of chronic bronchitis the tincture was given in doses of twenty drops; after ten days the abundant expectoration diminished, the thick, yellowish sputa became more fluid, even during the first days, and the frequent attacks of choking disappeared entirely. Patients feel better under its use than when taking balsamica—as turpentine, copaiba—and never complain of cramps in the stomach, or renal congestion.

Action on the Digestive Canal—It is an excellent anti-diarrhœic, and acts antiseptically. In obstinate cases, where opium and bismuth failed, it cured the case; especially in the diarrhœa of phthisical patients, there was not one failure.

Action on the Genito-urinary Organs—In chronic cystitis it failed to increase the quantity of urine, but it diminished the foul odor, and micturition became less frequent and less painful.

Action on Wounds—Varicose ulcers healed nicely under an ointment of lanolin mixed with the tincture. The alcohol vaporized and left a resinous depot on the wound, which, by keeping the air off, favored cicatrization.

The tuberculous dyscrasia, and especially the diarrhœa, often yields to the steady use of this wonderful plant. (It finds a close congener in balsamum percioianum, and therefore provings are necessary for its individualization.)—*L'Art Méd.*, May, 1889. S. L.

NEW ANTIPYRETICS—METHACETINE AND EXALGINE.—The term methacetine is given by Mahnert to acet-para-anisidan, which is produced in a similar way from amidophenol, as is phenacetin, or acet-para-phenetidin. The preparation used by Mahnert is in faint reddish, odorless tabular crystals, having a slightly salty-bitter taste, melting at 127° C. (264.6° F.), soluble in cold water, better in warm water and very readily in alcohol. On animals the drug produces a considerable lowering of temperature (from 5 to 7 degrees), and has an action upon the central nervous system, as shown by the production of convulsions. In rabbits the lethal dose is 3 grams. The urine of animals experimented on showed reducing properties, and was free from hæmoglobin. Therapeutically the remedy has been used so far only in children having fever. The temperature lowered gradually, and remained so for several hours. Sweating was frequent. In one case collapse occurred. No other disagreeable symptoms appeared. The dose for children is from .2 to .3 gram (3 to 4½ grains).

Exalgine.—What combination was used by Dujardin-Beaumetz and G. Bardet under this name is not positively known. They describe it as orthomethylactetanilide, but the formula given, C6 H5, C2 H3 O, N C H3, does not agree therewith. They describe the preparation as crystallizing in find needles or in large white tables that melt at 101° C. (217.8° F.); soluble with difficulty in cold water, readily in hot water and very readily in dilute alcohol. The remedy possesses anti-septic properties, lowers the body temperature and lessens sensibility. When given to rabbits in doses of .46 gram *pro kilo*, the animal dies trembling from respiratory paralysis. As an analgesic it is said to be superior to antipyrine in all forms of neuralgia. The dose is .25 gram (3.8 grains), given three times a day in weak alcoholic solution (brandy or rum).—*Therap. Monatshefte*, April, 1889. O'C.

TREATMENT OF DIPHTHERIA.—Dr. Burghardt, in *Wiener Medizinische Wochenschrift*, No. 17, 1889, reports that for seven years he has used in diphtheria, insufflation of a mixture of equal parts of sulphur and quinine upon pharynx, tonsils, nasal cavities and larynx. The insufflation is done twice a day, and nothing should be taken by the patient for an hour or two after; expectoration is to be avoided. Immediately after the insufflation the patient is quieter, appears refreshed, fever symptoms cease and the weakness disappears. The insufflations are still to be continued even though all symptoms disappear. Burghardt has not had a single failure; of thirty-three cases, some of them very severe, not one died. The duration of treatment is about two weeks.

Another Method.—Dr. C. Lorey, in *Deutsche Medicinische Wochenschrift*, No. 46, 1889, gives the following: By means of a fenestrated glass tube and a rubber ball with bottle, sugar dust (Germ. Pharm.) is blown plentifully and frequently upon the tonsils and pharyngeal wall in the nasal cavities and larynx—if those parts are affected—after tracheotomy; also, when secretions block the tube, it is blown into the trachea. He has

in this way treated eighty cases of diphtheria of all forms and degrees in children of one year and upwards, as well as in adults. He claims that the duration and extent of the disease are thus lessened, the foul odor disappears, the mucous membrane appears freshened, the exudation loosens, mucous is secreted, and in many cases the cough (evidence of laryngeal implication) becomes loose. One advantage of this method is its absolute innocuousness to the organism. The theory of action is given by Lorey as follows: The solution of the sugar dust demands watery material from the tissues which send a stream of fluid to the surface, driving outwards the inimical organism. Whether the latter are injured by the sugar solution, or germs inimical to the diphtheria bacillus develop in the solution, is a doubtful question. The throat ought to be well gargled with a weak solution of common salt. The general treatment must be carried out on the well-known principles. According to Lorey's experience, cases that in the beginning appear severe rapidly take a favorable course.

It seems to the abstracter that no possible objection can be taken by even the most ultra-high potency practitioner to the use of the last-mentioned method, and in many cases it may be more readily carried out than the local application of alcohol. O'C.

ALLOPATHIC PROVINGS OF SULPHONAL.—Dr. Paul Rehm reports three cases in which the use of sulphonal was followed by disagreeable results:

I. A lady, aged 48, who had formerly suffered from nervous conditions, got rheumatism of the back of the neck. After a course of baths she was relieved, but the sleeplessness was treated with 1.5 grams of sulphonal every night for six successive nights. It acted well the first three times, except that she felt tired and used up. After the remaining doses there occurred constipation, loss of appetite, extreme bodily and mental restlessness, agitation, anxiety, confusion, and, with the eyes closed, the feeling as if the bed swayed; with open eyes, illusions and hallucinations of a sad character, and depression. The patient appeared stupid and lay as if paralyzed; the face sallow; the eyes without expression, pupils contracted; speech hardly audible, her tongue being as if paralyzed by an apoplectic attack; pulse 100 and weak; respiration normal. There were also ischuria, great hyperæsthesia, double vision, muscular contractions, restlessness of the limbs, a peculiar disturbance of sensation causing her to assert that she has four legs, sensations of heat and cold and mental confusion. Sitting up was impossible. The motions of the hands were ataxic, the eyelids could not be raised. Cessation of the use of sulphonal resulted in immediate improvement, but only after four weeks was she able to take a few steps alone, and two weeks later the gait was still reeling and unsure.

II. A gentleman, aged 51, received two grams of sulphonal. On the next day he reported that he had a good night, being free from restlessness and tormenting thoughts (he was suffering from melancholia), but he didn't lose consciousness, and it seemed as if the bed swayed. During the whole of this day he lay stupid upon the sofa; had no appetite; was nauseated, and vomited several times, and felt giddy. Subsequent trial of sulphonal on this patient brought the same results.

III. A slightly nervous lady, aged 32, had been for years a moderate user of morphine; now and then slept badly. Requesting a sleeping remedy to be used as occasion might demand, Dr. R. prescribed sulphonal in two-gram doses. After some weeks she reported that she had used only one of the powders, and for four days after she was tired, sleepy, stupid and giddy; that the bed seemed to move, and she felt as if she must walk with one leg over the other. There was no influence upon the digestive tract.—*Berliner Klin. Woehensch.*, 16, 1889. O'C.

NEWS.

THIS is another number of the JOURNAL that has an increase in size. We give our readers this month eighty pages of reading matter.

ALL news or matter relating to "News," "Comments," or "Correspondence," should be sent to 161 West Seventy-first Street.

OBITUARY NOTE.—Dr. Isaac R. Secor, a well-known homœopathic physician of Sing Sing, died at that place, Monday, June 24th, of quick consumption. He leaves a widow and four children.

SOCIETIES.—August 28th, 29th and 30th, Western Academy of Homœopathy, at Rock Island, Ill. The International Homœopathic Congress, at Paris, the last half of August.

THE OPHTHALMIC COLLEGE.—The Eleventh Annual Announcement of the College of the New York Ophthalmic Hospital deserves some attention from those who contemplate special study of the eye, ear, or throat. It affords unrivalled opportunities for study in these departments, and the fees are very reasonable.

ALL TRUE.—The Bridgeport Hospital, although built and sustained in part with money contributed by believers in homœopathy, is entirely in the hands of the allopaths. It is an outrage that it should be so, but it is. It is time to give people the benefit of homœopathic practice as well as allopathic practice in public institutions like hospitals.—*Bridgeport News.*

NEW HOSPITAL.—The *Surgical Record* states that the homœopathic physicians of Omaha are organizing for the purpose of establishing a hospital. It will be known as the "Omaha Emergency Hospital," and many prominent men are interested in its behalf. The push and zeal of our Western brethren can do most anything, it seems, and we accept the hospital as already completed.

PERSONAL.—At noon, June 26th, 1889, Dr. L. A. Opdyke, of Jersey City, and Miss Grace T. Wilson, daughter of Mr. and Mrs. Peter M. Wilson, were married at the residence of the bride's parents, 17 Jefferson Avenue, Brooklyn. The ceremony was private, and only the families of the contracting parties were present. Immediately after the wedding breakfast Dr. and Mrs. Opdyke left for an extended trip abroad. A large number of friends gathered at "The City of New York," to see them off.

"THE KEYSTONE."—The Women's Aid Association of the Homœopathic Hospital of Buffalo, is evidently in serious earnest. It proposes to raise funds to pay for the site of the new hospital, and then to pay for the hospital building itself. To facilitate the work the ladies have issued a breezy monthly entitled *The Keystone*, which gives hospital news and progress, and contains much interesting matter besides. We wish the fair and enthusiastic friends of homœopathy in Buffalo, speedy and abundant success.

IMPORTANT DECISION.—The Supreme Court of Wisconsin has rendered the very important decision that a clairvoyant physician is liable for failure to exercise the ordinary skill and knowledge of a physician in good standing, practicing in the vicinity, and not merely the ordinary skill and knowledge of clairvoyants. It is held by the court that if any one holds himself out as a medical expert, and accepts employment as a healer of diseases, but relies, for diagnosis and remedies upon some occult influence exerted upon him, or some mental intuition received by him when in an abnormal condition, he takes the risk of the quality of such influence or intuition.

OBITUARY NOTICE.—Dr. Hollis Kendall Bennett died at home in Fitchburg, Massachusetts, Wednesday, June 12th, 1889. The cause of his death was Bright's disease. Dr. Bennett was a graduate of the Pennsylvania University of Medicine, and since 1872 had practiced his profession in Fitchburg. He was married, in 1862, to Mary C. Ells, of Cornwall, Vermont, and leaves a widow and two sons—Dr. W. H. Bennett, who is a graduate of Brown University, and of the New York Homœopathic Medical College, and H. K. Bennett, who is assistant secretary of the Y. M. C. A. He was a prominent Mason and was buried with the Masonic ritual. He was a member of numerous societies, and his loss will be severely felt.

BORIC ACID TO PRESERVE URINE.—The *Lancet* recommends the use of a solution of borax and boric acid to prevent the fermentation of urine that is to be examined microscopically, and to keep the urates dissolved. The urine is placed in a conical glass and from a fifth to a third of its bulk is to be added to it of a solution prepared by mixing twelve parts of powdered borax in 100 parts of hot water, adding a like amount of boric acid, straining the mixture well and filtering while hot. Some crystals are deposited, but they cling to the side of the vessel and do not destroy the transparency of the liquid. The mixture of urine and solution is to be shaken, and it will soon become clear, if there is no cloudiness due to bacteria. If the urine is to be preserved for a day or two only, a smaller proportion of the solution may be used.

THIRTIETH ANNUAL ANNOUNCEMENT.—The New York Homœopathic College and Hospital has just issued its thirtieth annual catalogue. The contents will interest all who are concerned in the welfare of the college, for a full description of the new college building, with plan, is given as well as a similar full account of the Flower Surgical Hospital. The regular lectures of the collegiate year will begin October 2d, at 10 A.M., in the new buildings, Eastern Boulevard, between Sixty-third and Sixty-fourth Streets. The curriculum has been revised and thoroughly graded, and with its finely-equipped laboratories, hospitals, and dispensaries, the college offers advantages that cannot be excelled by any medical school. A post-graduate school will shortly be established, and also a school or department of experimental pharmacology. The last year of the course is mainly directed to clinical work. Many special clinics will be held, and every effort made to make the teaching thoroughly practical. The date of the dedication of the hospital and college buildings will be announced hereafter.

AN ENGLISHMAN'S IDEA OF WHAT THE PROFESSION NEEDS, undoubtedly agrees with opinions on that point in the United States. He says (in the *Lancet*): "We want the unanimity that will prevent twenty men rushing after an appointment which another man resigns because it does not pay. We want the unanimity that will prevent one man poaching on another man's manor. We want the unanimity that will prevent a man openly accusing his neighbor of improperly treating a case. We want the unanimity that will prevent a man with some means from settling in another man's district, where there is no scope, and by ***underbidding*** try to obtain patients from brother practitioners who have taught old-standing practices. We want the unanimity that will prevent men from charging 4*d.* and 6*d.* for a bottle of medicine, 1*s.* for a visit, and touting for confinements at 5*s.* and 7*s.* 6*d.* each. If this unanimity could be obtained, we should be quite able to protect ourselves. We could then be fairly remunerated for our services and more respected. As it is the public know our weak points, our readiness to work at any price or no price, and make fools of us accordingly."

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ORIGINAL ARTICLES IN MEDICINE.

CRITICAL ANALYSIS AND SUMMARY OF CIMICIFUGA RACEMOSA.*

By E. H. PORTER, A.M., M.D., and W. S. PEARSALL, M.D.

OF the twenty-six provings of *Cimicifuga rac.* found in Allen's Encyclopedia of Materia Medica and the Cyclopedia of Drug Pathogenesy, all but one have been included in the preparation of the accompanying chart. The single exception being "A Resumé of Provings on Forty Men and Five Women," published by Drs. Hill and Douglass, of which the original day-books or reports are not obtainable. Moreover, as noticed in a foot-note in Allen's Encyclopedia, "this resumé seem to include much of Dr. Paine's provings, many of the groups of symptoms being identical in expression and sequence." These reasons seem sufficient for the exclusion of these provings from the present analysis. The last five provings on the chart are the results of overdosings and poisonings, and will not be included in the preparation of the summary, although some of the results are of undoubted value; for instance, the mental symptoms reported by Dr. King.

In reading the provings separately, it is found that, while in most cases the number of symptoms is not large, there are very few of those symptoms common to all cases of sickness, whether due to drug-action or to natural causes, and none of those wildly exaggerated descriptions so often occurring in drug provings. By taking any one proving and comparing the sensations produced in different parts of the body with each other, we see that, in nearly every case, there is

* Read before the Hom. Medical Society of the County of New York, April 11th, 1889.

a relation between them consistent with a common pathological origin. And, in the comparison of the different provings with each other, it is noticed that, while there is very little congruity of verbal expression, the concordance between the various symptoms is very well marked. Hence it may be fairly concluded that, however scanty or unsatisfactory the result of the analysis may be, we are dealing with provings made in an honest, careful and comparatively scientific way. The term "comparatively scientific" is used with reason, because in very few cases have we a full record of the preparation of the drug, the strength of the dose used, the time of administration or the frequency of repetition. In no case is there any account of counter-tests or checks, tending to prove that the results obtained were due entirely to the drug, and not to some unknown, co-existing cause.

In regard to the relative value to be placed upon the reports of different provers, nothing will be said, for that is a subject that should be left to the authority of those possessing a wide knowledge both of drug effects and diseased conditions, or to the judgment of the individual.

General Analysis.

Mind Symptoms are recorded by four, and are variously described as dullness, depression and inability to fix the attention on any subject.

Head Symptoms are reported by sixteen provers. Seven agree upon vertigo or dizziness. Headache is observed by fourteen; located in the forehead by ten, on the right side by two, on the left side by two, while one had a frontal headache, at different times on each side; in the vertex by four; in the occiput by five. The character of the pains is described as dull by seven, as full and pressive by four, as aching by two. In regard to time and aggravation there is no congruence. Four have pain extending from the eyes to the occiput, while two have pain from the eyes to the vertex.

Eye Symptoms come from eight sources. Sensation of swelling in eyelids, or heaviness of the eyelids in two. Pain in the eyeballs in four, characterized as aching by three. Dilatation of pupils in two.

Ear Symptoms come from two observers who had "a slight pain in the ear."

Nose Symptoms are found in seven, of whom four agree in frequent sneezing and four in fluent coryza.

Face and Mouth Symptoms are attributed to eight provers, two of whom record dry lips and three an unpleasant taste in the mouth (on the second day); the same in two immediately.

THROAT SYMPTOMS are given by seven. Sore throat is found in five. Inflammation of the palate and uvula in two. A feeling of fullness and rawness in two each.

APPETITE SYMPTOMS are found in three, of whom two agree in "loss of appetite with repugnance."

STOMACH SYMPTOMS are found in thirteen cases. Eructations tasting of the medicine immediately after taking by three. Nausea by six, in three cases, within half an hour after taking the drug. Symptoms, such as uneasiness, faintness and acute pain in the epigastrium, are described by five.

ABDOMINAL SYMPTOMS are accredited to six. Acute pain in four. Flatulence and fullness in two.

SYMPTOMS OF THE RECTUM AND ANUS are recorded by three observers, who agree in a disposition to diarrhœa; in one after rising at the usual hour; in two in the early morning, awakening them from sleep.

SYMPTOMS REGARDING THE STOOL are noted from five sources; three agreeing in thin or loose stool, which two describe as undigested and light-colored.

URINARY SYMPTOMS are given by six provers, of whom five report increased flow of urine.

FEMALE SEXUAL ORGANS.—The five female provers present, under this caption, very few symptoms, and an entire lack of congruity between the symptoms reported. Number seven gives the single symptom of prickling in the mammæ during the day, with chills, which may, or may not, be referable to the sexual organs. Number twelve describes a sore feeling in the vagina, with pain in the back and hips, and ends by saying that she has never before suffered so much during the menstrual period. But whether it was an aggravation of her usual experience at those periods, or not, is unknown. Number seventeen, the poisoning of a pregnant woman with a drachm of Squibbs' fl. ext., reports an entire cessation of labor pains for thirty-six hours. Number thirteen reports severe bearing-down pains during the menses.

RESPIRATORY ORGANS.—Of the five having symptoms under this heading, two report short, dry, cough, caused by tickling in the larynx. Hoarseness occurred in two.

CHEST SYMPTOMS are reported by four provers, three of whom agree in experiencing acute or lancinating pain in the chest, aggravated by motion or a long inspiration.

SYMPTOMS OF HEART AND PULSE in six. Conditions of feeble or small, lowered, depressed pulse are found in four, while there is increased pulse in three.

NECK AND BACK.—Symptoms come from six sources. They are described as "backache" by four, the pain being designated as "dull" by two of these. Dull, heavy pain or stiffness in the neck occurs in two.

EXTREMITIES IN GENERAL.—Under this heading but two provers give symptoms, agreeing in "Pain in all the extremities."

UPPER AND LOWER EXTREMITIES are represented in ten provings. Aching and stiffness of the ankle in four, particularly in the region of the tendon Achilles in two. Pain in right great toe in two, and in the left in one. Fatigued, weak feeling in left limbs in three.

GENERALITIES are noted by four provers, who describe conditions of general restlessness and uneasiness.

SKIN SYMPTOMS are obtained from four sources. Two have an eruption like a mosquito-bite, while the condition of skin described as "small, red papules which become on irritation, a diffuse redness," is very similar.

SLEEP AND DREAMS.—A drowsy, sleepy feeling is found in three of the five giving symptoms under this caption. Four record restless and disturbed sleep, three of whom notice this condition particularly after midnight.

SYMPTOMS OF FEVER, ETC., are from seven provers, all of whom describe conditions varying from coolness to chilliness and chills, while in two the chills were accompanied by cold sweat.

MIND.

1. Anxiety. *θ*
6. Not disposed to fix the attention on any subject (2d day). *θ*
10. Franklyn Bigelow, took 25 drops of tincture; a month later took 100 drops of an attenuation of 5 drops to 95.—Inaug. Thesis, Hom. Med. Coll. of Penna. Disposed to get angry easily; restless, changing from one subject to another.
12. In afternoon, depression and dullness.
23. Incessant talking, changing from one subject to another without any order; although patients were perfectly sensible when addressed; great wakefulness, imagining strange objects on the bed and in the room as rats, sheep, etc.; sometimes arousing from their incoherent talk as if startled, crying, "Who is that? what does he want here?"—Wild look of eyes, and appearance of face common to delirium tremens.
24. Head feels strange and wild; incoherent talking; sees rats, mice and insects on bed, floor and ceiling. *θ*
25. Illusion of mouse running from under her chair, which disappeared upon suspending the medicine, and recurred when taking it in same doses. IX.

[2, 3, 4, 5, 7, 8, 9, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22.—no symptoms.]

HEAD.

1. Vertigo. *θ*
2. Severe pains in the head, with much somnolency and coldness (after 1 hour), followed by warmth (after 2 hours).—On waking had a most distressing pain in the head, with vertigo, flushed face, dilated pupils and an increase of 12 beats in the frequency of the pulse (after 3 hours). *θ*

3. Pain in forehead, which seemed to proceed from right temple in burning lines, accompanied after an hour by a sense of fullness and heat; pain, heat and fullness soon become continuous, with a sense of drowsiness (10-drop doses). Sharp, cutting pain in r. temple (immediately).—The pain in the head seemed to extend over and through the whole brain, producing a distinct sense of soreness in the occipital region, which was much increased by motion (15-drop doses).
4. Slight pain in the head. Ditto in the evening. Slight, dull pain in the head.—Constant, dull pain in the head, particularly in the occiput, extending to the vertex during the forenoon and part of the afternoon (2d day).—Slight fullness of head.—Aching pain in head, particularly in occiput, experienced only while in-doors, relieved by the open air; it increased during the afternoon, and was quite severe in the evening; about 9 P. M. it disappeared entirely after a walk in the open air (after 2 hours).—Acute pain generally through the head during the day; at times, more severe on the left side.—The pain in the head is always relieved by the open air.—Dull pain in forehead, in afternoon.—Dull pain deep in forehead (soon after).—Pain over left eye extending along base of brain to occiput (2d day).—Sensation as though the temples were compressed, occasionally during the day.—Pain in vertex during afternoon and evening. Fullness in vertex in evening.—Aching pains in vertex and occiput, in paroxysms at times quite severe, immediately after rising; the pains continued through the day, but not so severe as in the morning (2d day).—Slight pain in left side of head (soon after). *θ*
5. Vertigo, fullness and dull aching in the vertex (after 10 minutes).—Dullness of the head and pain in forehead and occiput (4th day).—Slight pain in the forehead, with dryness of the pharynx, and aching in the eyes, apparently between the eyeball and orbital plate of the frontal bone, at 10 P. M. (4th day). 6x.
6. Dizziness, dullness in the head (2d day).—Dull pain in the forehead, before breakfast (2d day).—Pain extending from the right eyeball through to right side of occiput, slightly affecting the ear at night. Pain over the eyes (2d day). *θ*
7. Dullness and heaviness of head and eyelids, as if produced by cold.—Headache.
8. Dull, heavy headache, more in left temple, at 9 A. M. (2d day.)—Pain in forehead and occiput, with heaviness of head (after 1 hour); pain in head continued for ten days.—Occasional transient pain in forehead over right eye.—Dull, boring pain in forehead over left superciliary ridge, continuing for two hours (after 3 hours).
9. Pain from the eyes to the top of the head; it seemed as if the nerves were excited to too much action, lasting three hours; under larger doses it lasted six hours. *θ*
10. At 10 A. M. next day, a dull, oppressive headache; pain principally in the forehead, extending over the vertex down to the occiput.—In the whole forehead the pain is very severe.—Pain dull, with a sense of heaviness.—Great dizziness.—Occasional shooting pains about the sides of the head, in the region of ideality and sublimity.—Pain in head partially relieved by throwing the head backward.—Headache grew less severe and subsided on the fifth day.
11. After hearty dinner, headache in left frontal region, continuing at intervals during the rest of the day; worse out-doors; af er sleep, headache as before; worse during a walk out-of-doors; better after entering a room (2d day).—At 10 A. M., feeling of lateral expansion and pressure outwards in the forehead. *θ*
15. Frontal headache (4th day).—Shooting pain over left eye (4th day).—Fullness and pressure in brain (2d day). *θ*
17. Dull pain in forehead and ears (after 1 hour). *θ*
18. Vertigo.
20. General feeling of intoxication.—Tearing in centre of vertex, in a spot about the size of a silver dollar.
22. Vertigo to such an extent that she could not sit up (after 2 hours.)
24. Distressing roaring in head.

[12, 13, 14, 16, 19, 21, 23, 25.—no symptoms.]

EYE.

1. Dilated pupils. 0
2. Pupils dilated (after 3 hours). 0
4. Inflammation of both eyelids (2d day).—During afternoon pain in right eyelid when closing it.—Sensation of swelling of right eyelid with heat, as if inflamed (after 4 hours).—Pain in both eyeballs (5th day).—Pain in the centre of the eyeballs, and also sensation as if pain were situated between the eyeball and the orbital plate of the parietal bone, in the morning on rising, continuing all day, but not so severe as in morning (2d day).—Dull pain in both eyeballs.—Aching pain in both eyeballs through the day (4th day).—Severe aching pain in right eyeball, after retiring for the night.—Constant dull, aching pain in right eyeball and across forehead, accompanied with nausea. 0
5. Aching of the eyes at 10 P. M. (4th day.) 6x.
7. Heaviness of the eyes, as if caused by cold.—Stinging in the eyelids (after 1 hour).—Eyeballs occasionally painful for a short time.—Eyeballs painful for a short time in the forenoon (2d day).—Pain in the eyeballs continued for two weeks after discontinuing the drug. 0
15. Dull, aching pain in eyes (4th day).
19. Dimness of vision.
22. Pupils enormously dilated.—Vision disordered.
23. Dilated pupils.
24. Pupils dilated. 0

[3, 6, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 20, 21, 25.—no symptoms.]

NOSE.

4. Frequent sneezing and fluent coryza during the day (2d day).—Obstruction of left nostril in evening.—Fluent coryza of whitish mucus during the day.—Fluent coryza, aching and soreness in the nose during the day (2d day).—Abundant watery coryza.—Copious coryza (4th day).—Copious coryza during the forenoon (5th day).—Profuse coryza in forenoon; aching pain in the head; pain in both eyeballs many times during the day (3d day).—Inclination to sneeze, twice in the afternoon.—Frequent inclination to sneeze in the afternoon. 0
5. Sneezing several times (after ½ an hour).—Sneezing at 4 P. M. (4th day.)—Fluent coryza (3d day).—Fluent coryza, more so than for many weeks, as if caused by cold, at 4 P. M. (4th day.)—Copious coryza (5th day).—Very profuse, greenish, and slightly sanguineous coryza, after rising (4th day). 6x.
6. Stinging sensation in the nose, in the evening (2d day). 0
7. Sneezing. 0
8. Pain in head, followed by coryza.
11. Fine stitch to outside of right wing of nose. 0
20. One hour after taking medicine, fluent coryza with violent tickling in the nares, which excited sneezing, going off in about half an hour. 0

[1, 2, 3, 9, 10, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25.—no symptoms.]

FACE AND MOUTH.

2. Face flushed (after 3 hours). 0
3. Unpleasant taste in mouth (15-drop doses).
4. Dry lips (2d day).—Dryness and soreness of the lips.—Accumulation of thick mucus upon the teeth (2d day).—Palate and uvula red and inflamed.—Unpleasant taste in mouth (2d day). 0
7. Dry lips (2d day).—Unpleasant taste in mouth (2d day). 0
10. Very bitter, disagreeable taste in mouth.
11. Feeling of lateral expansion and pressure outwards in both malar (after 12 hours).
14. During afternoon, peculiar uneasiness in teeth; wants to chew or pick at them. 0
17. Excessively bitter taste in mouth (soon after).

[1, 5, 6, 8, 9, 12, 13, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

THROAT.

3. Increased secretion of thick viscid mucus in the fauces.—Constriction of pharynx, with increased secretion of mucus in the throat.
4. Soreness of throat when swallowing; sensation of fullness high up in throat, with fullness in vertex and stiffness of neck, in evening.—Sensation of rawness in throat; slight difficulty in swallowing; hoarseness, which increased toward night; constant unpleasant fullness in pharynx. 0
5. Inflammation of the uvula and palate, more severe than on the day before (5th day).—Dryness of the pharynx, and inclination to swallow, during the night (4th day).—Fullness of the pharynx and constant inclination to swallow (4th day).—Dryness of the pharynx at 4 P. M. (4th day). 6x.
8. Sore throat.
11. During the forenoon, sense of empty aching all along the œsophagus (2d day). 0
16. Throat rather sore.
17. Sensation of rawness in the throat, as from excoriation (after ½ hour).

[1, 2, 6, 7, 9, 10, 12, 13, 14, 15, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

STOMACH.

1. Nausea. 0
2. Nausea. 0
3. Pain and heat in stomach followed by eructation, which afforded relief; the sense of heat in stomach continued, with a feeling of warmth and dryness in the whole alimentary canal.
4. Loss of appetite (2d day); experienced during the last few days of the proving, and continued for two weeks after.—Eructations tasting of the medicine (immediately).—Faintness in the epigastrium, with repugnance to food, which, however, did not prevent his partaking of a moderate breakfast (2d day).—Faintness in the epigastrium, generally in the morning before eating (particularly if the medicine had been taken over night), not preventing eating, which was followed by a sensation of repletion, as if too much food had been taken.—Before breakfast, slight pain in the epigastrium, extending to the left hypochondrium, with faintness and sensation of emptiness (2d day).—During afternoon, sensation as if too much food had been taken into the stomach.—Acute darting pain in the epigastrium after a light supper. 0
6. No appetite for supper; repugnance to food (2d day).—Eructations and slight nausea (immediately).—Slight faintness in the epigastrium during the forenoon (2d day).—Sense of internal tremor in the stomach, after breakfast (2d day). 0
7. Eructations after taking the medicine (immediately).—Nausea for 15 minutes (after ½ an hour).—Faintness of the stomach, two or three times, of short duration. 0
8. Nausea with loathing (soon after).
10. Appetite poor.—Great nausea, and disposition to vomit for two hours after taking medicine.—Stomach feels greatly oppressed.—Great uneasiness and oppression in epigastrium.
11. Desire for tobacco decidedly weakened. 0
14. Nausea all through the abdomen. 0
18. Some nausea, followed by greater freedom of expectoration and more or less relaxation of the surface.
22. Nausea and vomiting (during first 12 hours).

[5, 9, 12, 13, 15, 16, 17, 19, 20, 21, 23, 24, 25.—no symptoms.]

ABDOMEN.

4. Acute cutting pain in the umbilical region, which, although acute, was not so severe as to prevent attending to his usual business; uninfluenced by eating, and continuing through the afternoon (after 3 hours). 0

5. Rumbling of flatus below the umbilicus at 10 P. M. (4th day).—Flatulence causing a sense of fullness in the abdomen, at 10 P. M. (4th day).—Flatus; rumbling in lower part of abdomen at 10 A. M. (4th day). 6x.
7. Fullness and pressure in lower part of abdomen; increased pressure next day with some pain. θ
10. Awoke at 3 A. M. with severe cutting pains and great uneasiness in hypogastric region, with urgent desire to go to stool.—Great uneasiness in bowels all the forenoon, without much desire for stool, but a sensation as I should be obliged to soon.—Pain low down in bowels.—In evening, great pain in lower part of bowels, with great fullness of the abdomen.—Second, third and fourth days after 3 A. M., each day, pain in lower part of bowels.
12. Soreness in lower abdomen (2d day).
14. Stool accompanied by sharp pain in the abdomen. θ
17. Pain in bowels in early morning (3d day), returning in like manner for three or four days.

[1, 2, 3, 6, 8, 9. 11, 13, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

RECTUM AND ANUS.

4. Disposition to diarrhœa, in the evening.—Slight disposition to diarrhœa.—Slight disposition to diarrhœa, after rising (2d day). θ
10. Awoke at 3 A. M. with urgent desire for stool.
14. Downward pressure in rectum. θ

[1, 2, 3, 5, 6, 7, 8, 9, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

STOOL.

3. Constipation.
4. Evacuations regular and natural during the proving, but for a month afterward alternate constipation and tendency to diarrhœa. θ
10. Stool very thin and partly undigested.—Diarrhœa continued during the day; stools once in four or five hours.—Second, third and fourth days after 3 P. M., diarrhœa of a thin, undigested character, lightish colored.
14. Nausea, followed by a loose stool. θ
17. Thin, light brown diarrhœa, in early morning, returning at same time for three or four days.

[1, 2, 5, 6, 7, 8, 9, 11, 12, 13, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

URINARY ORGANS.

3. During the first of the proving it was necessary to void the urine about once an hour.—The second specimen showed that, from a normal standard, the urine, in sp. gr., had gone down to 1.005.—The following specimen showed that a change was taking place, and the next that it had gone up to 1.019.—It soon reached 1.020, at which point it remained.—It was collected in a vessel, and allowed to repose till the expiration of twenty-four hours, at which time it was strongly acid to litmus, and to the eye presented a dull, cloudy appearance.—A closer examination showed that there were thousands of little fibres, about the eighth of an inch in length, which the microscope exhibited as fibrinous casts of uriniferous tubes, with minute lozenge-shaped crystals of uric acid adhering to their sides.—On the addition of a few drops of hydrocholoric acid quite an abundant deposit was thrown down, which presented the beautiful variety of color peculiar to these crystals.—In the vessel could be seen a copious deposit of uric acid in the form of yellow sand, while above it floated a cloud of mucus and the urate of ammonia.—The urine above the cloud was filled with floating particles of yellowish sand, which seemed to be gradually settling to the bottom, presenting the appearance of a free admixture of ginger and water. Specimens of the sand were examined by heat, acids and the microscope carefully enough to determine that it was uric acid of the nucleated form of crystals, with the obtuse angles rounded so as to make an elliptical figure.—The urine yielded abundant crystals on the addition of nitric acid; these crystals had the fine, satin-like lustre peculiar to the nitrate of urea, and were deposited without previous evaporation of the urine, which indicates that urea was largely in excess.

6. Increased secretion of pale urine. θ
7. Disposition to frequent urination (2d day). θ
8. Increased flow of urine (2d day).
15. Urine scanty and high colored.
16. Passes a large quantity of clear urine, which makes her feel very weak.

[1, 2, 4, 5, 9, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

SEXUAL ORGANS.

12. Bruised, sore feeling in the vagina (2d day).—Taken unwell in the morning; wandering pain in back and around through hips, inside, lasting all morning, quite severe at 10, when she was obliged to lie down; has never had so much pain during menses; flow more profuse since 5 P. M. (2d day).
13. During menses very severe, bearing-down, forcing pains.
22. Labor pains ceased entirely for 36 hours (after 2 hours).

[1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19, 20, 21, 23, 24, 25.—no symptoms.]

RESPIRATORY ORGANS.

3. Sensation of slight contraction in the bronchial tubes, which rendered expiration somewhat difficult after a full inspiration (after 6 hours).
4. Hoarseness (4th day).—Hoarseness, after rising (2d day).—Slight hoarseness (5th day). θ
5. Constant inclination to cough for half an hour, caused by a tickling sensation in the larynx, which almost prevents speaking, at 7.30 P. M.; an attempt to speak is followed by an inclination to cough (4th day).—Hoarseness (after 9½ hours).—Hoarseness; unpleasant fullness in pharynx (3d day).—Short, dry cough four or five times, produced by tickling in larynx (after 9½ hours).—Short, dry cough several times during the evening, caused by tickling in the larynx (3d day). 6x.
7. Offensive breath. θ
8. Dry, short, hacking cough, night and day, lasting for two weeks, which is uncommon, the prover not having had a catarrh or cold for several years.

[1, 2, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

CHEST.

4. Lancinating pain along the cartilages of the false ribs, increased by taking a long inspiration, soon after waking, at 3 A. M.—The same pain, very severe and piercing, so as almost to prevent inspiration for a short time, immediately after retiring, between 10 and 11 P. M., and continuing for half an hour. θ
5. Acute pain in right lung, extending from apex to base, about two inches to right of sternum, aggravated by every inspiration, continuing for about two hours, and gradually diminishing in intensity until after retiring; similar pain next morning, for half an hour, but much less severe (2d day). 6x.
7. Soreness of the chest (2d day).—Prickling sensations during the day in the (female) mammæ, with cold chills.
16. "A catching pain in left side, just where the heart is," which comes on when she bends her body forward, sometimes when sitting at dinner, and after dinner.

[1, 2, 3, 6, 8, 9, 10, 11, 12, 13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

HEART AND PULSE.

1. Pulse small. θ
2. Pulse increased twelve beats (after 3 hours). θ
3. Pain in region of heart, followed by slight palpitation; at the sixth hour the pain was felt all the time, and accompanied by frequent paroxysms of palpitation.—Pulse ranged at about 80 (15-drop doses).—Pulse 86, full, hard and irregular (after 20 minutes).—Pulse fallen from 78 to 72 (after 1 hour).—Pulse went down to 69 (after 6 hours).
4. Pulse too slow, every third or fourth pulsation intermitting (2d day). θ

10. Pulse rather accelerated.
19. Depression of pulse remaining for a considerable time.
20. Stitching pain, as of fine needles, in the region of the heart, accompanied with slight twitching or pulsation in the external muscles of that region.—Slight palpitation of the heart. θ
22. Feeble pulse during first 12 hours.

[5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 21, 23, 24, 25.—no symptoms.]

NECK AND BACK.

3. A dull, heavy pain in the back, in the region of the right kidney; this pain (after 20 minutes) was continuous and increased by motion.
4. Stiffness of neck in evening. θ
11. In early morning, dull pain in small of back, both sides of spine. θ
12. Backache better from pressure.
15. Terrible backache (2d day).
20. Dull, heavy rheumatic pains in the upper posterior region of the neck. θ

[1, 2, 5, 6, 7, 8, 9, 10, 13, 14, 16, 17, 18, 19, 21, 22, 23, 24, 25.—no symptoms.]

EXTREMITIES IN GENERAL.

1. Pains in the extremities. θ
10. On walking out into the open air, pains in the muscles of the lower limbs, as from great fatigue; felt more particularly in the anterior part of the thighs.—Limbs excessively fatigued.
15. Pain in all the limbs (2d day).
21. An "uneasy feeling," amounting to "almost an ache" through all the extremities every time she took it, which would continue from one to three or four hours.

[2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 16, 17, 18, 19, 20, 22, 23, 24, 25.—no symptoms.]

SUPERIOR EXTREMITIES.

6. Dull pain in right arm, deep in the muscles, extending from the shoulder to the wrist, continuing during the next day. θ
11. Laming, aching pain in left elbow-joint, anteriorly.—Trembling of the fingers when writing. θ

[1, 2, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

INFERIOR EXTREMITIES.

3. Sharp, wandering pains in left ankle and scapula (after 20 minutes).
4. Dull, burning aching pain in second joint of right great toe, extending up the limb, continuing an hour, from 8 to 9 P. M.—The same pain at the same time the next evening, but not extending up the limb.—The same pain, less severe, on the third evening. θ
7. Stinging of left great toe for a few moments on the lower surface, and afterwards on the upper, in the afternoon.
11. While walking out-of-doors, sense of aching and shortening in left tendon Achilles (2d day). θ
12. Lameness in right leg, worse when bending forward; soreness and stiffness, moved forward to inner side of ankle (2d day).
14. Toward evening, soreness, aching and stiffness in region of left tendon Achilles (2d day). θ
15. Pain in right great toe (2d day).
20. Weakness of knee-joints preceded by unnatural warmth in the feet.—Weakness in the lower limbs.—When walking, have to proceed with great cautiousness for fear of falling.—Jerking in muscles of left thigh, more particularly in the region of the inferior third.—Cold feeling of the left thigh and knee, as though a cold breeze were blowing on them. θ

[1, 2, 5, 6, 8, 9, 10, 13, 16, 17, 18, 19, 21, 22, 23, 24, 25.—no symptoms.].

GENERAL SYMPTOMS.

1. Restlessness. θ
3. The general uneasiness and disturbance in the whole system was such that it was difficult to fix the attention on any subject of business or study.
6. Continual restlessness during the forenoon; desire to move about, not knowing where to go or what to do.—During night very restless.—Nervous uneasiness during the afternoon (2d day).—Great sensitiveness to cold air, which seemed to penetrate the system (2d day). θ
7. Feels tired.
10. Great disposition to yawn.—Inclined to drowse much.—Feeling of great prostration in whole system.—Continually yawning and stretching.
11. Nervous shuddering through upper and back part of body.—Very trembling.—All day nervous, full of work, and doing it fast. θ
15. Feels bad generally (3d day).—Peculiar tingling in the muscles, followed by an aching pain in the limbs, from above downward.
18. Slight nervous tremors.
22. Prostration during first twelve hours.

[2, 4, 5, 8, 9, 12, 13, 14, 16, 17, 19, 20, 21, 23, 24, 25.—no symptoms.

SKIN.

4. In morning, soon after rising, observed a single pimple on dorsal surface of left hand; it was larger, but similar in appearance, to those produced two months since; a little pus secreted at its apex; after three or four days it disappeared (2d day).—Small ulcer on inner surface of lower lip.—Itching and redness of dorsal surface of right hand, in the afternoon, and especially in the evening. Itching of the dorsal surface of the left hand and wrist, particularly on dorsal surface of thumb in the evening; small, red papulæ first appeared, becoming, after slight irritation, a diffused redness, which disappeared in a few hours, but could be reproduced at any time by slightly irritating the surface; this symptom gradually disappeared in a few days. θ
10. Upper lip very much swollen and inflamed for eight days.—Skin cracked and came off.—A small ulcer on each cheek, near the centre; very much inflamed for several days, bleeding almost constantly.—Eruption, on hands and wrists principally, resembling mosquito-bites.
17. Eruption on the skin like mosquito-bites.
20. General burning and itching of the skin after rising in the morning, continuing for half an hour. θ

[1, 2, 3, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 18, 19, 21, 22, 23, 24, 25.—no symptoms.]

SLEEP AND DREAMS.

2. So drowsy that he laid down and soon fell asleep, and remained in this state an hour (after 2 hours). θ
4. During the night slept well for three or four hours, then restless. Disturbed, restless, unrefreshing sleep from 3 to 5 A. M., with disposition to fold the arms over the head (2d day).—Unpleasant dreams of being in trouble, of being in a sad plight. θ
10. Sleep disturbed by dreams of accidents, seeing limbs broken, great suffering, etc.—Very drowsy and sleepy.—Slept well until 3 A. M., after that time very restless.—This symptom appeared regularly every morning for two weeks.—Very sleepy during fore part of the evening. θ
15. Very sleepy (2d day).—In afternoon felt as if he could not keep awake, but must lie down and go to sleep.—Cannot sleep at night (4th day).
20. Great drowsiness after dinner.—Sleep imperfect; awaking at midnight.

[1, 3, 5, 6, 7, 8, 9, 11, 12, 13, 14, 16, 17, 18, 19, 21, 22, 23, 24, 25.—no symptoms.]

FEVER.

3. Surface of body, together with that of face and hands became cool and dry (after 6 hours).—Heat, pain and weariness in region of kidneys (2d day).—Skin dry and hot.

4. Soon after waking, at 3 A. M., the whole surface became cold; slight, cold perspiration, and sensation as if it would become profuse, continuing for an hour, accompanied by lancinating pain along the cartilages of false ribs, left side, increased by taking a long inspiration (2d day).
7. Cold chills with prickling sensations in the breasts.—Occasional cold chills.
10. Forehead hot and dry.—At times very chilly over the entire body.
11. General, internal, nervous, chilly feeling all over, but less over the back.—Flashes of heat in the cheeks.
14. During afternoon, chilliness in back.
15. Chilly in bed before rising (3d day).—Cold sweat on hands and feet (3d day).

[1, 2, 5, 6, 8, 9, 12, 13, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25.—no symptoms.]

SUMMARY.

Mind.—Dullness, heaviness, depression. Inability to fix the attention on any subject.

Head.—Vertigo.

The pains in the head are dull, full and pressive; felt principally in the forehead, vertex and occiput.

Pains passing from the eyes or forehead, through or over the head, to the vertex and occiput.

Eyes.—Sensation of swelling, or heaviness of the eyelids (as if from a cold).

Aching pain in the eyeballs. Pupils dilated.

Nose.—Frequent sneezing.

Fluent coryza.

Face and Mouth.—Dry lips.

Unpleasant taste in the mouth.

Throat.—Sore throat, fullness and rawness of throat, with redness and inflammation of palate and uvula.

Stomach.—Loss of appetite with repugnance.

Nausea.

Uneasy, faint feeling in the stomach.

Sharp pain in the epigastrium.

Abdomen.—Acute pain in the abdomen, about and below the umbilicus.

Flatulence and fullness in the abdomen.

Rectum and Anus.—Disposition toward diarrhœa.

Feeling as though diarrhœa were about to occur.

Diarrhœa in the morning at 3 A.M.

Stool.—Thin, loose, undigested, light-colored stool.

Urinary Organs.—Increased flow of urine.

Respiratory Organs.—Hoarseness.

Short, dry cough, caused by tickling in the larynx.

Chest.—Acute or lancinating pain in the chest, aggravated by motion or a deep inspiration.

Heart and Pulse.—Pulse feeble and depressed.

Pulse increased.

Neck and Back.—Dull, heavy pain, or stiffness, in the neck.

Backache; dull pain in the back.

Extremities in General.—Pain in all the limbs.

Upper and Lower Extremities.—Aching and stiffness in the ankles and in region of tendon Achilles.

Pain in the great toes.

Fatigued, weak feeling in the lower limbs.

Generalities.—Restless, uneasy.

Skin.—Eruption resembling mosquito-bites.

Sleep and Dreams.—Drowsiness, somnolency.

Sleep restless and disturbed, especially after midnight.

Unpleasant dreams.

Fever, etc.—General chilliness, with cold sweat.

COMPARISON OF THERAPEUTIC INDICATIONS FROM RAUE AND ARNDT, WITH SUMMARY.

Therapeutic Indications.	*Summary.*
Mind.	
Delirium like delirium tremens; sees cats, dogs, rats, sheep, etc. Restlessness and fear of death. Incessant talking and changing from one subject to another. Melancholy. Indifferent, taciturn.	Dullness, heaviness, depression. Inability to fix the attention on any subject.
Head.	
Intense pain through head as if a bolt were driven from neck to vertex with every throb of the heart.	Vertigo.
Intense headache.	The pains in the head dull, full and pressive, and are felt principally in forehead, vertex and occiput.
Sharp pains from neck to vertex.	
Sharp neuralgic pains through eyes into the head.	Pains passing from the eyes or forehead, through or over the head to the vertex and occiput.
Great pain in head and eyeballs, aggravated by slightest motion of them.	
Eyes.	
Intense pain in eyeballs.	Sensation of swelling or heaviness in the eyeballs (as if from a cold). Aching pain in the eyeballs. Pupils dilated.
Dilated pupils.	
Nose.	
	Frequent sneezing.
	Fluent coryza.
Face, Mouth and Throat.	
Tongue swollen, or red and raw.	Dry lips. Unpleasant taste in mouth. Sore throat. Fullness and rawness of throat, with redness and inflammation of palate and uvula.
Redness of fauces and palate.	
Facial neuralgia, especially if a reflex pain dependent on uterine disturbances.	
Stomach.	
Nausea and retching.	Loss of appetite with repugnance; nausea. Uneasy, faint feeling in the stomach.
	Sharp pain in the epigastrium.
Abdomen.	
Tenderness of hypogastric region (with uterine disorders).	Acute, sharp pain in abdomen, about and below the umbilicus. Flatulence and fullness.
Rectum and Anus.	
Diarrhœa.	Disposition toward diarrhœa. Feeling as though diarrhœa were about to occur.
	Diarrhœa in morning at 3 A.M.
Stool.	
	Thin, loose, undigested, light-colored stool.

Therapeutic Indications.	*Summary.*
Urinary Organs.	
	Increased flow of urine.
Female Sexual Organs.	
Menstrual flow profuse and too early; dark, clotted blood; aching in all the limbs; severe pain in the back, down the thighs and through the hips, with heavy pressing down; weeping mood; nervousness; great pain in head and eyeballs.	
Respiratory Organs.	
Cough excited by every attempt to speak, so that one is obliged to desist.	Hoarseness.
Dry, harrassing cough.	Short, dry cough, caused by tickling in the larynx.
Chest.	
Pain in right side of chest.	
Intercostal neuralgia.	Acute or lancinating pain in chest, aggravated by motion or deep inspiration.
Heart and Pulse.	
A catching pain in region of heart, worse when bending forward or on moving. Quick, full pulse. Palpitation and faintness.	Pulse feeble and depressed.
	Pulse increased.
Neck and Back.	
Pain at the base of the brain and up and down the whole length of the spine; stiffness of neck and back; violent pain in small of back.	Dull, heavy pain, or stiffness, in the neck.
	Backache; dull pain in the back.
Extremities.	
Tonic and clonic spasms; tremors of limbs; epiliptiform spasms at or about the menstrual period.	Pain in all the limbs.
Articular rheumatism of the lower extremities, with much heat and swelling of the parts.	Aching and stiffness in the ankles and in region of tendon Achilles.
	Pain in great toes.
	Fatigued and weak feeling in the lower limbs.
Choreic spasms, chiefly on left side, increased during menses; after suppression of menses; from rheumatic irritation. Subsultus tendinum.	
Generalities.	
Reflex pains in different parts of the body from uterine troubles. Soreness and stiffness of muscles generally.	Restless, uneasy.
Skin.	
Great sensitiveness of skin.	Eruption resembling mosquito-bites.

Therapeutic Indications.	*Summary.*
Sleep and Dreams.	
Sleeplessness. Unpleasant dreams of negroes, devils, etc.	Drowsiness and somnolency. Sleep restless and disturbed, especially after midnight. Unpleasant dreams.
Fever.	
Creeping chills in the back; profuse, sometimes cold, perspiration all over. Night sweats. Frequent alternation of heat and cold in different parts of the body.	General chilliness with cold sweat.

DIAGNOSIS.*

By J. W. DOWLING, M.D.,
New York.

IN the letter from your President requesting me to prepare a paper to be read before your Society this evening he says: "Our idea is to have a meeting under the general caption 'Practice of Medicine,' and to divide the subject into two heads, viz., 1st, The Diagnosis; 2d, The Prescription—the first division to be in your charge, the second in Dr. Allen's. The subject-matter of your paper to comprise the various methods of getting at a diagnosis, the value of signs and symptoms as pointing to certain forms of disease, conditions occurring during the progress of disease which influence its prognosis, and anything else which will go to show the importance of a correct diagnosis and the quickest and best method of reaching it. Prof. Allen's paper to be entirely devoted to the *Homœopathic prescription* and the methods of differentiating between drugs. The time to be consumed in reading each paper to be not more than forty-five minutes."

The subject is a long one, and many times forty-five minutes would be consumed in attempting to do it proper justice. We certainly cannot understand by the wording of this request that your worthy President has any idea of encouraging a controversy, or that the evening should be occupied by a contention as to the relative merits of the diagnosis and the prescription.

All concede that the object of the physician's calling is to heal the sick in the most speedy and the mildest manner possible, and where the disease is beyond the power of medical skill to cure, to make what is left of the life of the patient as comfortable as can be by the alleviation of suffering, and to these duties is now being forcibly im-

* Read before the New York Society for Medico-Scientific Investigation.

pressed on the profession the importance of endeavoring so to guide those habitually under its care that disease, the liability to which is immediate or far in the future, shall be avoided. The time was when certain of our school claimed that diagnosis was of no importance, so that the remedy conforming to the train of symptoms presented by a certain case of illness, was selected and prescribed, and to-day there are a few in our ranks, quite successful practitioners, too, who, although not decrying diagnosis as a valuable adjunct to a knowledge of materia medica, still claim that a knowledge and application of the latter is all that is necessary for the practice of our profession. Happily for our school, your President and the members of this Society and my honored participant in the exercises of this meeting are not of the number, but, on the contrary, belong to the class of educated physicians who claim that there are cases, and many, too, where a correct diagnosis is absolutely necessary that proper remedial measures may be brought to bear, and who realize the importance, as scientific men, of being able to state, when possible, the exact nature of the malady they are treating, and when impossible, possessing the moral courage to say so, and the common sense which would prevent their giving what might seem to the patient a grave diagnosis unless certain of its correctness, a diagnosis which will, perhaps, embitter the life of the patient and worry friends, till discovered to be false, and then lower the physician in the estimation of all. Not long since I was called upon by an elderly lady, who told me that her daughter, living in a neighboring city, was suffering from "water around the heart," and she desired me to visit her prepared to operate for its removal. On questioning the old lady I learned that a notorious advertiser and quack of this city had given the diagnosis which had so worried her, and that this diagnosis had been accepted by the family physician, who was not aware of the character of the man who had given it, and who should have, by his own unaided skill or by that of the expert of his choice, satisfied himself by a proper investigation and a careful examination of the truth or falsity of the diagnosis. I visited the patient and found her in bed, where she had been some four weeks. The only evidences of heart-trouble were certain subjective symptoms, which came from disturbance of organs remote from the heart, and a highly sensitive nervous system. Administration of the properly selected remedy, the assurance and demonstration of the soundness of her heart, restored her speedily to health.

I cite this case, which is an extreme one, to show the folly, the wickedness of a careless or unscientific diagnosis, and the folly of

accepting that of another physician unless he is known to be skilled in the special line of disease under consideration, and even with an opinion from such a one, I should advise every young practitioner to confirm the diagnosis by his own personal study of the case and examination of the patient, which any physician of ordinary ability can do with the text-books and aids to diagnosis at his disposal. Scarcely a week passes but some unhappy patient calls at my office suffering mental torture from the effects of a too hasty or a careless diagnosis so far as the heart, lungs and other organs vital to life are concerned.

Before entering on the general consideration of my subject I want to tender a word of advice to the young practitioners present this evening, and that is: In all chronic cases, particularly in obscure or uncommon diseases, after satisfying yourselves by a careful examination, write your diagnoses plainly and give them to the patients, if it is well for them to know; if not, to some member of the family.

From a large experience in my own case, and to my own annoyance, I have learned the importance of this. How often from the mouths of patients is a bronchitis exaggerated into a pneumonia, an ordinary and very common reflex irritability of the heart into heart disease of a grave and incurable nature, a catarrh of the stomach into cancer of that organ, and an innocent tumor in any portion of the body into a malignant growth. Patients, if anxious, are rarely willing to accept the opinion unconfirmed even of the trusted family physician; they are forgetful of medical terms, and, with their friends, often visit experts in certain diseases unknown to their doctors, and carry with them statements and diagnoses, said to have been given by their physicians, which are absolutely incorrect in every particular, and which investigation proves were never given.

In an examination in all chronic cases a careful investigation of the personal and family history of the patient is often of the gravest importance, particularly the former, as relating to the diseases from which they have suffered from infancy to the date of the present illness; the habits of life as regards diet, the use of stimulants, occupation, habits, whether active or sedentary, and particularly as regards any points which may have a possible bearing on the condition or disease from which the patient may be suffering. Often will an obscure case, at least the etiology of it, be rendered clear by such an investigation, and frequently a line of treatment will be suggested which will result in amelioration, if not in absolute cure, of the disease. Only recently a patient was sent to me for an examination who was suffering from intense dyspnœa on the slightest exertion, rapid respiration and ina-

bility to rest in the recumbent position. This condition had existed in a modified form for some ten or twelve days, but for the past three or four had almost incapacitated him for exertion of any kind. His personal and family history were all that could be desired, so far as disease was concerned He never had had an ill day that he could remember; habits were now temperate, but there had been a period of ten years in his life during which time, while living in the South, he had taken, and that daily, quite large quantities of alcoholic stimulants. The physical examination showed greatly diminished vital capacity, dilatation of the heart-walls, the organ being entirely free from valvular disease, and great pulmonary engorgement with œdema at the base of each lung. All of this would account for the dyspnœa, but how about the etiology of the trouble? No syphilis, no history of inflammatory rheumatism, perfectly healthy kidneys, so far as an examination of the urine could inform us. I knew there must be some cause for these pathological conditions. On close questioning I learned that just twelve days prior to his visit he had run 200 yards to catch a train, carrying in his hand a valise weighing some forty pounds. He had forgotten the circumstance, but now remembered that when he took his seat in the car he was thoroughly exhausted, to use his own expression, "winded." And it was some time before he could breathe with any comfort. Here was the secret of the whole trouble. A heart weakened by past alcoholic indulgences yielded to the strain of this great exertion. Absolute rest in bed was advised. The facts which cleared up the case were drawn out really by leading questions, which, as a rule, in an examination either for diagnosis or remedy, should be avoided.

Extra effort is often the cause of dissolution when the heart is weakened by valvular disease or changes in its walls, the result of faulty nutrition of the organ from atheroma of the coronary arteries. Several times have I known of fatal results from just such causes, and could cite many cases did opportunity permit. Mental excitement alone is sometimes the cause of dilatation of a weak heart, with fatal results.

As you can readily understand, it will be impossible to cover the entire ground contained in the request of your President, in this evening's paper, I shall, therefore, content myself with a general consideration of the physical signs of disease.

The first step towards a proper knowledge of physical diagnosis is a thorough understanding of the anatomy and physiology of the various organs of the body. The next is an accurate knowledge of the topographical anatomy of the surface of the body, or the relation

which the various organs bear to the surface of the body. When I say anatomy I do not refer to the coarse anatomy alone, but include the histological anatomy, the microscopical anatomy. The next step is a thorough knowledge of the pathological changes which take place in the various organs as the result of disease. In the study of physical diagnosis it is with the viscera that we have mainly to deal, and I will venture to assert that there is scarcely an organic change possible in any of them which cannot, by the aid of physical signs, be accurately demonstrated.

Space does not permit us to give the article in full, and we shall have to content ourselves with a more or less brief outline of the writer's further remarks. After a few words as to the instruments of precision required as aids to diagnosis, he dwelt upon the methods and general conduct of these scientific examinations. Among other things, the folly of attempting to make an examination of the thorax without complete removal of all garments above the waist was emphasized, and physicians were advised, particularly the younger men, to insist upon the attendance of a female assistant or maid in the case of the examination of women.

The information derived from inspection was then outlined, the attention being directed to the color of the skin, shape and uniformity of the chest, width of intercostal spaces, location of apical impulse, etc., a glance being often sufficient to point out to the skilled diagnostician the probable seat of the trouble. A number of interesting examples of the results of disease as indicated to inspection were cited, all showing the importance of this step in the thorough examination of patients.

Going on to palpation, the signs perceptible by this means, and the various departures from the normal state were enumerated, particular attention being drawn to variations in vocal fremitus, as indicating very accurately conditions of the organs beneath the ribs, a more or less solid condition of the lungs being accurately perceived by the greater or less amount of vocal fremitus felt on palpation. The importance of the absence of vocal fremitus in pleuritic effusions was also referred to. Palpation also teaches much that is of importance when examining the heart.

Mensuration was briefly alluded to, both with regard to the comparative size of the two sides of the chest and abdomen, and also as to the quantity of air capable of being expired from the lungs, the latter being known as the vital capacity. The importance of this latter in pulmonary and cardiac affections need not be dwelt upon, as it is very evident.

Taking up percussion as next in order, its use first by Hippocrates was mentioned, though at that time it was confined to the regions of the abdomen. It is still, together with palpation, the most important by far of the methods for determining the condition of the abdominal viscera. It was not until 1761 that the attention of the profession was called to percussion as an aid to diagnosis of diseases of the chest, and the discoveries in diagnosis derived from this means alone demonstrated its importance.

The lecturer pointed out that percussion sounds owed their character to the presence or absence of air in the part percussed. By percussion the solid organs may be outlined. The comparative quantity of air in the organs where it is normally present can be ascertained, and the presence of air in localities where it should not exist is easily demonstrable. The various percussion sounds, known as normal resonance, hyper-resonance, high-pitched resonance, dullness and flatness and tympanitic sounds were referred to, and the importance and significance of each in various conditions was pointed out. Errors in the practice of the art of percussion was spoken of, the chief one being a tendency to use too much force, and it was shown that much more could be obtained by gentle than by forcible percussion.

A familiarity with the normal area of cardiac dullness, as absolutely necessary to a correct appreciation of departures from the same, was impressed upon the listeners, and the importance of careful, gentle percussion in obtaining this area of dullness was made manifest.

The doctor ended his paper with a description of the methods of auscultation, and a general *resumé* of the results to be obtained by this method of examination. It was of far greater value in the examination of the lungs and heart than all the other methods combined, and this should impress the importance of being acquainted intimately with the sounds heard both in health and disease. Auscultation was also known to Hippocrates, but Laennec must be given the credit of discovering the various signs of disease which can be demonstrated by its aid. His discovery of the stethoscope dates back to 1816. By the aid of the stethoscope and familiarity with the normal sounds, in every instance a correct diagnosis should be made, so far as lungs and heart are concerned. The different varieties of breathing sounds, bronchial, vesicular, etc.; the various râles, crepitant, sub-crepitant, dry, moist, etc., were described and their relative importance alluded to. Finally, the various heart murmurs, endo-cardial and exo-cardial, systolic, diastolic and pæsystolic were pointed out, and the mechanism of their production was explained.

THE PRESCRIPTION.*

By T. F. ALLEN, M.D., LL.D.

IT is particularly appropriate that the consideration of the prescription should follow that of the diagnosis, for I conceive it to be the first duty of the physician to make what is called a diagnosis. It may not always be possible to make a diagnosis; and, indeed, we must confess that frequently what we term a diagnosis is but an approximation to the actual condition of the patient.

We are usually able to recognize pathological changes in the various organs and tissues of the body, and if we limit the scope of the diagnosis to such a recognition it is doubtless true that in a great majority of cases a diagnosis can be satisfactorily determined. But even in such a case we have by no means fully satisfied ourselves of the actual state of the patient which has determined the lesions we find, nor can we fathom the reason why such a change in the vitality of the individual has taken place. We say that a person has degeneration of the kidneys and of the heart, that he is suffering in a general way from lithæmia, that this lithæmia has been induced by excesses in diet and drink, by lack of attention to his physical welfare, by excessive worry of mind, by excessive wear and tear from business cares, and so on, but why such an individual should develop lithæmia instead of some other general disease cannot be determined, nor will the diagnosis distinguish the differences between several individuals suffering from lithæmia but with different groups of symptoms peculiar to each. I think it must be confessed that a diagnosis after all is approximate only and not absolute, and, as we shall see presently, while it is a valuable aid in making a prescription, it is not always necessary; indeed, we must sometimes make a prescription without making a diagnosis. It is noticeable of late that physicians who pride themselves upon their ability to make an accurate prescription do not, as a rule, seek to excel in making a diagnosis, and perhaps the reverse might be asserted. The comparison might hold very much as it does between the surgeon and the therapeutist; he who excels in surgery rarely excels in therapeutics. The truth is that diagnostics is becoming a sort of specialty, much as surgery is, and it might almost seem warrantable for one to set up a specialty in therapeutics, but I warn you at the outset against entertaining any such notion. The physician of the future must be an "all-around" man; he must be able to make a diagnosis and also to make a prescription; he must be able to remove a tumor and to treat the patient afterwards so that the tumor

* Read before the New York Society for Medico-Scientific Investigation.

will not recur, if, indeed, he does not treat the patient first and permit the tumor to disappear of itself.

We are too apt to concentrate our energies upon one point and to think that there is nothing in the world but surgery; nothing but diagnostics, nothing but therapeutics.

But to-night we are to treat of the prescription. We may assert that our topic embraces not only the selection of the remedy but the mode of its administration, though the latter part of the subject would open such a wide field for discussion and occupy so much time that it seems proper to limit ourselves to the consideration of the selection of the remedy. Here again we are met by a field so broad that it would include the whole range of therapeutics and the consideration of various methods of alleviating distressing conditions which might not seem curable to the prescriber, and to take in the consideration of palliative as well as curative remedies, so again it seems wise to consider only the selection of the *curative* remedy, and as my hearers will concede that the only way of selecting the curative remedy is by following the law of similars, we shall still further limit ourselves to the consideration of the selection of the homœopathic remedy.

In the first place we shall take it for granted that the data by which the homœopathic remedy may be selected are sufficiently reliable, that for practical purposes our materia medica offers a reasonable basis upon which to rest our homœopathic therapeutics, and therefore we would exclude all discussion as to the reliability of our symptomatology.

It is true, no doubt, that any given symptom of a sick person may by itself lead to the selection of a remedy which will remove it, and it would seem easy to cure the various symptoms of the patient seriatim by a succession or combination of remedies selected homœopathically, but symptoms so treated are very apt to give place to other symptoms or to return after a shorter or longer time unless due regard be had to the entire morbid process; hence the injunction of Hahnemann to take the totality of the available symptoms of the patient, objective and subjective, and select the remedy which shall correspond to the whole or to the larger part of them, and this injunction of Hahnemann shall receive our first attention.

Is it best or is it feasible to take the totality of the symptoms for the selection of the remedy? In the first place we must partly beg the question; by saying that, it is generally impossible to find any remedy which embraces all the symptoms of the patient.

Is it then safe to select a remedy which embraces a majority of the symptoms of the patient? In order to answer this question I ask your

consideration of the two general classes of disease we have to treat, conveniently designated "acute" and "chronic"; acute embracing all the so-called zymotic diseases, for the most part presenting symptoms resulting from a peculiar zymosis. The lesions of typhoid fever, of scarlet fever, of chills and fever, and of pneumonia, are familiar to you all, and in such cases two problems are usually to be solved, one to select a remedy which shall correspond to the acute manifestations of the malady and which will modify their virulence, the other to ascertain or prescribe for the predisposing symptoms of the patient. The former method of prescribing for acute disease is almost invariably followed and it is usually crowned with success; the symptoms of the patient become less violent and the patient gradually recovers; it may and generally does require the consecutive administration of drug after drug as the symptoms change in their virulence or prominence or as some disappear to give place to others. It is, as I said before, a moderately successful way of treating disease. But secondly, there is another consideration which, in a vast majority of cases, is entirely overlooked: namely, an inquiry into the reasons why any person suffering from acute disease should have become sick. I sincerely believe it to be true that an individual in perfect health, having no hereditary or chronic malady will not be liable to the ravages of any zymotic disease. It follows from this premise, which I believe can be substantiated, that if, instead of examining into the prominent symptoms resulting from the acute trouble and prescribing for them alone, we should carefully examine into the condition of the patient prior to the development of the acute malady and obtain reliable information concerning the morbid state of the system which rendered the acute disease possible and prescribe for the predisposing symptoms, then we should rarely fail to cure the patient. How often, indeed, do we find the symptoms of our patient strangely distorted from what should be the natural symptoms of a simple, acute disease, and how often do we find such symptoms unresponsive to remedies ordinarily curative in such cases, and how often, on account of such failure, are we obliged to revise our prescription in accordance with the chronic disease which has complicated the superimposed and acute disorder. Now, if we consider the advice of Hahnemann to select the remedy which corresponds to the totality of the symptoms we may indeed find in this totality a few of the chronic troubles of our patient, very much obscured and partially smothered by the overpowering symptoms of the acute malady probably, but nevertheless present; if, however, we select the remedy in accordance with the majority of the symptoms of the patient we shall be very liable to lose

sight of a few extremely important symptoms which are peculiar to the case in hand, which determine its individuality, and which after all will be more useful in the selection of the correct remedy than a larger number of more obtrusive symptoms.

It follows then that it will not be necessary to take into consideration the majority of the symptoms of a patient in order to find out the peculiar and individual symptoms which have predisposed the person to the attack of disease from which he is suffering and which, if clearly apprehended and antidoted by the drug, will be removed or cured and cause the disease to disappear.

How then is it possible, we ask, to arrive at the knowledge of what are the essential, individual, predisposing symptoms in any acute disease, and the only answer that can be given to this question is, that an intimate knowledge of the natural history of the disease and of its symptomatology, in short, the ability to make a correct diagnosis will enable us to determine the symptoms essentially peculiar to the acute disease and to separate those which are peculiar to the individual, which very likely antedated those of the disease, which determine its virulence, and which have largely predisposed the patient to its attack.

Certain symptoms of a disease are common to all persons afflicted with the same disorder; by them we are able to make a diagnosis in all cases; they are always the same; they belong to a group; they are generic, absolute symptoms; we may use them for the purpose of mere palliation perhaps, but we may entirely ignore them for the purposes of a real cure. If we take into consideration only those symptoms which are peculiar to the individual case we are treating and prescribe the remedy which shall remove them, then it will follow that the symptoms of the acute disease will speedily disappear and the patient will be completely cured. In this process of separating the absolute or disease-symptoms from the individual, contingent symptoms, a knowledge of diagnostics is very essential, and I believe that he will save more lives who utilizes his powers of diagnosis for the purpose of making a prescription after the above fashion than he who simply takes the totality of the symptoms without regard to the diagnosis. Nothing is more clear to me than this principle in the treatment of acute disorders. I find myself day by day constantly investigating the by-ways of my patients, looking out for all the complications with a keen scent in order to find a remedy which shall enable the patient to speedily throw off the malady which has fastened itself upon his weakened and diseased system; remove these symptoms, restore the patient's vitality, and the acute disorder will dis-

appear as the moss will fall from the limbs of an orchard which has been properly tilled and fertilized.

In the group of diseases which for convenience we call chronic, diseases which show no special tendency to recover if left to themselves, the problem though frequently simple sometimes becomes very complicated, especially when the chronic trouble attacks one organ after another, and, as the months and years go by, new foci are established for the development of symptoms to complicate and obscure the original malady.

In the treatment of the chronic trouble we most frequently meet, namely the disorder now known as lithæmia, we have to deal principally with disorders of digestion, but as the years go on we find the original dyspepsia complicated with symptoms which arise from disturbed functions of the kidney and heart, and we are extremely prone to give undue prominence to these later affections. We find ourselves prescribing for the dropsy, the dyspnœa, etc., instead of retracing, step by step, in the history of the patient the development of his disease and getting at all the symptoms of the earliest manifestations of his disorder. It not infrequently happens, indeed, I may say, it always happens to be necessary to obtain these original symptoms in order to select the proper curative remedy. We all remember the remarkable cure of deafness made by the late Dr. Dunham based upon investigations into an eruption which appeared in infancy and the suppression of which was followed by the ear-trouble. The same plan must always be carried out in the treatment of chronic diseases. The original manifestations have determined the nature and development of subsequent morbid processes, and while these sequelæ, as they may be called, may be palliated, modified to a great degree, they cannot be entirely removed until the pre-existing cause of the trouble has been ferreted out and removed. We must always take this method in tumors of all sorts. We must follow it closely in all cases of scrofulous diseases. Study carefully the original manifestations of the disease. Get at the nature of the old troubles. Go back to the early conditions of malnutrition, etc., which have determined later complications.

In acute disorders then a diagnosis of the immediate trouble is of great assistance, you may, indeed, say a necessity, in enabling us to eliminate from the mass of symptoms in hand those which are secondary from those which are primary and original. It requires a clear insight into the pathology of diseased organs, a good knowledge of their physiological functions, to select from the complex of symptoms those which are original and predisposing.

We will ask then: Are we to make a diagnosis simply to obtain a knowledge of what not to prescribe for? and I may answer: "Yes, in a great measure." Practically we are called upon to palliate homœopathically the symptoms of the latest disorder, but while we are doing this we must never forget that such a treatment is after all only temporary and will not result in the cure of the patient, only in his temporary amelioration.

I may ask further: How does it affect the dictum of prescribing for the totality of the symptoms? and I must answer, that the totality of the symptoms in cases of chronic disease is never to be taken as a basis of an accurate prescription. We must always seek to separate those symptoms which arise from the latest morbid developments, which may be called accessory and supernumerary symptoms from those which are original and determining and without which these later diseases would never have developed. To be sure, the problem is extremely difficult to solve. Later diseases become modified and complicated with the symptoms of the earlier disorder. There are, for instance, almost as many phases of chronic inflammation of the kidney as there are individuals afflicted with it, and yet there are a few definite symptoms of chronic nephritis which are always to be noted and which are pathognomonic; these are largely to be ignored, and in the treatment of that disease by itself, even to palliate and modify it, we must be guided by the peculiarities of the individual case in hand, and it frequently happens that these individual peculiarities coincide with the original and determining symptoms in the case and which we will find on investigation existed long prior to the development of the kidney troubles; these must be carefully sought out and separated from the pathognomonic symptoms and be used almost exclusively in selecting the remedy.

In the preceding remarks I have spoken as an expert to experts, not as a teacher to students. It is frequently comparatively easy to prescribe for the ordinary symptoms of our patients, and as a rule our results are satisfactory; the symptoms of our patients are modified or disappear little by little, and our remedies vary from time to time with the varying phases of the individual until finally all symptoms have disappeared and the patient is entirely cured, but in the difficult cases the selection of the remedy apparently indicated is not followed by gratifying results, and the case causes you anxiety and worry of mind, you lose faith in the homœopathic law and have recourse to palliatives and empiricism. Here is a source of great trouble. It is for the purpose of unravelling these intractable cases, for the cure of these almost incurable cases that the foregoing principles must be applied if you would be successful.

HYPERTROPHIC RHINITIS. *

By F. F. CASSEDAY, Ph.B., M.D.,

Kansas City, Mo.

THIS condition, also known as hypertrophic nasal catarrh, occurs both as a result of acute rhinitis and as a complication or sequel to chronic rhinitis. Injudicious or undue local treatment of chronic rhinitis frequently acts as an exciting cause of the hypertrophic condition. The condition produced is a true hypertrophy, an increase in the amount of the tissue, affecting the superficial and deep layers of the mucous membrane, and involving the muciparous glands. This hypertrophic process expends itself, for the most part, upon the structures which cover the two inferior turbinated bones, and upon the glandular elements in the vault of the pharynx.

As the disease merges into hypertrophy, the patient, in addition to the ordinary symptoms of catarrh, will complain of the inability to breathe through the nose, especially after being exposed to cold, or to any irritant. As the disease increases in severity, or when the patient is exposed to the action of the cold, there is frequently complete closure of the nostrils, and the patient is compelled to breathe through the mouth. Breathing through the mouth is, in turn, liable to produce laryngeal and bronchial affections, which may result seriously. The voice assumes a nasal tone, and the hearing may be seriously impaired. The sense of taste and of smell may be dulled or lost entirely. The increased flow of secretion, unable to pass out of the anterior nares, passes down into the pharynx, whence it is expectorated by hawking. While the discharges are profuse, yet they are rarely fetid, neither is ulceration or epistaxis common. The persistent efforts to clear the throat of mucus keeps the pharynx in a congested state, and the result is chronic pharyngitis in many cases.

Examination anteriorly, by means of the nasal speculum, reveals a reddened and thickened mucous membrane, velvety in appearance and vascular. The hypertrophied tissue almost fills the nares, and in some cases the anterior extremity of the inferior turbinated bone may so completely fill the passage as to touch the septum. The floor and septum are usually clear of hypertrophied tissue. The surface is covered with thick mucous.

Examination posteriorly shows a much more marked hypertrophy, and the inferior and middle turbinated bones stand out prominently. The hypertrophied tissue covering the turbinated bones is corrugated and fissured in every direction, giving the surface of the membrane

* Read before the American Institute of Homœopathy, June, 1889.

the appearance, as Sajous puts it, of the raspberry. This thickening is at times sufficient to entirely close the posterior nares. Where the hypertrophy involves the glandular elements of the vault of the pharynx to a marked extent, there is little hypertrophy of the membrane in that locality, but marked glandular enlargement so excessive at times as to receive the specific name of adenoid vegetation of the vault of the pharynx.

The prognosis is generally favorable.

Treatment.—In the early stages of hypertrophic rhinitis cleansing solutions are of benefit, applied by means of the atomizer through the anterior nares, if sufficiently open for that purpose. Where the nares are closed by hypertrophied tissue, the solution may be used in a post-nasal syringe. *Bicarbonate* and *biborate of soda* are efficient remedies for this purpose. If there is much odor or a foul discharge from an ulcerated surface, a solution of *permanganate of potash* will be found useful. The solutions of *soda* can be used in proportion of four grains to the ounce of water; the *permanganate of potash*, one grain to the ounce. If the post-nasal syringe throws the fluid in with too much force, a continuous spray atomizer, such as the "Star," can be employed. Any sized spray can be secured with this instrument, varying from a stream of water to a fine spray. Various authors have recommended different combinations of the above-named remedies with the addition of *carbolic acid* and *glycerine*, as in Doball's solution, or by the addition of either *carbolic acid* or *glycerine* alone.

The surgical treatment of this condition includes caustic acids, the galvano-cautery, the galvano-caustic snare and the cold-wire snare. Forceps were formerly used to some extent to tear away the hypertrophied tissue, but their application has fallen into disuse for obvious reasons.

When caustic acids are employed, the selection is made from *glacial, acetic, chromic* or *nitric acid.* The acid (excepting chromic) is applied by means of a thin probe wrapped with a layer of absorbent cotton. The *glacial acid* is much the safest, though it requires more applications. Care should be observed so that applications shall not be too frequent or too extensive. *Chromic acid* is applied by means of a common probe. The tip is heated and applied against one of the crystals of the acid. This, in turn, is applied to the desired point, care being taken lest too extensive an area be covered and systemic disturbance result. It is not necessary to refer to the galvano-caustic snare and the cold-wire snare in this brief paper, as their application is not suited to general use.

Of surgical measures, the *galvano-cautery* is by far the most efficient. By using the new form of galvanometer and increasing and decreasing the intensity of the current gradually the desired effect can be produced upon the hypertrophied tissue, and, at the same time, the patient will be more tractable and show less nervousness—a condition especially to be desired.

Apostoli has called attention to the distinction between the thermal and chemical action of the uninterrupted current of high intensity, and the superiority of the *chemical galvano-caustic* in diseases of the endometrium. In the April number of the *Journal of O. O. and L.*, Dr. H. H. Crippen calls attention to the chemical effect of the galvanic current upon the mucous membrane of the nose and pharynx, and describes the method of Dr. Garrigon-Desarnd for applying the same. As Dr. Crippen will fully describe the technique of the application of the *galvano-caustic* in his paper on "Atrophic Rhinitis," I will not enter into a description of it here.

Internal medication is an important aid in reducing hypertrophies, both in connection with whatever surgical measures may be necessary as well as in the early stage of the disease where surgical treatment may not be demanded.

For scrofulous patients, *calcarea, nitric acid, mercurius* and *sepia* are very efficient remedies. For defective assimilation, especially when associated with constitutional taint, *calcarea* has no superior. Patient is very susceptible to external influences, such as cold, heat, noise, excitement or currents of air, glandular enlargement, adiposis and profuse sweating. Nose is apt to be dry at night but moist during the day. Exceeding dryness in posterior nasal cavities; snuffs a great deal. Especially useful in cases showing a tendency to phthisis, even where incipient phthisis is present and there is pharyngeal and laryngeal congestion.

Nitric acid for Syphilitic Cases.—Eustachian are tubes obstructed. Gets choked up so he has to leave the table when eating. Soreness of the larynx. Strong urine. Relieved by motion or riding in a carriage.

Mercurius.—Preferably the *photo. iodide.* Septum nares sore and edges of nostrils covered with crusts. Plugs form in nose, and when expelled are tinged with blood. Tonsils and fauces inflamed. Sensitive to cold, damp air, and worse in the spring.

Sepia.—Dark hair and sallow complexion. Catarrhs, associated with uterine derangements. Dark brown, offensive urine. In cases where there is loss of smell or fetid odor from nares, it is a valuable remedy. Aggravations occur from cold, wet weather and by use of acids.

Where there is a paucity of local symptoms, observe carefully concomitant symptoms. Under unhealthy skin study *sulphur, rhus tox, arsenic* and *hepar.*

Sulphur.—Psoric dyscrasia. Flashes of heat. Carrying slight perspiration and a sensation of weakness. Heat in face, and rush of blood to head. Faint about 11 A.M., and must eat. Heat on top of head. Morning diarrhœa, driving out of bed. Dislikes the bath. Itching in nose and formation of scabs.

Rhus Tox.—Bad effects from severe wetting in rain. Stuffed sensation in nose. Vesicular eruptions about nose and mouth. Rheumatics. Aggravation by rest, before a storm, in damp weather.

Arsenic.—Chilliness, loves to stay near the fire. In malarial poisoning and in patients suffering from defective assimilation. Dryness of nasal cavities, odor is offensive to patient. Corrosive discharges, especially under *iodide of arsenic.* Weakness, characteristic thirst, burning pain, œdema, notably about eyes and nose.

Hepar.—Glandular enlargement. Slight wounds suppurate easily. Moist eruption on head and extremities. Acute sense of smell. Boring aching at root of nose from 7 to 12 A.M. Dorsum of nose sore and sensitive to the touch. Perspires easily and without relief.

Remedies deserving especial mention are *alumina, phosphorus, silicia, staphysagria, sanguinaria, thuja, kali mur., natrum mur, graphites* and *lycopodium. Borax* also acts well internally in conjunction with its local use.

Alumina.—Ulcerations. Scurfs in the nose. Nose stuffed up with thick, yellow mucus. Septum is swollen; painful to the touch; redness of nose. Dryness of throat, especially on waking from sleep. Voice is husky and thick, mucus accumulates in posterior nares, and annoys by dropping into throat. Tightly adhering phlegm, difficult to raise. Atony of bowels.

Phosphorus.—Worse on going out on windy days. Suppressed or very acute smell. Fullness in nostrils, especially left. Burning and dryness in throat and irritated uvula. Aphonia, evening, hoarseness with soreness behind the sternum and sense of weight in the chest. Inclined to emaciation. Aggravated by excitement, eating and drinking.

Silicia.—Anæmic constitutions, with imperfect assimilation, purulent secretions. Chronic dryness, often from an arrest of a foot-sweat. Ulcers in nose, or excoriated membrane covered with crusts. Nose cold. Itching at tip of nose. Then corrosive or curdy discharges. Loose cough, with tendency to purulent expectoration. Catarrhal symptoms, usually worse in the morning, and voice is

husky with a sensation of roughness in the larynx. Sensation of hair on tip of tongue. Sweat towards morning.

Staphysagria.—Ulceration in nostrils. Swelling of glands of neck. Limbs sore as if bruised.

Sanguinaria.—Right side; burning in throat after eating sweet things; better from breathing cold air. Suitable for persons with catarrh who are subject to sick headache.

Thuja.—Painful ulceration and scabs in the nostrils. Swelling in wings of nose, with hardness and tension. Offensive, purulent discharge from nostrils. Nose dry and stuffed, worse evenings. Painful pressure at root of nose. Concomitants—sycotic, moist excrescences, persistent sleeplessness, profuse night-sweats, staining clothes yellow as if saturated with oil.

Kali Mur.—Mucous membrane red and turrid. Ulceration especially syphilitic.

Natrum Mur.—Chlorosis and malarial conditions. Constipation, with difficult expulsion of stool. Loss of smell, posterior nares dry, alæ red, hot, swollen and sore. Scabs in the nose. Worse on left side. Dryness alternates with discharges.

Graphites.—Persons inclined to be fleshy. Lymphatic temperament. Chronic eruptions. Foul swelling mucus, dry scabs with sore or cracked and ulcerated nostrils.

Lycopodium.—Excessive dryness of nares is characteristic of this remedy. Acute smell, pain in temples pressing inward. scurfs in nose followed by acrid discharge, or discharge of elastic plugs somewhat periodically. Tendency to hepatic affections, excessive accumulation of flatus in bowels.

A COMPARISON BETWEEN THE AFFECTIONS OF THE GENITAL ORGANS OF MALES AND FEMALES.*

By DR. FRANCIS VILLAR.

Translated, with additions, by S. Lilienthal, M.D., San Francisco.

STRIKING analogies exist between the internal sexual organs of males and females; there are so many points of contact that it may be worth while to consider whether their pathology is not the same, and whether their development does not follow the same general rules. Allow me to remind you at first of the anatomical and physiological analogies existing between them. (1) *Development, Migration, Physiology.* You know that during intra-uterine existence

* *Progrès Médical*, 26, 1888.

the seminal gland in both sexes is represented by a jutting out from the internal side of the Wolffian body. Both sexes present, beside, outside of the Wolffian body, two distinct canals: the canal of Wolff and the canal of Müller. At that time the sexual gland is still indifferent; if it evolves according to the testicular type, there arises from this jutting out on the internal side of the Wolffian body tubes which are nothing else but the future seminiferous tubes, by and by communicating with the canals of the sexual part of the Wolffian body, which afterwards represent the epididymis; the urinary part, on the contrary, atrophies, and leaves only traces known as the corpus innominatum of Giraldé (paradidymis of Waldeyer). The vas aberrans is also an analogous débris; finally the canal from the Wolffian body becomes the deferent canal.

If, on the contrary, the primitive sexual gland develops according to the female type, we see on a level of the internal part of the Wolffian body the formation of vegetations in the cul-de-sac which form the oviducts and ovaries. The canals of Müller obtain here their full development; its superior part constitutes the fallopian tubes, remaining isolated on either side, while its inferior unites with the corresponding part of the other side to form the uterus. Hence, in woman the Wolffian body becomes completely atrophied, and not partially, as in man, and in the adult we only find some débris enclosed in the thickness of the ligamentum latum. Its sexual part is only represented by a series of atrophied tubes forming the corpus Rosenmüller, which is the homologue to the epididymis.

Thus, also, there exists a complete analogy between the seminal glands in relation to their development, as they develop in both sexes at the expense of the same organ, and, we might say, at some time it is undecided whether it becomes an ovary or a testicle. But we also see that certain parts of the primordial organ by and by contribute to the formation of the sexual parts in males and females, as, for example, Müller's canal constitutes the tube and uterus in woman, or forms in the male after its nearly total atrophy, the prostatic utricule by the hydatid of Morgagni.

Let us also recollect that the Wolffian body leaves relics which are in the male the vas aberrans of Haller and the corpus innominatum of Giraldés; in woman the corpus of Rosenmüller and the parovarium. As these organs have the same origin, we may understand by analogy why certain affections observed in either sex show the same identical departure and the same congenital origin. But that is not all; when once formed, the testicle and the ovary migrate, one into the scrotum and the other into the excavation of the pelvis. This new situation

produces in both sexes a vast difference. As soon as the testicle descends into the scrotum it becomes enveloped in the vaginalis, which after birth is completely separated from the peritoneum, while the ovary and the tube, resting in the excavation of the pelvis, are enveloped by the peritoneum, and we easily understand why this serous membrane may cause dangerous symptoms in affections of these organs, while the testicle and the epididymis hardly ever cause such grave manifestations.

In both sexes the internal genital organs are composed of a secretory organ, of an excretory duct and of a cavity of reception. The secretory organs, the testicle and the ovary, produce the necessary elements for fecundation, and the ancient writers called the ovaries testes muliebris. The tubes and the vasa deferentia carry the essential element for fecundation into the cavity for their reception—in women into the uterus, in man in the vasicula seminalia—but during the stage of development represented by the prostatic utriculum.

In relation to pathology we may divide the diseases of these organs: (1) inflammation from local causes; (2) those from general causes; (3) tumors; (4) neuralgiæ; (5) atrophies.

1. *Inflammations from local causes:* traumatism or infection. The testicle is so movable that it can easily escape injury, and the ovary is so deeply imbedded in the pelvis that traumatic influences are rare, while local infection is often witnessed. It is nowadays admitted that this inflammation of the genital organs is nearly always caused by inoculation of a microbe, which coming from outside follows the course of the sperma and of the ovules to the principal sexual organs. For the sake of explanation let us take the most frequent type of inoculation, blennorrhagia. The inflammation, started at the anterior urethra, gains the prostatic region, where the orifices of the ejaculatory conduits are found, and reaches hence the initial parts of the excretory duct or epididymis, the seminal gland, spreading this far through the intermediation of the vas deferens. Thus, before we have an epididymitis we have already a vesiculitis and a deferentitis.

In woman it follows the same course; we meet at first a vaginitis, then a metritis mucosa, followed in consequence of propagation by salpingitis, from continuity of the mucosa by an inflammation of the tube, and this finally causes disorders of the ovary. Thus in both sexes such a blennorrhagic inflammation begins in the superficial parts and reaches the deeper lying organs only after a certain time. In relation to localization we see that in males blennorrhagic infection is most often found as epididymitis, and rarely as orchi-epididymitis, and in women we often see a simple salpingitis without any affection of the

ovary, only secondarily this organ may become affected. Most frequently it is intact, and suffers only from affections due to the pain of the normal evolution of the Graafian vesicle (Cornil).

The existence of a vaginalitis accompanying an inflammation of the seminal gland is well known, and any person with epididymitis shows more or less symptoms of this inflammation or hydrocele. When the tube is affected, the peritoneum suffers consecutively, causing a pelvi-peritonitis with false membranes, more often localized, but which also may take on a great extension, and giving then the aspect of a generalized peritonitis.

In man vaginalitis remains a local affection, with hardly any marked reaction, hence the isolation and the independence of this serosa. But where there is a persistence of the vagino-peritoneal catarrh, or where the inflammation attacks an ectopic testicle—and in such a case the vaginalis communicates with the peritoneum—the testicular inflammation may invade the peritoneum, and we may thus have symptoms similar to the pelvi-peritonitis following salpingitis. It is a good thing that this persistence of a peritoneal communication is rare.

There are still other, equally curious, analogies. Gosselin has shown us the obliteration of the spermatic courses following epididymitis, a complication manifesting itself by the absence of the spermatozoa in the seminal liquid, and causing sterility where the lesion is bilateral. This same obliteration of the excretory duct in women in consequence of salpingitis produces adhesions at the abdominal orifice of the tube, and prevents the passage of the ovuli through the oviducts, but there is this difference, in the male epididymitis is, as a rule, unilateral, while salpingitis is nearly always bilateral, so that sterility is more to be dreaded in women than in men. I am sure that salpingitis is the most frequent, if not the only true cause of sterility.

Among late symptoms of inflammation I might mention hematocele of the tunica vaginalis and peri-uterine hematocele as the origin in both, is due to a rupture of false membranes arising from a vaginalitis or an anterior pelvi-peritonitis. Finally, when the inflammation has passed into a chronic state, we meet analogous symptoms in the epididymis and in the tube, which dilate, thicken, become irregular and winding, its cavity filled with muco-pus, this forming in its interior an abscess closed or which empties itself from time to time into a neighboring organ, should the internal orifice of the tube not be totally obliterated. According to Kepelhern one may also meet at such a late period dilated parts and full of liquid.

But a little while after the disappearance of all painful and inflammatory symptoms in the epididymis the male is apparently cured, still even after a year, if we examine his sperma, we find pus in the vas deferens, and the same happens after salpingitis, where for a long time a purulent discharge issues from the tube which secretes the muco-pus.

We must mention yet other causes of local inflammations, as in males catheterismus or the passage of a stone through the ureters; in fact all causes capable to inflame directly the mucosa urethralis at its junction with the vas deferens. All such inflammations are too often originating from microbes.

In women we mention all the causes which inflame the uterine mucosa, all explorations practiced with an irritating or unsuitable instrument. Only a few years ago one could see the most simple exploration of the uterine cavity followed by accidents then surmised to be pelvi-peritonitis, but they were not sequelæ of a salpingitis caused by a lesion of the uterine mucosa. Confinement, miscarriages or abortions are often the cause of tribo-ovarian inflammation, produced by clots or débris of retained placenta in the uterine cavity, and undergoing alterations. Here also we have a microbian infection, spreading from the uterus into the tube.

2. *Inflammations From a General Cause.*—We read of orchitis during the course of eruptive fevers, of an orchitis tuberculosa, syphilitica and even of an orchitis from malaria. The inflammation of the seminal gland during an attack of mumps is well known, though it does not localize itself on the epididymis. Just so we meet cases of ovaritis after severe fevers, and an ovaritis-variolosa has been well described by Beraux, and Lawson Tait affirms that sterile women, or such who suffer from menstrual troubles, may date the beginning of them from an attack of scarlatina which they had during their puberty. Lize reports an ovaritis in a woman of twenty-nine years, in consequence of a severe and adynamic case of measles. James saw an ovaritis in connection with a simple vagina, and Copeland and Gallard published cases of rheumatic ovaritis.

In relation to tuberculosis, we meet in males affections of the prostata, of the seminal gland and of the epididymis, and in women the tubes and the womb are mostly affected. We find in the tube, as well as in the epididymis, the same granulations, nodules and careous masses with their characteristic bacilli. At a later stage we meet local suppurations, constituting in males the tuberculous abscess of the epididymis and prostate, and in women a salpingitis tuberculosa suppurativa.

Syphilis frequently attacks the testicle, but the ovaries are deeply hidden and thus easily escape observation, while in autopsies examination of the ovaries is too often neglected, or we might find there the same lesions as in the testicle; still Richet observed several cases, and Lancereaux, in his treatise on syphilis, describes syphilitic affections of the ovaries, a circumscribed form, a kind of specific cirrhosis, characterized by the presence of disseminated gummata.

3. The analogy between the affections of the internal genital organs shows itself also in *neoplastic productions*, be they sarcoma, cancer, epithelioma or cysts; even dermoid cysts of congenital origin, though the latter are more frequently found in the ovary than in the testicle. Cystic tumors are here very interesting. The cysts which in the male are known as the cystic disease compare well with what is known in woman as mucoid epithelioma, and Malassez, relying on the microscopic structure and mode of development of the cystic affection of the testicle, proposes to name it also an epithelioma mucoides. In fact, it is a variety of cysts with a special affinity of the internal sexual organs to their formation, while cystic sarcoma is rare. There is another variety of cysts, met in both sexes, of congenital origin, namely the cysts found at the expense of the débris of the Wolffian body and of the canal of Müller, which occupies the region of the cord or the epididymis in the male, and they may be compared to those developed in women in the thickness of the ligamentum latum at the expense of the organ of Rosenmüller, where they constitute para-ovarian cysts.

4. *Neuralgiæ.*—Churchill compares ovaralgia to what is known as irritable testicle. Charcot speaks of a testicular neuralgia in young men where the least touch causes most atrocious pain, or where these young men, just as women suffering from ovarian neuralgia, manifest symptoms of hysteria.

5. *Atrophies.*—These are in both sexes the sequelæ of a disease in the organ itself or of neighboring parts. It may be said, physiologically, that the testicle as well as the ovary have only a transitory function, and that they diminish in size with the cessation of an active genital period, which in women takes place at the age of about fifty, whereas in males spermatozoa are often observed at even an advanced age. Secondary or symptomatic atrophy may be caused by lesions of the organs, by mumps, syphilis, etc., and also by lesions of the serosa enveloping these organs. Gosselin reports testicular atrophy and anæmia in consequence of hydrocele and hematocele, and in women atrophy follows the same mechanism; pelvi-peritonitis provokes the development of false membranes which choke, as it were,

the sexual gland, preventing the development of the Graafian vesicles and keeping up a state of chronic inflammation leading to sclerosis and atrophy.

Even the surgeon ought to study up the pathological analogies in the internal sexual organs of both sexes, for these very analogies will often clear up a case which otherwise would remain obscure.

In looking over our remedies acting upon the sexual organs, we also find that they have a great deal in common ; thus we read of *Aurum :* Tester mere pendent shreds and female sterility ; chronic induration of testicles from mercuria-syphilis and ovarian affection, or induration of uterus from same cause ; a bruised sensation in genital organs of both sexes ; suicidal tendency.

The *Honey-bee*, with its tendency to erysipelas and œdema, is too little thought of in diseases of the male sexual organs, and in hydrocele with or without cyst, in dropsy of scrotum, in neuralgia of the testicles it is as valuable as the same remedy is in ovaralgia from any cause, in ovarian dropsy or tumors. The stinging pain of *Apis* is really so characteristic that it ought always remind us of it.

Whether it is chimney-sweep cancer or a phagadenic chancre; whether it is a cancer of the mamma or of the uterus ; whether it is an ovarian dropsy or a hydrocele, the burning pain and the great restlessness, mental as well as corporeal, hint unmistakably to *Arsenicum* as the remedy.

Colocynth won its spurs in ovaralgia and ovarian tumors ; but we believe it will act equally well in that irritable testicle with its painful spermatic cord, where other symptoms than merely the relief from bending double hint to its use.

Herpetic *Graphites* teaches us in both sexes impotence and sterility, though the desire for an embrace may still show itself off and on. Swollen testes and enlarged ovaries, but in women the psoric tendency shows itself in the malignancy of tumors. A constitution below par runs through all the symptoms of *Graphites.*

That nervous irritation as well as paretic symptoms may often arise from venous stagnation we see in studying *Hamamelis.* In relation to males we read of a swollen, hard testicle, very sore to the touch, and for varicocele we hardly have a better remedy. How those neuralgic pains dance up and down ; pains run down spermatic cords into testes, and again severe neuralgic pains darting from testes up to stomach, causing nausea and faintness. The same neuralgic tenderness we see in the vaginismus, in the ovarian soreness and tender-

ness, and the same capillary stasis is before us in the chronic subinvolution of the uterus as well as in the chronic congestion of the ovaries. The non-coagulability of the blood, be it bright red or dark, shows a deficiency in fibrine which the witch-hazel can remove.

If we find in the *Barium* salts more senile atrophy, with its sequela of sexual desire or power; we meet in *Iodum* atrophy of the sexual organs from constitutional reasons. Glandular hyperplasia leads here to functional failure. We read here of hydrocele and of ovarian dropsy, of hypertrophy of testes and of ovarian cysts. The sallow skin, the ravenous appetite and still increasing internal and external emaciation shows that we deal here with a constitutional abnormality, while the mental and bodily atrophy of Baryta hints more to a premature morbid senility.

We really wonder that we have so many valuable remedies for the diseases of women, while so far the majority of our provers were males, and it is a good sign of the times that women are now more willing to take part in this great work. While we find very little in the milk remedies in relation to the male sex, we find ovaralgia prevailing in *lac caninum* and *defloratum*, and the former has so many symptoms reminding one of Belladonna that a comparison between the two drugs ought to be made by some one of our younger physicians.

We find the same difference in the Ophidians; perhaps they give us in their primary action great excitement of sexual desire, only to be followed secondarily by impotence. The same violent desire, even nymphomania, we meet in *Lachesis*, less so in *Crotalus* or *Elaps;* ovaralgia belongs to all, but in Crotalus we meet primarily a depraved state of the blood, while in Lachesis paresis of the vaso-motor precedes the blood deterioration. Both are often indicated in the climacteric period, and the different tumors arising at that period often find their remedy in one of the Ophidians.

In the provers of the *tiger-lily* the gentlemen complained more of cardiac neuralgia, a constrictive pain in the heart, extending through to scapula, in the sexual organs. We only read of increased desire with lascivious dreams, while in the female provers their internal sexual organs and desires are severely affected, as burning, stinging, cutting, grasping in ovaries, ovary swollen nearly to size of child's head, pelvic organs feel swollen, aching around, not in, the uterus, voluptuous itching in vagina, with feeling of fullness in parts.

Lycopodium has sexual desire markedly diminished in males, while in women we read of nymphomania, nervous action weakened, mental and bodily exhaustion, the old man's balm. In women

it is not a genuine nymphomania, but more a momentary excitation from the pressure produced by wind or water in the sexual organs. Torpor prevails in Lycopodium, hence uterine and ovarian (tubal) dropsies, ovarian tumors. Stagnation and varicosity are characteristic of the drug. Hering considers it often useful for old women, lean and of feeble muscular development.

Syphilis is no respector of persons, and we find, therefore, the mercurials equally beneficial in both sexes ; but there is an epididymitis as well as a salpyngi-ovaritis, which take their origin from Neusser's bacillus ; in the former, shooting pains in testes and spermatic cord ; in the latter, the ovarian pain extending toward the hip ; in either case no relief from perspiration and both yielding to the influence of mercurial treatment. The iodides of mercury have some reputation in sarcocele and other tumors of the testicles, and gynæcologists praise the same preparations in ovarian tumors and cysts. Henceforth we ought to look with more interest to the affections of the tubes, which so far have been entirely neglected. Poor tubes! it is so hard to find their subjective symptoms, differentiating them from ovarian symptoms.

Mental and bodily atony and relaxation are the characteristics of the nutmeg, hence impotence and sterility. The male may be inclined to an embrace, but the genitals are relaxed, and in women we meet great irritability of the pelvic viscera ; worse during the irregular menses, when ovaries and uterus are swollen and sensitive to pressure.

Nux vomica is chiefly successful in persons of an ardent character, hence easily excited desire ; but power is weak, as we often find it in persons given to debauches and high living. It has cured many an orchitis with stinging and spasmodic contractions extending into the cords, the testes being hard and retracted. The same ardent character rules in our brunettes ; they are suffering from crampy, stitching pain deep in pelvis, and their menses are not only too early and profuse, but the intervals are too short, showing a nearly uninterrupted congestive state in those internal sexual parts, which often may be one of the causes of constipation.

Masturbation and onanism, the fashionable vice of both sexes, often finds its remedy in *Phosphorus*, with the addition of Sin no more. Such patients gradually become neurasthenic and alarmed at their failing state of health. Impotence and sterility are the consequences of this excessive voluptuousness. If in the male the nervous system receives the most severe shock ; we find in women a chronic congestive state of the sexual organs, if not relieved by profuse and

long-lasting menses, with pains in the small of back and palpitations. No wonder that we may have ovaritis, metritis and uterine displacements. Phosphorus is also considered useful in gonorrhœa of women when the discharge is mucous or milky, with stitches through the whole length of the vagina and great aversion to sexual intercourse, while in the male we read of an orchitis and hydrocele in consequence of a gonorrhœa.

Ill effects of pre-pubic masturbation hints to *Platina* as the remedy, perhaps produced at first by the itching tingling at the anus, and then kept up by habit. In Platina, as well as in the related Palladium, we have only the mental symptoms to guide us in its use for the male sex, while both of them are well-known in obstetrical and gynæcological practice, and still even here the mental symptoms will give the keynote ; the wounded pride of Palladium, the changeable mind of Ignatia, the haughtiness of Platina, the puffiness of silver, the mental disgust of gold, etc.

Wherever there is a muco-purulent discharge, and especially where the mental symptoms correspond, we think of *Pulsatilla*, and in the sweetness of its temperament we see woman portrayed. In discharge per urethra, be they specific or not, it holds its own place, but when this discharge is suppressed and orchitis, or rather epididymitis ensues, it vies with Hamamelis in its beneficial results. In fact, Pulsatilla is often needed for the affections of the male sexual organs, be it an enlarged or indurated testula, an enlarged prostata or a hydrocele, just as we could expect from such a venous remedy. That it is nearly the woman's remedy par excellence is too well known.

When speaking of Pulsatilla, we certainly think also of *Sepia*, but what a difference in the mental symptoms and in the temperament ! It is another great remedy for venous congestion and portal stasis, which explains all its symptoms in both sexes. In the male we meet sexual erethism with neurasthenia and at once dyspepsia. In women we observe from the same portal congestion an enlarged, heavy uterus, an indurated os, followed necessarily by the bearing-down pains and the prolapsus or displacement of the womb, characteristic of Sepia. It has done also good service in the peritonitis, following gonorrhœa of women, a disease which, according to Noeggerath, is the source of many an ailment in the female gential organs.

Staphysagria is another remedy showing the close relation between testes and ovaries. In the male onanism not only produces its well-known neurasthenic symptoms, but also atrophy of the testicles ; masturbation in women is sure to lead to ovarian symptoms, and a kind of onanism or masturbation known as imperfect coitus,

may often find its remedy in Staphysagria, as it coincides with the mental irritability of the drug.

I might enlarge yet on Sulphur, Thuja and many others, but space is too valuable and a stop has to be made somewhere. Villar's article was to me of such interest that I could not pass it without giving a translation of it to the readers of the N. A., which must be my excuse for the addition to it in relation to Therapia.

ORIGINAL ARTICLE IN SURGERY.

TREATMENT OF HIP-JOINT DISEASE.*

By SIDNEY F. WILCOX, M.D.,
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IN this short paper I wish especially to speak of the treatment of "Chronic Articular Ostitis of the Hip,"† touching on other topics relating to the consideration of the disease in general, only incidentally.

With regard to the so-called first, second and third stages of the disease, each stage having a given set of symptoms, I have not found them as a rule to be distinctly marked in the cases which have come under my own observation.

Usually the first or the third stage has been present, and some of them, while under observation, have progressed seemingly directly from the first to the third stage without manifesting the symptoms usually attributed to and characteristic of the second stage, *i. e.*, the apparent elongation of the limb, the eversion of the foot, and greatly aggravated pain. These symptoms particularly marked, I repeat, I have not seen grouped together to any extent. Whether my patients have been unusual in this regard, or whether the treatment, by constant extension, which has been kept up during the time of transition from the first to the third stage, has prevented the peculiar symptoms attributed to the second, I cannot say.

The results of treatment vary greatly, according not only to the stage at which treatment is begun, but also with the constitutional predisposition of the patient. In many cases the disease can be stopped in the early stage, while in others, under the same care and treatment, it occasionally will go on to suppuration and disorganization of the joint; while in still another class the disease seems to remain stationary for a long period without any marked change for better or worse.

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* Read before the N. Y. State Homœopathic Medical Society.

† Gibney's "Diseases of the Hip."

The methods of treatment may be divided into three classes, as the medical, the mechanical, and the operative.

An excellent article on the medical treatment is given by John E. James, M.D.,* of Philadelphia, Pa. He mentions the remedies to be used, as follows: "In the cases in which a scrofulous, tuberculous, or cancerous diathesis seems to produce an unusual proneness to destructive suppuration, as well as to the cases causing rapid emaciation and prostration, such remedies as calc. c., calc. phos., calc. iod., fluoric acid, mercurius, phos., etc., are called for. Without that special constitutional condition, and in the average case one or more of the following: bell., bry., arn., rhus. tox., stramon., puls.

"In the second stage the inflammation has advanced. * * * * * The remedies most useful in this stage are bell., rhus. t., stram., calc. c., calc. phos., arn. and apis. In the third stage * * * * * Hepar sulph., silicea., fluoric acid, phos., china, calc., merc., ars. sulph., etc."

These remedies should, of course, be selected according to their indication, and Dr. James gives the special symptoms calling for the most prominent ones.

The three forms of mechanical treatment employed in hip-joint disease are:

First—Immobilization without extension.

Second.—Immobilization with extension.

Third.—Extension with motion.

The first form is especially employed abroad, and it is for the purpose of immobilizing the joint that the Thomas's brace is used. With this method the patient may go about on crutches, with a raised shoe on the well side.

The second is employed where the patient is confined in bed and extension applied by means of the weight and pulley.

The third is known as the "American method," and when it is used the patient is able to go about while at the same time extension is kept up.

Regarding the merits of these three methods, I must state that I have as yet seen no favorable results from the first. I believe extension to be necessary in joint diseases. Not that I think the joint surfaces of the contiguous bones are pulled apart, for it does not seem possible that this could be done with the strong ligaments which bind the bones together, but that by extension the extreme crowding together of the ends of the bones is prevented. This crowding is due to the spastic contraction of the muscles about the joint, and when this spastic contraction is relieved, the irritation is diminished.

* "Transactions of the American Institute of Homœopathy for 1887."

Extension should always be employed, and it is useful in any stage of the disease. When patients come into the hospital showing signs of incipient hip-disease, they are put to bed and extension applied by the weight and pulley. Many orthopædists recommend the use of blisters and counter-irritants at the same time, but it has always seemed to me that the joint was too deep, and that too much intervening tissue lay between the joint and the skin, to allow of any special effect being produced by counter-irritation. The disadvantage of keeping the patient in bed is the lack of exercise; therefore, as soon as possible, the patient is allowed to get up and extension employed, either by the Taylor's brace or Hutchinson's method.

The rationale of the Taylor's or Sayre's brace is familiar to all, and I believe that with it the best results by mechanical means are obtained. Hutchinson's method, by means of the crutches and high shoe, seems to me to be inadequate to cope with so grave a disease. In a child the limb is very light, and its weight alone is not sufficient to make much extension. I have tried this method at the Laura Franklin Hospital, but have not been much impressed in its favor. At one time I had a lead sole attached to the shoe on the affected side. It increased the extension, but it was difficult for the child to manage it when lying or sitting, on account of not being able to rotate the limb with so heavy a weight attached to the foot. I have improved the Taylor's brace in such a way that the use of the cross-bar under the foot is obviated, and the child can walk much more naturally and easily than with the ordinary brace. A cut of this improvement is shown in the December number of the *North American Journal of Homœopathy* for 1887. Another improvement is an arrangement by means of which the patient can bend the knee and at the same time keep up the extension.

The treatment by the brace is applicable to all stages of the disease, and I have seen one bad case in the third stage cured by the use of the brace and internal medication. I believe the best results with the brace are obtained when it is worn continuously night and day, without substituting the weight when in bed.

How early operative measures should be employed is a question. In the first stage, what might be termed a conservative operation, to relieve the tension and obviate the tendency to suppuration, may be attempted. This consists of drilling down through the trochanter into the inflamed bone, and thereby giving release to the pent-up inflammatory products which would cause molecular death of the bone.* If the case has progressed further and discharging sinuses

* "Tension as met with in Surgical Practice," by T. Bryant, F.R.C.S.—*Wood's Monographs*, June, 1889.

exist, it seems to me that, so long as the patient's general health improves under mechanical means, resection should not be attempted, but when it is very evident that the disease is sapping the life of the patient, and that at best a crippled limb will be the result of conservative treatment, extending over a period of years, it is better to resect, give the patient relief from pain and the prospect of a useful limb. In operating, I prefer the straight Langenbeck incision, with the thigh flexed at an angle of forty-five degrees with the body. By this incision the fibres of the glutens muscle are not divided, and the relation of the joint capsule, periosteum and attachments of muscles is not disturbed.

In closing the wound only a few sutures are used. I do not pack the wound, but employ a couple of large rubber drainage-tubes, which are left in place until the discharge has nearly ceased.

I use the wire cuirass, but have the back portion around the hips made of perforated zinc, and so arranged that this portion can be removed and cleaned. The zinc is preferable to the wire netting, as it can be more easily kept clean and does not become foul.

Thorough antisepsis is employed, with the usual result of very moderate discharge and rapid closure of the wound. In my last case the child was removed from the cuirass within less than three weeks after the operation.

But before the resection is performed the use of the ethereal solution of iodoform should be tried. The results of the employment of this solution have been so marked that more attention should be paid to its use in the treatment of cold abscesses and diseased bone. In a paper read before this Society at its semi-annual meeting last September, I gave the details of the operation and my results up to date. I have injected the solution somewhat over forty times, sometimes, it must be admitted, without special good result, but never with bad result. As a rule it has acted favorably, and sometimes the results have been surprisingly good.

I think I can report three cases of hip-joint disease in the third stage as cured by this means.

Thus far my best results have been in those cases where the abscess cavity has never been previously opened.

ANCHYLOSTOMA DUODENALE AND ITS TREATMENT.—Sonsini reports the case of a young girl in whom chlorosis was diagnosticated. The usual methods of treatment being without effect, the fæces were examined microscopically, and the existence of anchylostoma duodenal was made evident. After a few doses of thymol (4 grams each), the patient was freed from the trouble.—*Gaz. d. Ospitali*, 10, 1889. O'C.

UNNECESSARY NOISES IN NEW YORK.

IF the great silences which fall upon vast deserts are maddening to endure, not less so are the great noises which arise from large cities. Solitude's untroubled quiet charms for a time at least, but the harsh roar of the city exasperates and deafens constantly. As the city has grown, so has the noise; the increase of commerce has multiplied the trucks and drays; the greatly augmented population has called into existence a horde of hucksters, venders and petty dealers; the milkmen and icemen have added to the number of their carts; the grocer, the butcher and the baker have followed suit; the elevated road penetrates in every quarter of the city, and all join in one vast and inharmonious discord. The far-reaching metallic clangor of the tireless milk-wagon, the heavy rumble of the awkward ice-cart, the rattle of the numberless ordinary conveyances and venders' trucks, the shrill and persistently reiterated cries of the hucksters and venders, the scream of innumerable whistles, and, added to all, the never-ceasing rattle of the elevated roads—all these incongruous noises combine to form a volume of sound mighty in proportions, indescribable in character, and appalling to the unaccustomed ear. Now, there must be noises, and a noise, considered simply as a noise, is not always objectionable. But it is the unnecessary noises that are intolerable; that, sounding constantly in the reluctant ear, banish

peace and quietness and murder sleep. It is true that custom renders bearable that which at first was deemed not to be borne, and it is for this reason that New York citizens have submitted so long to a daily uproar, for the greater part without cause or reason. As an evil long endured and accepted as inevitable occasions no murmur of discontent, so it has happened that for years there has been no protest made against the superfluous noises that fill the city. But signs are not wanting now that indicate that the more intelligent part of the community is rapidly coming to the conclusion that a greater half of the noise is unnecessary, is intolerable because unnecessary, and are also slowly determining that quiet may be had, and is worth striving for. The peaceful resident of the up-town wards, condemned by business obligations to spend his summer in the city, as he sits on his porch of an evening, to rest after the labor of a busy day, and listens sadly to a procession of carts over the Belgian blocks that make up the pavement, a little German band at one end of the block and an asthmatic hand-organ at the other, with a number of street venders and newsboys shrieking vociferously between, reflects, as he indignantly motions to the itinerant musicians to move on, that, after all, it is but a simple question of the abatement of nuisances. The citizen is right, but only in part. The question is that and much more. It is in its widest sense a question of medicine, and it is also, most unfortunately, a question of politics. It is a question that concerns medicine, because this discordant jangle is a nuisance that affects the general health. To the seriously ill the matter of quietness becomes at times a vital one; to the invalid the period of convalescence is rendered more tedious and trying by the constantly harassing roar; to the nervous, sensitive individual, life is rendered a burden very often by the persistent auricular irritation; and many a man, broken of needed rest by the senseless uproar in the early morning hours, has succumbed to a needlessly fatal illness. One of the most intolerable and irritating noises, because one of the most unnecessary, is the disturbance produced by the kind of pavement senselessly employed in residential streets. Made of single blocks of stone, carelessly laid on an insufficient foundation; torn up from time to time by some pipe company and wretchedly relaid; never repaired by the authorities

until almost impassable—the street surface presents in a few years a series of depressions and elevations that causes the passing vehicle to rise and fall with alarming irregularity and most amazing uproar. In the early hours of morning the noise of dust-carts, milk and ice wagons breaks in most portentously upon the stillness, and causes the unfortunate sleeper to turn in his bed and groan in bitterness of spirit. And not only then, but at all times, the noise from this source is excessive, and in very great measure unnecessary. It is true that in other ways every precaution seems to be taken to create as much noise as can be possibly made, regardless of the comfort of residents, but this grievance is the greatest of all, and perhaps the most detrimental to public health. This brings up the question of street pavements. There is a growing conviction that the paving of residential streets with blocks of stone is a serious error; that, if the main thoroughfares of trade need such a sonorous floor, those avenues and streets devoted to private residences should be covered with some pavement less productive of noise. It is asserted by those who should be well informed that pavements other than stone may be laid, equally as durable, less liable to get out of order, and almost noiseless, and it is asserted the expense would not be materially increased. Here comes in the political question. How the city shall be paved is in the hands of our political masters, and the New York politicians' method of dealing with questions affecting the public welfare is known to all men. But it is, perhaps, not too much to predict that the coming generation shall know New York as a city of quiet streets, with noiseless pavements, with all unnecessary sounds and cries suppressed, so that peace and quiet shall prevail, and in the early morning shall be a great calm.

SYPHILIS AND THE NERVOUS SYSTEM.

THE manner in which Dr. Gowers, in his recent admirable Lettsomian lectures, dealt with the subject under consideration merits more than passing notice. There is perhaps no disease that has been more thoroughly studied, more carefully and patiently observed, than the subtile and formidable syphilis, and in no other case

have the results of investigation been so widely at variance. Divergent and apparently well-grounded opinions exist as to its curability or non-curability, and equally wide differences appear in the methods of treatment proposed. It has long been known that syphilitic influences were powerful factors in the etiology of nervous diseases, and pathological researches of late years have broadened knowledge on this point; but Dr. Gowers, by his notable array of facts, his dispassionate and profound reasoning, and his carefully considered deductions, has shown how much there remains to be learned about a topic supposed to be tolerably well understood. The importance of a diagnosis and the means of arriving at a trustworthy one were thoroughly dwelt upon. The causative influence of syphilis in chronic degenerative diseases of the brain and spinal cord was fully shown, and the fact that the symptoms of these lesions were not peculiar pointed out. In the concluding lecture of the series, which deals with treatment and prognosis, some conclusions were reached which will be stoutly disputed by many, but it will require a sturdy assault to dislodge Dr. Gowers from his position. In his prognosis the lecturer is not cheerful. He believes the disease may be checked but not eradicated. A man once syphilitic is always syphilitic, and liable at any time to become the victim of its more profound lesions. He believes the disease is practically incurable, and in this belief he has the support of many investigators of wide experience. In the treatment usually given he has necessarily less faith than those who believe in the curability of the disease, while at the same time is shown the efficacy of medicine to check its early manifestations. He doubts the value of long-continued dosage with potassium iodide, and belongs to the "minority" who believe that positive injury is worked by that method of treatment, and suggests a system of treatment that may give much better results. But for the benefit of our readers we will quote at length from the lecture which covers these points, and which is to be found in full in *The Lancet*, February 16, 1889: "A general survey of the treatment of syphilis, as well as the observation of individual cases, can scarcely fail to impress one important conclusion upon an impartial observer. It is not easy to state this conclusion in language not open to misconstruction. In its baldest form, the con-

clusion is that syphilis is an incurable disease. In the form least liable to misinterpretation, and free from inexactness, it is this: There is no real evidence that the disease ever is or has been cured—the word 'disease' being here used to designate that which causes various manifestations of the malady. The statement that 'syphilis is an incurable disease' is legitimate, if we recognize that by 'incurable' we simply mean there is no proof of cure. I do not put this opinion forward as in any way novel; indeed, I feel with regret that on this and on many other points in these lectures I express opinions that are held by others, and some of which have been well stated by others, and all of which I cannot doubt have been stated more than once. Hence I feel that the only course that is just to others and safe for myself is to ask you to regard nothing in these lectures as having any claim to originality. As I said at the outset, my desire is to render more definite the knowledge that exists, and not to bring new knowledge into existence. In current works on syphilis, the fact of incurability is clearly admitted, although even in these it is not quite compatible with the language here and there employed. But the fact is certainly not accepted by the profession at large in the manner which seems to me to be warranted by the facts. It seems to me to be most important for practical reasons that this should be understood by all; that, as far as evidence at present goes—whatever power we may hope and anticipate the future will bring—no treatment, however thorough, will bring the disease to an end, so that the patient does not suffer again from any of its direct effects. In this sense—and it is the only proper sense of the words—the assertion seems to me to be open to no question, and yet the fact is very remarkable. It is strange that this should be true of a disease, the effects of which are so largely under control. We can, under favorable circumstances, remove most true specific lesions; we can bring to an end most true specific processes; but the arrest or removal of the manifestations of a disease is a very different thing from a cure. We can, indeed, do a little more than remove the manifestations and effects of the disease—we can restrain the activity of the virus, whatever it be, that causes these manifestations and effects. But, when we speak of the CURE of a disease, we mean that its essential element,

that which lies behind all its symptoms and consequences, that which is the prevalent cause beneath the transient effects—we mean that THIS is made to cease, is ended once and for all as a morbific agent, so that it never again disturbs the system. In this sense I believe it is literally correct to say that we have no evidence that syphilis ever is or has been cured. I can scarcely doubt that so absolute a statement will seem, even to some here to-night, unjustified and even mistaken. Some of you may call to mind cases that seem to contradict it—cases in which the patient was suffering from symptoms of the disease, and is known to have been afterward free from any indication of the malady. Such cases do occur; they may be numerous. Far more frequent, however, in the experience of most observers, are cases in which the immunity that follows a course of treatment is not permanent, in which other symptoms reappear at a late period. In very few of the cases regarded as 'cured' has the patient been kept under observation long enough to justify the positive conclusion that the disease was at an end. Nowhere has this fact been recognized more clearly than in the admirable work by Hill and Cooper. Cases are common enough in which the hope of cure produced by several years of perfect freedom was ultimately disappointed. Of the patients with late syphilitic lesions that come under the observation of the physician, many —very many—have undergone thorough treatment for the early symptoms. It is difficult (I may say that to me it is impossible) to compare the history of the various sufferers from syphilitic lesions—to compare the course of the disease in cases in which treatment was early and thorough with those in which no treatment was employed—and not to question whether early treatment has yet been shown to have any appreciable influence in preventing the late symptoms of the disease. * * * * * I have put the matter strongly in order to emphasize the essential truth, but certain qualifications are desirable. They do not touch the fact itself. One qualification is that, while we have no proof that we can ever cure or ever have cured syphilis, it is possible that we do come very near the achievement, and even sometimes attain it. I said that some manifestations are probably—indeed, I might say certainly—the expiring effects of the malady. It may be that in others the symptoms that annoy the

patient are only the penultimate manifestations, and that some further consequences which would occur were it not for the treatment may be averted. Then we do arrest the disease altogether. In such a case, the malady may be said to be cured, but the cure is at best limited, and cannot be regarded as more than hypothetical. * * * * There is a point in the treatment of syphilitic diseases of the nervous system on which I think a word of caution is urgently needed. This is regarding the prolonged administration of anti-syphilitic drugs, especially of iodide of potassium. By 'prolonged,' I mean from six to ten weeks. I believe that full doses in this time will effect all that it can achieve in the removal of the syphilitic process. Here, as I have just said, we want facts that are visible, numerous, and carefully observed, to guide us in our conclusions. I do not say that the symptoms will have disappeared. It cannot be too firmly remembered that symptoms are due to changes that are not syphilitic, changes in the nerve elements secondary to the syphilitic disease, but so far independent in course that they may persist long after the specific lesion is at an end. Hence the fact that the symptoms have not yet ceased is no indication that the specific lesion is not entirely removed. Here, then, I would range myself with the minority—a minority that is fast growing in size, especially in Germany—who hold that the long-continued treatment by small doses of mercury or iodide is a mistake, great and dangerous; who hold that treatment of any true specific lesion should be energetic, but should continue only a little longer than is necessary to remove the lesion; repeated, it may be, after an interval occupied by tonic treatment, or by the other of the two chief drugs. If iodide is continued, as it often is during many months (and much more, as it sometimes is during years), there is a danger that the system-tissues of the patient may become so accustomed to its presence that the drug may no longer hold in check the syphilitic process. * * * * *"

COMMENTS.

On New Methods.—The practice of medicine, at best uncertain, is rendered still more difficult to the allopaths by the notable deficiency of their therapeutic recourses. Destitute of any guiding principle in the administration of drugs, blind followers of a dull empiricism, con-

stantly failing to obtain curative or even palliative results, it is a matter for small wonder that they grasp eagerly at every new preparation or remedy vaunted as efficacious in disease. But an indiscriminate and general prescribing demonstrates the much-praised specific to possess no more virtue than other well-known drugs, and so it is thrown aside, and the weary round of discovering new remedies, and immediately after discarding them, goes monotonously on. It is becoming the fashion now among the so-styled "regulars" to bitterly denounce "patent remedies." But the enormously increased sale of this class of merchandise has been in great measure due to the allopathic incapacity to deal with disease, and their eager readiness to try any nostrum that presented its claims. So the people, distrusting their "regular" physicians, followed their example, and bought patent medicine. The only new methods of treatment which have stood the test of time and use among the allopaths are those which are based mainly upon hygiene and thorough sanitation, and which make therapeutics a minor consideration. Of the new therapeutic methods stolen from the homœopaths, as evidenced by the multiplicity of "granules," "parvules" and "pillules," there is no need of comment. There is nothing original in servile imitation. A method, entirely hygienic, of recent application, for the cure of phthisis, merits a little study. The method consists chiefly of these things: 1. Rest in the open air. 2. Respiratory gymnastics. 3. Diet. 4. Hydropathy. Add to these an agreement on the part of the patient to remain in the establishment long enough (twelve to eighteen months) to give the system a full and fair trial. These asylums are known as "closed" establishments in reference to this agreement. No medical treatment whatever is used except in complications. Patients are kept constantly in the open air, sleeping in open rooms summer and winter. The respiratory gymnastics are practiced in many ways, but chiefly by means of walks, carefully graded. As to diet: "The principle most commonly applied is that of small substantial and frequent meals, with a view to developing the digestive capacity in a progressive, continuous way. What is aimed at by means of these dietetic contrivances is, not to gratify such and such an alimentary theory, but to avoid every possible error of diet; to remove the causes that may provoke or keep up anorexia; to overcome any prejudice that may stand in the way, and finally to OVERFEED the patient. The latter is quite an art in itself. It is a matter of constant care and attention on the part of the physician. It is also a matter of education on the part of the patient. Nothing of the kind could be done either at home or in the common health resorts. It is only the 'closed' establishment than can afford such a methodical course. * * * I cannot close this rapid survey (says Professor Arnulphy) without pointing out one of the most remarkable consequences of this hygienic treatment, namely, the physical and mental education the patient receives thereby. Through personal experience, multiplied by that of his fellow companions, by friendly intimacy with the house physician, he has gradually acquired the exact knowledge of what he can and of what he can not do. He learns that the slightest imprudence may have the worst consequences. He has learned how to measure his own strength and how to regulate its ex-

penditure. He has been taught that henceforward his life will depend upon his conduct. He realizes the full meaning of the sentence: 'L'homme meurt de son caractère.' Thousands of patients have been treated in these institutions with uniformly good results; as an average, twenty-five per cent. are cured; in a much larger proportion, relief is obtained and life prolonged. Now, if we reflect that their 'clientele' is mostly recruited among desperate cases, we cannot but acknowledge the efficacy of the method. For where is the practitioner who can boast of achieving such results? It strikes me that such a method of cure, so rational in its principles, being outside of the pale of the schools, and having therefore no doctrinal argument to contend with, ought to be universally recognized and adopted until we can find something better." No physician can fail to see the fruitfulness of this description, or to make practical application in his practice. The history shows anew the importance of living in accord with nature's laws, and the value of a constant and skilled supervision. Whether homœopathic remedies administered would not produce still better results remains to be demonstrated.

The Mortality among Trained Nurses.—Dr. George Cornet's paper in "Zeitschrift für Hygiene," on the mortality among trained nurses, is extremely suggestive. and even startling. But the nurses are selected from nuns who live in convents, and whose methods of living are not always commendable. And, if this deprives his tables of some significance, it does not detract a particle from the conclusion to be drawn from his statistics regarding the infectious nature of tuberculosis. In twenty-five years, among 4,028 nurses, there were 2,099 deaths. Of these, sixty-three per cent. were the result of tuberculosis. In nine of the convents the mortality was seventy per cent. or more, and in two every death for twenty-five years had been due to the same disease. The average mortality among all classes from tuberculosis is but fifteen per cent. One of his tables shows the average age at which death occurs among these nurses to be thirty-six years, younger than it occurs among classes engaged in the most dangerous occupations. At the age of twenty-one the nurse has but sixteen years before her to live—the average individual still has thirty-eight—her life is shorter than the average by twenty-two years. This paper emphasizes, as it was intended to do, the great importance of proper precautions when there is contact with consumptives. Dr. Cornet considers the excessive mortality among nurses from tuberculosis entirely due to lack of ordinary care against the disease. He believes the tubercle bacilli is disseminated in the air, which has become contaminated with particles of dried sputum, and he lays great stress upon the proper care of the sputa before it can be so disseminated. This paper of Dr. Cornet's may teach many a physician a much-needed lesson. The carelessness ordinarily displayed in the prophylactic treatment of tuberculosis is reprehensible. Part of the neglect has been due, no doubt, to ignorance of the great infectiousness of the disease, but there is no longer excuse on that ground.

DEATH BY ELECTRICITY.—The attempt of Kemmler's counsel to prevent the execution of the law directing the employment of electricity as the agent in capital punishment is likely to fail. The matter was thoroughly investigated by the committee appointed by the Legislature, and the report was exhaustive. So far as knowledge and experience go, electricity will kill, and kill quickly. The question is as to the strength of the current necessary to produce death, or, in other words, What is the resistance of the human body when proper contact is made? The testimony recently given shows that the normal electrical resistance of the body is not great. But the proper conditions must be observed. Mr. Edison's experiments on 250 men show that the resistance of the human body, with proper contact, ranges from 660 to 1,500 ohms, and averages only 1.000 ohms. There is no doubt among unbiased scientific men but that death by electricity is certain and painless when rightly done; nor is there much doubt but that the law will be carried out as it stands. Want of familiarity with electrodes may cause the murderer to shrink more from this method of death than from the mode of strangulation by the well-known rope, but the death he will die will be more speedy, more painless, and more certain.

BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. Seventh year. New York: E. B. Trent & Co., 771 Broadway. 1889. Price, $2.75. Pp. 554.

THE MEDICAL ANNUAL AND PRACTITIONER'S INDEX, 1889. Seventh year. London: Hamilton, Adams & Co., Paternoster Row, etc. Pp. 598.

These two volumes contain substantially the same matter, the main difference lying in the advertisements, new inventions, instruments and appliances, medical trade directory, etc., which have been omitted from the American edition as of little or no interest to practitioners of the United States. The object of the work has been to collate the new medical information of the year by a number of English and American editors, who are known as of eminence. The subjects are summarized alphabetically under the captions of New Remedies, Mechano-Therapeutics, Electro-Therapeutics and New Treatment. Dr. Percy Wilde, in New Remedies, interjects an occasional squint at homœopathic therapeutics, which is not, however, duly recognized as such. After summarizing Dr. Read's views of the dual action of drugs and stating that a small dose will cure that form (of diarrhœa) which most closely resembles the toxic effects of the drug, he says: "Some discussion has arisen as to the priority of discovery of this principle. This is not a matter of great importance. It was, undoubtedly, arrived at by induction from physiological experiment by Claude Bernard, who put it as an axiom that every substance which, in large doses, abolishes the property of an organic element stimulates it when given in small doses." Then he proceeds to quote from Hahnemann's essay on "Suggestions for Ascertaining the

Curative Power of Drugs" without, however, making mention of Hahnemann as the author. As Hahnemann antedated both Bernard and Dr. Read by more than a half-century, we presume that Dr. Wilde wished to disprove himself while he makes his obsequious obeisance to *odium medicum*. Still, Dr. Wilde should not be overmuch censured for titillating the old-school palate with a bit of homœopathic spice so mildly introduced as to pass under the disguise of a stronger flavor. The work is a useful resumé from the standpoint of the old-school practitioner by writers well prepared to summarize the literature of the year.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETIES OF THE STATES OF NEW YORK (pp. 370), PENNSYLVANIA (pp. 391), OHIO (pp. 203), MICHIGAN (pp. 172).

As a number of the papers previously published have been omitted from the Michigan Transactions, its volume is not fully representative. It is to be questioned whether such omissions are entirely just to readers, writers and the society. In materia medica the Ohio proceedings present little that is novel. The paper on "*Magnesia Phosphoria*," while cleverly arranged for the use of practitioners, is an example of the empirical method with symptoms, where a schematic mélange of clinical and pathogenic symptoms is substituted for the materia medica pura of the drug. This is not pure homœopathy. In the volume from Pennsylvania, the Farrington Club, of Pittsburgh, present a study of *arsenicum album*, covering ninety pages, which is instructive from the clinical and comparative point of view. Dr. Mohr presents, also, some experiments with *ferrum picricum*, conducted under reliable conditions, but too few and incomplete to give but slightly suggestive hints of the probably therapeutic range of the drug. The volume from New York is inferior in interest to the Pennsylvania Transactions to students of the materia medica, but equals it in articles of general medicine and surgery where there is, however, less attention given to homœopathic therapeutics. While all these volumes are commendable examples of the several societies, each according to its strength, they have all failed to show effort at organization for the collective study of drug-action by the experimental method.

A STUDY OF MAN AND THE WAY TO HEALTH. By J. D. Buck, M.D. Robert Clarke & Co., Cincinnati: 1889.

As an appendix to the theosophic system presented in Swedenborg's "Divine Love and Divine Wisdom," this work is intelligible. From any other standpoint the average reader might consider it as perplexing and indefinite. Delicate and subtle questions in the realm of physiological psychology not yet solved by the more eminent thinkers of the age are disposed of with a rapidity and positiveness that is bewildering. There is much tiresome repetition, and the style is heavy and sometimes involved. The redeeming feature of the work is the earnestness and evident sincerity of the author, and the high, moral tone sustained throughout. It constantly teaches and emphasizes the doctrine of the higher morality, and leads up to loftier

ideals of duty and self-sacrifice. In spite of its defects, the work may be read with profit. There are chapters on "The Criterion of Truth," "Matter and Force," "Life," "Polarity," "Planes of Life," "Health and Disease," and the work closes with a section on the "Higher Self." P.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia), by GEO. M. BEARD, M.D., A.M., edited with notes and additions by A. D. ROCKWELL, A.M., M.D. New York: E. B. Treat, 1889. Price, $2.75. Pp. 254.

The writings of this deceased author are so well known to the profession that remark is unnecessary. The present edition adds but little (17 pages) to the volume upon the subject formerly issued. The editor calls needed attention to the distinction between nervous exhaustion proper and the functional disorders of the nervous system arising from the toxic effects of imperfectly assimilated and de-assimilated food products—the so-called lithæmia. The distinction, however, is not presented with much definiteness, probably from the inherent difficulty of separating what is so frequently intermingled. While doubting the propriety of elevating nervous exhaustion to the rank of a disease, the book is commended to those not already acquainted with it as of practical value in the study of the functional neuroses which make up so large a part of the physician's practice.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By STEPHEN SMITH BURT, M.D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post-Graduate Medical School and Hospital, etc. New York: D. Appleton & Co. 1889.

Dr. Burt's little work, while containing nothing new and treating of topics much written about already, yet justifies its existence by its method of construction and its clearness of statement. The book shows some signs of evolution; it is undoubtedly, in part, the outgrowth of class-room work. The impress of the teacher is evident. Calormetation is fully considered, and a brief description given of the study of sputa. Each chapter is followed by a recapitulation, which will aid the student in the study of the subject. The author makes no attempt to establish pathognomonic signs regarding the totality of symptoms as more important. If the text lacks clearness at any part, it is because of undue brevity. There is, perhaps, too great an attempt at condensation. P.

THE AMERICAN ARMAMENTARIUM CHIRURGICUM. George Tiemann & Co., New York. 1889. Imperial quarto, pp. 846; figures, 4,414.

This is an illustrated catalogue *de luxe*, which contains much interesting descriptive text, both in respect to the instruments pictured and their use in operating. The quotations from surgical writings are judiciously selected. We cannot commend the catalogue too highly to all practitioners as an aid in selecting their instruments.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

THE regular monthly meeting was held on March 14th, with the President, H. M. Dearborn, in the chair.

L. M. Stanton, M.D., was unanimously elected a member of the Society.

The Committee on Diseases of the Throat and Chest reported, through its chairman, C. E. Beebe, the following papers:

"Remarks in Relation to Croup and Diphtheria," Lewis Hallock.

"A Case of so-called Rheumatism of the Larynx," W. S. Pearsall.

"Lithæmia in its Relation to Pulmonary Phthisis," J. W. Dowling.

"A Case of Intubation, with Deductions," A. W. Palmer.

"Three Cases of Tubercular Ulceration of the Larynx, with Remarks in Relation to Treatment," C. E. Beebe.

Discussion of Dr. Hallock's paper.

J. G. Baldwin recalled to mind three well-marked cases of membranous croup which he had cured in this way. Another case had the same treatment perseveringly applied, but died in the iodine bath. It was a very annoying treatment to follow out; the room must be filled with the vapor of the iodine, the temperature kept at a high point, and on account of the irritating qualities of the iodine the air must be kept surcharged with moisture. He felt discouraged at the loss of this child, and when he had another case he erected a tent over it and kept that filled with the iodine vapor and steam, but this child also died. Since that time he had abandoned this treatment altogether, and he thought that the results were as favorable without it. He saved as many cases with the bichromate of potash as with the iodine bath. It was a barbarous treatment at best, and very distressing to the family, some member of which had to be continually in the room heated to 95° and 100°, and there was a great deal of trouble to keep up the steam vapor, which the results did not warrant. He had used the bichromate of potash in many cases with excellent success, without the aid of either the iodine or steam vapors. He had used the plain steam without medication, and thought it gave some temporary relief, but had very little to do with curing the patient.

J. B. Garrison had been called to a case of diphtheria after the attending physician had pronounced it hopeless. He found the child, age three to four years, with both tonsils greatly swollen and covered with a grayish membrane. There was very little membrane in the larynx, but the nasal cavities were almost entirely closed, and at the point of each nostril there was a small whitish drop or discharge; pulse, 160, temperature, 103.5°; teeth covered with sordes, and on using the tongue depressor the mouth seemed filled with a creamy deposit. He gave in water lac caninum ^{30}, and ordered nourishment every half hour. Next morning he found the temperature reduced to 102.5°, with pulse rate lessened, and the child appeared to breathe better. He had also used the peroxide of hydrogen to cleanse the throat and nostril. The temperature rose once because the child had been taken from one room to a colder one. This morning the temperature was 100.5°, she had slept for several hours during the night, and the nostrils were free. He hoped she was on the way to a perfect recovery.

J. W. Dowling said that now he did not see as many cases of membranous croup as in the early years of his practice. He had never tried the iodine treatment as practiced by Dr. Hallock, but had used, in almost a similar way, inhalation of bromine. Most of his cases, however, died. His successes have been with the bichromate of potash and aconite in

alternation, with inhalations of hot vapor; and in diphtheria, which seemed to have supplanted the old membranous croup, or to be so confounded with it as to make differentiation next to impossible, he relied almost exclusively upon these two remedies, with an occasional dose of the proto-iodide of mercury, never neglecting to use the hot vapor, which was an easy matter, now that the steam atomizer had reached such a stage of perfection. Often he had kept this steaming process going for days together, with a relay of nurses, not allowing the patient to take a single breath without inhaling the hot vapor.

As is well known, and as has been stated by Dr. Hallock, the constitutional symptoms in membranous croup are not pronounced, while in diphtheria they are.

C. E. Beebe said that while he would like to support the statements of the paper, he did not feel justified in so doing. His own experience with membranous croup was not as extensive as formerly, because, as stated, these cases were not so frequently met with. He believed that typical membranous croup did occur, and that it was a separate disease from diphtheria, and that there was such a thing as laryngeal diphtheria. As to treatment, he had never had any confidence in the curative results of iodine inhalations. Had seen it used in three cases, two of them terminating fatally, and in the case of the patient who recovered, where he was consultant, it was only used as an adjuvant, the remedy which produced the favorable result was the bichromate of potash. He had also seen one case where acetic acid gave very satisfactory results. In reference to diphtheria, he would like to say a word in favor of peroxide of hydrogen. This may possibly have no specific influence upon the membrane *per se*, but it certainly appeared to exert an influence in oxidizing the secretions. There is still a question as to its solvent powers. He was in attendance upon a family in which there were six persons affected with diphtheria, two of them adults and four children; the latter suffered from weak hearts previous to the attack, and for that reason the prognosis was an unfavorable one, and he did not expect any of them to recover, but they all did. One of these children had all the symptoms of a fatal issue, with enlarged cervical glands, purplish appearance of the skin, tonsils enormously enlarged; hemorrhages from the stomach, bowels, nose, throat and pharynx, but not from the larynx; patches of false membrane on the vulva and on an abraded spot on the lip. The membrane in the pharynx extended up on the roof of the mouth and to the teeth, was greenish in color, with an overwhelming fœtor which permeated the entire house. One application of this peroxide of hydrogen caused every trace of the odor to disappear within an hour, and it remained away while the application was continued; the membrane seemed to melt away under its influence, and as it was exfoliated or, rather, came off from the subjacent mucous membrane it lett a granulating surface. Since then he had never treated a case of diphtheria without it, and it invariably produced the same result. He, of course, used it only as an adjuvant. In regard to the use of aconite in diphtheria, he confessed he was afraid of the drug. It would of course be acknowledged that the febrile symptoms are nil in their importance in this disease, that is to say, there are many cases where the exaltation of temperature is very slight, consequently he was afraid of aconite in any disease where the danger comes from the effect of the poison upon the heart. He was sure that in very many cases, if not the majority of them, death occurred from the direct influence of the poison upon the vital centers, so-called. In place of aconite, under such circumstances, he was in the habit of using baptisia, arsenicum, or the iodide of arsenic, which he thought was one of the sheet anchors in this disease, especially during the later stages.

Discussion on Dr. Pearsall's paper.

Dr. Leal said that the question of diagnosis of rheumatism of the larynx was seemingly an important one. Several years ago a lady came to him complaining of pain on swallowing or talking, with aching through the neck and a tired feeling, especially about the pomum. This pain seemed to come on independently of any special thing that she did, except that at times it was aggravated by the use of the voice, and was worse before a storm. He could find nothing in the larynx to account for this condition; there was a suspicion of a reflex influence, as she was generally run down, but no special examination was made of other organs. There was no local inflammation in the pharynx, nor any sensitive point in the nares. After trying a number of remedies without material relief, she was given cimicifuga, and there was marked relief, so that the patient did not return for several months, when, for a renewal of the attack, the same remedy was given with good results. This was repeated about a year ago. Now she comes again, but this time there is more external tenderness on the right side of the neck, and lachesis was given. This morning she reported an entire relief of the pain.

C. E. Beebe wanted to confirm what had been said in reference to the possibility of there being such a condition as rheumatism of the larynx. A short time ago he was summoned at midnight to perform tracheotomy in a case of glottic obstruction, supposed to be a case of œdema of the glottis. On reaching the house he found the patient to be a fleshy lady about forty years of age, and obtained the history of a case of tonsilitis which had progressed downwards to the larynx, producing the condition supposed to be œdematous. She was suffering with dyspnœa, but not enough to warrant operative interference at once. On examination he found no œdema of the glottis, but there was a very peculiar protrusion on the right side of the larynx, confined to the lower extremity of the arytenoidean-epiglottic fold, or over the arytenoidean articulation. The swelling was white, dense, hard and resistant to the probe, but not œdematous. He decided that it was a case of articular rheumatism of the larynx. Several remedies had been given, and as an operation was not immediately necessary, cimicifuga was given, and within a few hours relief was manifest and within forty-eight hours the trouble was entirely removed. It was an interesting case to him, and he believed the diagnosis was a correct one.

Discussion on Dr. Dowling's Paper.

J. M. Schley thought that fibroid phthisis could hardly be considered due to a lithæmic condition. Fibroid phthisis is not uncommon, and the most frequent causes are repeated pleurisies, pleuro-pneumonia and neglected pneumonias.* Lithæmia was the result of the metabolic functions of the liver, the non-conversion of the nitrogenous elements into urea, and the production of lithates and lithic acid. This state evinces itself oftentimes by deposits in the urine of lithic acid, lithates and pigmentary matters, and sometimes without these; and strange to say, these deposits are often found in people who seem to enjoy the most perfect health. They come on after excesses at the table or overstimulation. Another thing is, that, where these exist for a certain length of time, they are most apt to terminate in gout, rheumatism † or a bilious condition, so-called. Another peculiar fact is that genuine *lithæmia* is met with generally beyond the age of thirty-five, while most cases of phthisis develop before that age. Cases of lithæmia are those where the stomach or liver present the most marked symptoms, and gout is generally the outcome of such states. It is a peculiar fact in his experience—and he has

* Sir Andrew Clark, C. Th. Williams, Sutton, Biermer, Walshe, Andral, etc.

† Murchison, Garrod, Pavy, Grainger Stewart, etc.

some thirty to forty patients suffering with gout under observation at present—that those who have this condition live a long time, though they may not enjoy life. Some of these patients are seventy-five to eighty years of age, and they certainly have had lithæmia for a long time, engendered by their mode of living. It is another peculiar fact that lithæmia predisposes to local inflammatory conditions. These are generally the result of irritation due to the presence of lithates in the system. Another point is that such patients are very apt to suffer from skin diseases, eczema, psoriasis; while, on the other hand, phthisical patients are quite free from such conditions, with the exception, perhaps, of pityriasis. If Dr. Dowling had succeeded in showing this condition to be a factor in producing in any way the phthisical state, whether of the catarrhal or fibroid form, it was then a subject of vast importance; the subject had never presented itself to the speaker in this way, and he was interested in it.

Dr. Dowling said that he had studied this subject very carefully, and his experience had confirmed the statements he had made. Eczema is one of the most common symptoms of the lithæmic diathesis, and bronchial catarrh is not uncommon. It is true that gouty subjects in some cases live long and prosper, and so with periodical drinkers. There is the same difference between those subject to attacks of gout and the so-called lithæmia, or suppressed gout, as between the periodical and the steady drinker who boasts that he is never overcome by liquor. There is a class of lithæmic subjects, perhaps temperate so far as alcohol is concerned, who laugh at the gouty subject and seem to have good health, but there is a steady process going on, little by little, in the walls of arterioles and capillaries, by which also many of the glomeruli and fine tubules of the kidneys become obliterated, and in their place is developed fibroid tissue which utterly destroys the eliminative functions of the kidney in the parts involved; similar changes are also taking place in the liver; perhaps even the heart-walls become changed.

He was convinced from his own observation that in certain cases, such as the one referred to in his paper, for instance, where the stooping position and foul air are factors in the generation of the trouble, the lungs will be selected for the principal development of this fibroid condition instead of the liver and kidneys. He had, however, seen no mention in any work of lithæmia with consecutive artero-capillary fibrosis as a factor in the etiology of phthisis. In regard to the statement that fibroid phthisis arose from repeated pleurisies and neglected colds (Dr. Schley's "Pneumonias"), it was not common in his experience to see cases with a history of repeated pneumonias, although the conditions mentioned were sometimes factors in the etiology of chronic interstitial pneumonia. Fibroid pneumonia is a better term than fibroid phthisis, for it is not phthisis until the destructive process—ulceration or tuberculosis—has commenced. The factor in the development of this fibroid phthisis, so-called, or interstitial pneumonia, most commonly given by the authorities is the inhalation of fine particles of dust, glass, steel, coal-dust, etc., and the disease is particularly prevalent among persons working in establishments where the atmosphere is more or less filled with these substances.

Discussion on Dr. Palmer's Paper.

Dr. Leal: Intubation is essentially an emergency operation, where we do not have time to choose the method of relieving the stenosis. It is a comparatively simple operation, from which one could draw back if not successful. He would prefer tracheotomy in those cases, usually moribund, where artificial respiration would be needed, as with this procedure it could better be employed, and foreign bodies and membranes more easily removed from below the orifice of the tracheotomy tube. In intubation it is almost impossible to clear the tube without the patient's aid,

for if the patient can cough or blow the discharge through the tube, the respiration becomes easier; but if brandy or other irritants must be poured down the tube to provoke a cough, intubation may be usually considered a hopeless procedure.

B. G. Clarke, in regard to the removal of the tube when blocked up, thought there would be no trouble here, since the effort at coughing would throw it out in almost every instance. In regard to the danger of losing the tube, it would be almost impossible for the tube to go down into the trachea, and if it went into the stomach it could be found later. In regard to the presence of pneumonia in cases of intubation it was a question of considerable importance, but it seemed to him that in the majority of the cases there was more or less of pneumonia present before intubation was practiced. In the cases he had seen there was almost invariably trouble in the lung. In one of his cases there was considerable infiltration of the lungs and the patient died. In another case there was a small spot in the left lung, but this patient recovered. Kali bichromicum was given, not because it was a case of diphtheria, but because it was indicated.

RECORD OF MEDICAL PROGRESS.

GALVANISM IN CANCER.—Dr. J. Inglis Parsons, in the *Brit. Med. Jour.*, April 27, 1889, contributes an article on the arrest of growth in four cases of cancer by a powerful interrupted voltaic current. He says the only cases he has treated have been those who were too nervous to undergo, or were beyond, operative treatment. The patient was anæsthetized. Fine insulated needles were used so as not to injure the skin. The intensity of the current was increased gradually, from 10 to 600 milliamperes, and was "flashed through the growth in every direction, from 50 to 100 times, according to circumstances." The effects produced were a cessation of growth, gradual disappearance of pain, and hardening of the tumor and enlarged glands, followed by improved nutrition and better general health.

CÆSAREAN OPERATION WITH SUTURE OF THE UTERUS.—Carnso reports of 135 cases with 99 successes = 74.44 per cent., and 34 deaths = 25.56 per cent. Of the babes, 122 = 91.73 per cent. were born living, and only 11 = 8.27 per cent. dead. Two mothers died from hemorrhage *ex atonia uteri.* In 113 cases the narrow pelvis gave the indication; 42 per cent. of death resulted from unquestionable narrow pelvis, and 10.6 per cent. from conditional ones. Carnso favors, by all means, the Cæsarean operation versus perforation, where the child is alive, though acknowledging that the mothers run a greater risk than in perforation. Artificial labor is always indicated when the conjugata vera measures only 7.0 to 8.5 Cm., as it gives the mother more chance for life. Porro's operation may be considered an adjuvant to the conservative Cæsarean operation. There is not yet experience enough with laparoclytrotomy.—*Med. Neuigk.*, April, 1889. S. L.

MENTHOL IN ASTHMA.—Dr. Theod. Jores reports in *Therapeutische Monatshefte*, April, 1889, the case of a lady from whom in the summer of 1888 several nasal polypi had been removed. In October J. found her suffering with congestion of the head and dyspnœa. Under treatment the congestion gradually disappeared, but the attacks of dyspnœa, every other day, increased. Different remedies were tried without effect. Finally, having read of the favorable action of menthol in lung affections, J. employed it in 20 per cent. solution in olive oil. The crepitant râles disappeared at once after some inhalations of the menthol solution;

auscultation gave normal results. Since the first employment of the remedy, January 2d, 1889, it has acted in every subsequent attack with prompt effect. O'C.

COCAINE EPILEPSY.—Dr. C. Heimann, of Charlottenburg, reports the clinical history of a patient in whom, after long-continued sub-cutaneous use of cocaine (up to 8 grams *per diem*), there followed epileptic spasms, together with symptoms of cocaine paranoia, already observed and reported by him. The spasms corresponded exactly to the classical description of an epileptic attack, and were accompanied by disturbance of sensibility, unconsciousness with, subsequently, no remembrance of the attack. After stopping the drug the hallucinations, perverse sensations, delusions and convulsions ceased, but reappeared after a renewal of the large doses. As there was no cause for the convulsions (and no heredity), and the patient had never had them previously, the conclusion must be that the epilepsy was determined by the drug.—*Therap. Monatshefte*, April, 1889. O'C.

POISONING BY ANTIFEBRINE.—Dr. E. Fürth, reports, *Wiener med. Presse*, No. 16, 1889, the following case: A girl took, on account of a violent hemicrania, on the advice of a female friend, 4 grams of antifebrine. At once there followed nausea, eructations, vomiting even of the milk taken as an antidote. The patient lost consciousness and other pathognomonic symptoms developed, such as ice-cold skin, weak frequent pulse, cyanosis of face, hands and feet, and with these, evidences of brain irritation, wide pupils, twitchings, gnashing of the teeth, delirium and finally coma, out of which she came after three hours. Eight hours after taking the drug consciousness was restored and she gradually recovered. The blue color of the skin disappeared only after twenty-four hours, and in two days the patient was able to leave her bed. O'C.

ARTIFICIAL PRODUCTION OF URIC ACID CALCULI.—Ebstein and Nicolaier exhibited at the *Congress für innere Medicin*, at Wiesbaden, April, 1889, specimens thus produced. The stones were found in the pelvis of the kidneys, in the urethræ and bladder of dogs in whose food oxamide had been placed. This substance is an ammonia derivative of oxalic acid. The other ammonia derivative of oxalic acid, oxamine acid, when fed to the animal does not cause calculus. Oxamide is pure white; the stones, like other urinary calculi, are greenish-yellow, so that the substance has attracted the coloring matters of the urine. Beside the calculi there was a good deal of "gravel." The stones consisted almost entirely of oxamide supported by some organic material.—*Berl. klin. Wochens.*, No. 19, 1889. O'C.

TREATMENT OF FRACTURES OF THE LEGS, WITH THREATENING PERFORATION OF THE SKIN.—Verneuil recommends in Gosselin's V-fractures a simple treatment to insure the reduction of the fragments and to prevent the threatening perforation of the upper segment of the fracture. To quiet the patient he begins with a morphine injection. He puts, then, around the lower fragment, strips of adhesive plaster, with which are connected weights of six to eight kilogrammes. Under the influence of this bandage the spasmodically contracted flexors become relaxed and in a short time reduction is possible without much trouble. After a few hours after the reduction the extension bandage is removed, and, while the leg is kept in extension, a gypsum or splint bandage is applied. A relapse of this dislocation does not happen, and no chloroform narcosis is necessary. —*Centralbl. f. Chir.*, 5, 1889. S. L.

TREATMENT OF BILIARY CALCULI.—Some suppose that in the treatment of biliary calculi with olive-oil the latter penetrates the gall-bladder, and by softening the concrements aids in their discharge. Chauffard and Dupre experimented on dogs, rabbits and other animals by pouring olive-

oil into their stomachs through a tube, and found that it does not find its way into the gall-bladder; furthermore, biliary calculi immersed in olive-oil for some time remain unchanged in form and consistency, and still the fact is well known that the treatment with large doses of olive-oil gives great relief. The swelling of the liver decreases, the region of the gall-bladder becomes less painful, icterus and preoritus disappear, and appetite returns. The colicky pains are far more bearable. In a remarkable case, cholestærin-stones were found in the saponified, oily mass. Experience against experiment, the treatment with olive-oil ought not to be neglected.—*Centralbl. f. med. W.*, April, 1889. S. L.

ZIEMSSEN'S SUBCUTANEOUS BLOOD-INJECTIONS.—Prof. Dehio, Dorpat, had a patient of thirty-six years, showing the typical manifestations of pernicious anæmia, great hebetude, enormous paleness, poikilocytosis (only 840,000 red blood-corpuscles in 1 c. cm.), retinal hemorrhage and systolic blowing cardiac murmurs. In the feces eggs of Bothriocephalus latus were found and extractum filicumaris prescribed, but even their removal did not benefit him. Subcutaneous blood transfusion was now ordered, and 150 c. cm. of defibrinated blood injected under the skin of both thighs in small portions. The absorption was very favorable, and neither hæmaglobinuria, nor albuminuria, nor increase of temperature set in. After a week the number of red blood-corpuscles rose to 1,240,000, and after four weeks to 3,636,000 in 1 c. cm.; with the poikilocytosis disappeared all the other symptoms of pernicious anæmia, and it may be supposed that by the addition of healthy blood the vital processes are spurred on to such a degree that in his organism an independent new formation of red blood-cells become possible.—*Med. Neuigk.*, April, 1889. S. L.

CHILDREN'S HEAD-GEAR.—Occasional brightness of sunshine is but too apt to encourage brisk movements with resulting perspiration, and if the child is not sensibly clad there is then considerable risk from rapid cooling of the surface from evaporation. There is much room for improvement in the head-gear of both boys and girls. Custom or fashion decrees that it is improper for boys while infants to wear the warm woolen hoods which are such sensible and comfortable coverings for baby girls.

A small, round hat is substituted, and, the ears left entirely unprotected, much cold and discomfort result. All this might be obviated by the mere sacrifice of fashion to common sense. When the children are somewhat older the girl is more to be pitied than the boy, for her hood grows out of all proportion, and she is but too often doomed to struggle under an enormous superstructure of plush and wire which catches the wind like a sail. The light woollen hood might be used for both sexes, and in the case of girls it might, being largely conducive to health and comfort, continue to be worn for years longer than is customary at present.—*The Lancet*, March 9, 1889.

NEWS.

ALL news, or matter relating to "News," "Comments," or "Correspondence," should be sent to 161 West Seventy-first Street.

NEW JOURNAL.—James E. Gross, M.D., of Chicago, assisted by a number of associates, will edit a new journal, *The New Remedies*.

A HOMŒOPATHIC HOSPITAL will soon be established at Santa Barbara, Cal. The friends of homœopathy there are enthusiastic, and have already a lot and $5,000.

THE new Pension Board of Ionia, Mich., is composed entirely of homœopathic physicians. The allopaths there are not happy. The new board is capable, and will do honest and fair work.

EDITORIAL CHANGE.—The *Surgical Record*, of Omaha, has added the word "medical" to its title, and increased its editorial staff to the number of ten. Every department of medicine and surgery is represented, and its conductors mean to make it one of the leading journals.

ANN ARBOR has agreed to give $25,000 toward the new University Hospital. The Legislature appropriated $50,000. The dispute over the selection of a site for the proposed hospital has resulted in the forced resignations of Drs. Maclean and Frothingham, of the allopathic school.

ANNUAL ANNOUNCEMENT.—The New York Medical College and Hospital for Women issues a neat catalogue for the session of 1889–1890. Students are required to pass an entrance examination, and must complete a graded course of three years to graduate. The Trustees ask that such women as show aptness for physicians shall be sent to the College. That is a point that all medical colleges might well observe.

PITTSBURGH HOSPITAL.—The twenty-third annual report of the Homœopathic Medical and Surgical Hospital and Dispensary, for the year ending March 31st, 1889, is an encouraging one. The number of patients treated during the year was 1,269. The greatest number in the hospital at one time was 111, while the daily average was 85⅔. The training-school graduates its third class, and is in a state of increased efficiency.

TESTIMONIAL TO DR. POPE.—At a meeting of the professional and other friends of Dr. Pope, held June 5th, at the Homœopathic Hospital, London, he was presented with a testimonial of their appreciation of his services as an editor for twenty-five years of *The Monthly Homœopathic Review*. Dr. Dudgeon read the address, and afterward presented Dr. Pope with a purse containing 350 sovereigns. Dr. Pope also received on June 20th, from friends in the United States, a purse containing 60 sovereigns.

A FREE GIFT.—The City of Boston has given to the Homœopathic Medical Dispensary a fine site, valued at $20,000, for the erection of a building thereon adapted to the wants of the charity. A contemporary, in commenting on this enlarged opportunity for usefulness, urges the providing of the best facilities possible, arranging for special work, and giving the students who frequent the classes thorough instruction. These things are all legitimate, and the more carefully they are considered the better; but it is to be hoped that this charity so broadened is not indiscriminate in its giving, but conscientiously investigates its cases. There is nothing more important in these days of medical pauperization.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its seventeenth annual session at Brooklyn, N. Y., October 22d, 23d, 24th and 25th, 1889. The following topics will be considered:

I. The Causes and Prevention of Infant Mortality. II. Railway Sanitation: (*a*) heating and ventilation of railway passenger coaches; (*b*) water supply, water closets, etc.; (*c*) carrying passengers infected with communicable diseases. III. Steamship Sanitation. IV. Methods of Scientific Cooking. V. Yellow Fever: (*a*) the unprotected avenues through which yellow fever is liable to be brought into the United States; (*b*) the sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever; (*c*) the course to be taken by local health authorities upon the outbreak of yellow fever. VI. The Prevention and Restriction of Tuberculosis in Man. VII. Methods of Prevention of Diphtheria, with results of such methods. VIII. How Far Should Health Authorities be Permitted to Apply Known Preventive Measures for the Control of Diphtheria? IX. Compulsory Vaccination. X. Sanitation of Jails, Asylums, Prisons, and other Eleemosynary Institutions.

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North American Journal of Homœopathy.

ORIGINAL ARTICLES IN MEDICINE.

AN INQUIRY INTO THE ETIOLOGY OF CHOREA; WITH SPECIAL REFERENCE TO THE RELATION BETWEEN RHEUMATISM AND CHOREA.*

By CLARENCE BARTLETT, M.D.,
Philadelphia, Pa.

ON two previous occasions the writer of this communication has presented reports of his observations on the cases of Chorea that have come under his treatment. The first of the communications referred to dealt solely with the "Relation of Rheumatism to Chorea," and was published in the *Hahnemannian Monthly* for August, 1884. The second paper was read before the Homœopathic Medical Society of the County of Philadelphia, and was entitled "Observations on 112 Cases of Chorea." This latter paper included an analysis of all my cases up to September, 1886. This paper was published in the *Hahnemannian Monthly* for February, 1887.

In this, my third communication on the subject of Chorea, it is my purpose to deal with the etiology of the disease, especially as observed in my cases, giving special attention to the much discussed question, the relation of rheumatism to chorea. In the course of this inquiry frequent reference will be made to prominent authorities on the subject.

Up to the present time I have had 164 cases of chorea. It is upon these, that my experience is based.

Taking up the different elements in the etiology of chorea, seriatim, I first come to the consideration of sex. On this point there does not seem to be any difference among those who have written upon the subject. Of my 164 cases, 118 were females, and 46 were males.

* Read before the American Institute of Homœopathy June, 1889.

This proportion of occurrence of the disease in the sexes is observed pretty closely in all the reports on the subject in which a large number of cases were studied, and to which I have had access. Thus, Sturges out of 177 cases, met with 134 cases in females, and 43 in males. In the Collective Investigation Reports to the British Medical Association (*British Medical Journal*, February 26, 1887,) 439 cases are reported, in which the sex of the patients was noted. Of these, 114 were males, and 322 females. Osler, reporting the cases treated at the Orthopædic Hospital in Philadelphia (*Medical News*, October 15, 1887), mentions 410 cases, of which 125 were males, 282 females, and three in which no mention was made in the records of the sex of the patient. Gowers ("Diseases of the Nervous System," page 957) from a combination of recorded statistics (collected by Hughes, Pye-Smith, Steiner, Wilkinson, Rupf, Sturges, and 100 cases of his own) gives the relative frequency of the disease in the sexes as 365 to 1,000.

Chorea may be regarded as almost essentially a disease of childhood. I find that my cases may be tabulated according to age, as follows:

Below five years of age, there were.....	5.
Between 5 and 7 years of age, there were.....	28.
Between 8 and 10 years of age, there were.....	46.
Between 11 and 13 years of age, there were.....	45.
Between 14 and 16 years of age, there were.....	28.
Between 17 and 20 years of age, there were.....	7.
Over 21 years of age, there were.....	5.
Total.....	164.

Of the 437 cases reported to the Collective Investigation Committee of the British Medical Association, 346 were under 15 years of age, and six had not yet reached the age of five years. The majority of cases seem to occur between the ages of eight and fifteen. My youngest patient was a child of two and a half years of age. My oldest was a man of thirty-eight years, who had numerous attacks, the first of which appeared at the age of twenty years.

Much has been said concerning the occurrence, or rather the non-occurrence, of chorea among negroes. Mitchell was the first authority to direct attention to this subject. From a large number of inquiries sent out regarding the occurrence of chorea in the South, he arrived at the conclusion that it was a very rare disease in the negro. But few cases of chorea in that race have hitherto been recorded. Of the 410 cases treated at the Orthopædic Hospital in Philadelphia, not one was a negro of pure blood. Three or four cases occurred in

mulatto children. Of my cases but one was a pure-blooded negro. This case applied for treatment at the Hahnemann Medical College Dispensary in the spring of 1886. She was twenty-one years of age. The abnormal movements in her case were so characteristic that it was impossible for one to err in making a diagnosis. She herself had never had rheumatism, though a history of that disease was obtainable in her sister. So far as my own observation goes, it is not only chorea that is rarely met with in the negro, but also other neurotic affections. Regarding, as we do, chorea as a pure neurosis, depending for its predisposing cause upon a neurotic diathesis, we would naturally expect it to be of rare occurrence in a race in which that constitution is seldom met with.

Emotional influences play a very important part in the production of chorea. The frequency with which one meets cases of that disease, in which the morbid phenomena have followed almost immediately on a fright or mental shock of some kind, is such that one cannot doubt the etiological relation between them. I regret that I cannot give figures concerning this point. The interval between the reception of the fright and the onset of the disease has varied from one or two days to one week. I have never observed any particular relation between the manner in which the fright was incurred and the peculiarities of the resulting attacks of chorea, as has been reported by some authorities. Thus it has been said that a boy, frightened by a dog jumping at him from one side, was choreic on that side only. In another case a boy attempted to pick up what he supposed to be his hat lying on the ground, but instead, put his hands on a dead rat. He became choreic in the hand used.

Over-study and sedentary habits are not infrequent causes of chorea. Several times have I met with cases in which improvement could only be effected by removing the child from school. Even in cases in which excessive study has not been a cause of the disease, the application of the child to its books is pretty certain to cause aggravation of the symptoms and perpetuate the disease. It is therefore advisable in all cases to remove the patient from school and its influences. It has several times occurred to me that the frequency with which chorea occurs in December and the late spring finds its cause, in part, in the fact that, at those seasons of the year, children are busily engaged in preparing for their semi-annual examinations at school.

Chorea has been assigned by various authors to a reflex origin; thus, Stevens of New York, believes it to occur very frequently as a result of eye-strain. Ranney is in close accord with him in this opinion, for he quotes Stevens approvingly ("Diseases of the Nervous

System," page 459) when he attributes chorea to refractive errors. The statistics given would show that, of 118 cases of chorea, but five had no refractive error, and of these latter all had some muscular trouble. This certainly is a very sweeping statement. We must not lose sight of the fact that refractive errors are exceedingly common, especially simple hypermetropia. I have heard it stated that of 100 persons, apparently in perfect health, eighty will have hypermetropia, ten myopia, and the remainder will be emmetropic. Now it has not been my experience to be able to confirm this theory regarding the etiological relation between chorea and ocular troubles. I have had several cases of local chorea, blephorospasm and twitching of the face that have been relieved promptly by the adjustment of proper glasses. The same remarks, as made above concerning chorea and errors of refraction, apply to chorea and other sources of peripheral irritation. It is certainly true that naso-pharyngeal irritation and genital irritation can give rise to marked reflex disturbance, but the influence of these in certain directions is greatly over-estimated. As regards the latter cause, I have met with several cases of chronic chorea in which circumcision was performed for the cure of the disease. Improvement resulted; now had the history of the cases all ended here the operation would have received credit of having cured. But in several of the cases I have had the opportunity of observing the further progress of the case, and have twice known the chorea to return in the following spring with its usual regularity. Osler, in his summary of the Orthopædic Hospital cases, observes that the records of that institution fail to bear out the assertion that chorea is a frequent result of peripheral irritation. He fails to speak authoritatively on the subject, however, as he leaves the subject open for further consideration from others.

While hereditary influences play their part in the production of the chorea, it has not been often that I could trace a history of direct heredity, that is, of chorea occurring in both parent and child. The occurrence of chorea in several members of the same family was not at all uncommon; the association of a neurotic disposition in the family with the chorea in the patient was the rule.

There is a marked tendency for chorea to occur at certain seasons of the year. In Philadelphia the season in which most cases are noted is the spring. The relation of chorea to season was first pointed out by Weir Mitchell, and has since been confirmed by Morris J. Lewis (*Medical News*, November 13th, 1886) and others.

Of the fifty-eight cases that comprised my first series of cases, twelve had more than one attack. Of these, six showed a remarkable

tendency to recur in the spring of the year. Of the remaining cases, two had their attacks in December, while in the case of the other four patients, no note was made of the time of the recurrence. In the case of a male patient, thirty-eight years of age, the disease had recurred every spring for twenty years. In another case, that of a young lady of eighteen, the disease had returned every spring from the time she was ten years of age.

Lastly, I bring up for consideration the much-discussed relation between rheumatism and chorea. In my previous papers on chorea I have dealt with this question at some length. The conclusions then reached are as follows:

1. That chorea occurs with a certain degree of frequency in patients who have had inflammatory rheumatism, but this frequency is not as great as has been generally supposed.

2. That patients affected with other nervous disorders than rheumatism give as frequent a history of rheumatism as do patients having chorea. Functional nervous disorders seem to be particularly favored in this respect.

3. That the relation between rheumatism and chorea is not one of cause and effect. Where the two diseases have co-existed in the same individual, the same constitutional peculiarity has acted as a predisposing cause for both diseases.

4. That rheumatism is of exceptional occurrence in patients in whom a neurotic constitution is wanting. (This conclusion is made undoubtedly too sweeping. My experience in the treatment of inflammatory rheumatism has been comparatively limited; but to that extent it has been my fortune to find that all my patients were unquestionably neurotic.)

5. That the cardiac complications do not indicate the previous existence of rheumatism or rheumatic endocarditis. Their presence and course may be readily explained by an hypothesis attributing to them a functional origin.

The observations of numerous authorities on the relation of rheumatism and chorea may be seen by consulting the following table:

Observers.	Cases of Chorea.	Cases giving a Rheumatic History.	Per cent. of Rheumatic Cases.
Hughes and Brown.....	104	89	85½
See.....	128	64	50
Hillier.....	37	15	40½
Dickinson.....	61	19	31
Peacock.....	92	26	28¼
Steiner.....	252	4	1½
Hammond.....	82	16	19½
Moury.....	214	55	21
Goodhart.....	130	93	71½
Sinkler.....	277	37	13⅓
Hughes.....	108	14	13
Ziemssen.....	21	4.	19
Sturges.....	177	31	17½
West.....	66	16	24¼
Vogel.....	12	0	0
Chambers.....	33	6	18⅙
Oger.....	80	8	10
Gerhard.....	30	4.	13⅓
Dana.....	3		8
Chapin.....	38	22	58
Branson.....	8	0	0
Osler.....	410	63	15½
British Medical Association	439	116	26⅓
Total.....	2,837	705	24¾

The following is a summary of the observation in the 112 cases already reported by me:

Total number of cases	112
Number giving a history of antecedent rheumatism	9
Number giving a history of rheumatism in the family	22
Number giving a rheumatic history	38
Number giving a doubtful rheumatic history	28
Number having cardiac complication	28
Number having had more than one attack of chorea	23
Number giving a family history of chorea	12

From the above it will be seen that eight per cent. gave history of rheumatism in themselves, and twenty-five per cent. a history of rheumatism either in themselves or in their immediate relatives.

I now present tabular statistics of my third series of cases of chorea, consisting of fifty-four cases of this disease :

TABLE SHOWING THE PERSONAL AND FAMILY RHEUMATIC HISTORY OF FIFTY-TWO CASES OF CHOREA.

NO. OF CASE.	AGE.	SEX.	PERSONAL RHEUMATIC HISTORY.	FAMILY RHEUMATIC HISTORY.	CARDIAC COMPLICATIONS.	REMARKS.
1	8	M.	None.	Mother.	Not stated.	Teeth very much crowded. Disease had already lasted four months ; did not return after 2d prescription.
2	14	F.	History of a painful affection, in which bones ached and she could not move.	None.	Normal.	
3	4½	F.	None.	Father had rheumatic pains.	Not stated.	
4	10	F.	Yes.	None.	Normal.	Attributed to excessive study.
5	5	F.	———	———	———	
6	14	F.	———	———	Normal.	
7	9	F.	Yes.	None.	Mitral insuf.	
8	7	M.	None.	"	None.	Gets worse as soon as he goes to school.
9	5	F.	"	"	"	
10	13	M.	"	"	"	Attributed to excessive ball-playing by his mother.
11	10	M.	Rheumatic pains.	"	Irregular.	
12	10	F.	None.	"	Not stated.	
13	5	F.	———	———	———	
14	7	F.	———	———	———	
15	7	F.	———	———	———	Passed a round worm, without relief to the chorea. Other members of the family had chorea.
16	10	F.	None.	None.	Mitral murmur.	
17	15	F.	"	Yes.	None.	Family highly neurotic and rheumatic.
18	11	F.	"	None.	———	
19	8	F.	"	———	Normal.	
20	16	F.	———	———	———	
21	13	M.	None.	None.	Normal.	Two attacks of chorea. Supposed cause, injury.
22	7	M.	"	"	"	
23	7	F.	"	Mother.	Irregular.	

NO. OF CASE.	AGE.	SEX.	PERSONAL RHEUMATIC HISTORY.	FAMILY RHEUMATIC HISTORY.	CARDIAC COMPLICATIONS.	REMARKS.
24	11	M.	Yes.	None.	None.	Mother died of phthisis. Rheumatism occurred during interval between first and second attacks. Tight foreskin, which was removed, without benefiting the chorea.
25	10	F.	———	———	———	
26	10	F.	None.	None.	Slight irregularity.	
27	7	F.	"	"	Normal.	
28	7	M.	"	"	Weak.	Neurotic family.
29	11	F.	———	———	———	
30	14	F.	None.	None.	Mitral systolic.	Attributed attack to fright.
31	8	F.	"	"	None.	
32	16	F.	Yes.	"	"	Chorea in early childhood.
33	8	F.	"	"	Mitral systolic.	
34	10	M.	"	"	None.	
35	11	F.	None.	"	?	Caused by excessive study.
36	7	F.	Yes.	"	———	
37	12	M.	———	———	———	
38	6	M.	———	———	———	
39	12	F.	None.	None.	Mitral systolic.	
40	14	M.	"	Sister had inflammatory r.	"	
41	10	F.	"	None.	———	
42	12	M.	Rheumatic nodules.	"	———	
43	10	M.	———	———	———	
44	11	M.	None.	None.	None.	Decidedly badly nourished.
45	8	F.	"	"	"	
46	12	F.	"	"	"	
47	10	F.	"	"	"	
48	7	F.	"	"	———	Decidedly scroful's.
49	15	F.	"	"	None.	
50	20	F.	"	"	"	
51	5	M.	"	"	"	Highly neurotic family.
52	17	F.	"	"	"	

SUMMARY OF 164 CASES OF CHOREA.

Total number of cases	164
Number giving a history of antecedent rheumatism	16
Number giving a history of rheumatism in the immediate family.	27
Total number giving a rheumatic history	40
Total number of cases in which a rheumatic history was inquired into	153
Number having cardiac complications	34

We thus find that in the 153 cases in which a rheumatic history was sought for, it was obtained in twenty-six per cent. This is close agreement with the statistics of 2,837 cases obtained from various sources and tabulated in the table in a former portion of this paper. A history of rheumatism in the patients themselves was obtained in only about ten and a half per cent. of the cases. I have shown in one of my former communications that a rheumatic history is obtained in a large percentage of the cases of nervous disease in general. Thus, of fifty cases of nervous disease taken at random, six, or twelve per cent., gave a personal history of rheumatism, three of these, or six per cent. of the number, had had the disease in childhood. Seven gave a family history of rheumatism. It will thus be seen that thirteen gave rheumatic history. Thus it was noted that about thirty-three per cent. of patients afflicted with nervous diseases had been the subject of rheumatism, or gave a family history of the same. A point worthy of note in connection with the comparatively frequent association of nervous diseases with a rheumatic history is, that the patients who gave a rheumatic history were mostly sufferers from functional nervous diseases, as epilepsy, neuralgia and hysteria. Investigations into the rheumatic histories of the generality of patients show that about fourteen per cent. give a rheumatic history.

Choreic patients, it would then seem, do give a higher percentage of rheumatic history than does the average run of patients. Nervous patients do the same. One must naturally infer from this that the frequent association of chorea and rheumatism lies, not in the specific nature of the former affection, but in the fact that the disease is a neurosis, in which class of diseases a rheumatic history is not at all infrequently obtainable.

The claims made in favor of a rheumatic origin for chorea may be stated as follows: 1. Statistics seem to show a frequent association. 2. The cardiac complications of the disease are given as evidence of antecedent rheumatism. 3. A favorite theory regarding the pathology of chorea provides for the existence of capillary embolism of certain locations in the brain.

In the above remarks I have already shown the statistical evidence bearing on this question. The great differences obtained by different observers is worthy of notice. Thus, Hughes and Brown, with 104 cases, find that eighty-nine have given a rheumatic history, or eighty-five and a half per cent. Steiner, on the other hand, with 252 cases, finds but four giving a rheumatic history, or only one and a half per cent. Two observers, reporting a small number of cases (twelve and eight respectively), have failed to elicit a rheumatic history

in a single instance. Between these extremes there are all sorts of gradation of results reported—the average of all, about twenty-five per cent., probably representing the truth.

The cardiac complications of chorea are not necessarily evidence of an antecedent rheumatism or rheumatic endocarditis. Were they the result of such, they would not have the favorable prognosis which they do have. I have never seen a case of chorea in which the cardiac murmur was permanent. I have, however, met with two cases of organic heart disease in the young, in which chorea was assigned as the cause of the ailment by the parents. Of one of these cases I have no notes. It came under my care shortly after graduation. The patient, a girl of fifteen, had had scarlatina at the age of six years, and this was shortly followed by chorea. The second case was that of a boy aged fourteen, who, when eight years of age, had chorea. From this he made what was supposed to be a complete recovery. About five years later he developed marked dyspnœa after even slight exercise, and during the succeeding six months this increased very markedly in severity. In another six months his feet and hands began to swell (from œdema). When he came under my treatment his lips were purple. and there was marked bluishness of the entire surface of the body. There was a marked purring thrill over the cardiac region; also a presystolic blowing murmur, most plainly heard over the apex and in the axillary line. The specific gravity of the urine was 1,018; the urine itself was highly albuminous; it contained one and three-fourths per cent. of urea; its daily quantity was thirty-six ounces. This case went rapidly from bad to worse (although the symptoms were much ameliorated by the use of *spigelia*, *arsenium jod.*, *digitalis* and *apocynum*, as indicated), and died in three months from the time he came under treatment. He had never had inflammatory rheumatism. I doubt if, in this case, the cardiac malady was the result of the chorea. I would rather attribute it to the renal affection from which he was suffering. I should also say that albuminuria complicated the first case also.

As I have said before, in all my cases, in which the proper examinations have been made, it was found that the cardiac murmurs became less noticeable as the chorea improved, finally disappearing on the recovery of the patient. In several cases in which there was a recurrence of the chorea, the cardiac murmur reappeared also, but followed the same course as it did in the first instance. A heart murmur caused by endocarditis could hardly be expected to follow such a course as that.

As against the rheumatic origin of the choreic cardiac murmurs may be urged the fact that, if proper care is taken to note the time of

their inception, they come on during the course of, and do not exist before the attack of the chorea. Even the admission that the murmurs are organic will not provide for a pre-existent rheumatism; for it is acknowledged that endocarditis may arise from pyæmia, measles, scarlatina and other diseases, to say nothing of the valvular lesions that may result from congenital malformations, anæmia and too violent exertion.

The deposit of lymph observed on the valves in fatal cases of chorea has been met with only in cases in which a short time had elapsed between the subsidence of the chorea and death. The arrangement of the deposit is, moreover, different from the endocarditic deposits.

Numerous hypotheses have been advanced showing that choreic murmurs are of purely dynamic origin. These I have fully reviewed elsewhere (*Hahnemannian Monthly*, August, 1884).

Lastly, it remains for us to inquire into the relation of chorea to capillary embolism. The clinical history of chorea is not such as to support the theory of such an origin for it. Embolism would necessarily be of sudden onset, while chorea, though often rapid in its appearance, does not come with any degree of suddenness in the vast majority of instances. Embolism affecting the cerebral capillaries would be followed either by rapid restoration of the circulation through the collateral vessels, or by softening of the affected cerebral area. In the former case prompt recovery must ensue; in the latter, the disease would be incurable. Experimentally-produced embolism has thus far failed to produce choreic symptoms (*British Medical Journal*, July 17, 1886, page 100).

So far as I know but one case of chorea has been reported in which emboli have been observed in any of the vessels. That case was one of partial embolism of the interior division of the central artery of the retina, associated with repeated attacks of chorea. It was reported by Mr. Arthur Benson to the Academy of Medicine in Ireland (*British Medical Journal*, Jan. 23, 1886, page 158).

The above review of the etiology and pathology of chorea shows that medical authorities are not uniform regarding their opinions of the same. Paralysis was once looked upon as a separate disease, as were also Bright's disease, tremor and convulsion. Now each of these conditions are recognized as but symptoms of well-recognized pathological conditions. It may well be asked if future investigations will not show the same to be true of chorea. Cases of this affection vary so much in their clinical history that such a result is not among the improbabilities.

THE MATERIA MEDICA OF THE FUTURE.*

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THE words "materia medica," of course, simply mean "medical materials;" but they are also used as a designation of a treatise on these materials.

In the homœopathic, or new, school of medicine, the materia medica is usually understood to mean a collection of the pathogenetic † effects of medical materials or drugs, with very little consideration devoted to their sources, collection, preparation, preservation, or therapeutical applications, such as are Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, Allen's *Encyclopædia of Pure Materia Medica*, and the *Cyclopædia of Drug Pathogenesy;* whereas, in the allopathic, or old, school, it is understood to mean a treatise on the sources, collection, preparation, preservation, and the allopathic and antipathic uses of the medical materials, with little or no consideration of their pathogenetic effects, such as are Stille's, in America, and Pereira's, in England. Thus, both are defective, though together they would make a fairly complete materia medica.

Such have been the materia medicas of the past, and such they are at the present time. They have served fairly well the necessities of the past, but they serve very inadequately the necessities of the present; and they will not and cannot meet the requirements of the future.

That they very inadequately meet the necessities of the present day is shown by the frequent issue and eager purchase, in both schools, of attempts at more complete or more thoroughly useful treatises, such as those of Bartholow and Wood, in the old school, in America, and of Phillips, Ringer and Brunton, in England; and in the new school, of those of Burt, Hempel, Hale, Dunham, Farrington and Allen in America, Teste in France, and of Hughes and Pope, the *Hahnemann Materia Medica*, and the *Materia Medica, Physiological and Applied*, in England.

This general dissatisfaction in both schools makes it evident that there does not exist a materia medica that fully meets the requirements of the present time, much less of the future; and that the MATERIA MEDICA OF THE FUTURE has yet to be written.

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* Read before the American Institute of Homœopathy, June, 1889.

†It is a misnomer to call the poisonous effects of drugs "physiological." Physiological is natural, healthy; but the poisonous actions of drugs are morbid, unhealthy, unphysiological—pathogenetic.

Up to the time of Hahnemann, the materia medica was such a jumble of inert and filthy substances and complicated compounds, mixed up with so much superstition and hypothesis, that Hahnemann rejected it altogether, and set himself the task of constructing a new one on an entirely different plan; with what success will appear as we proceed. After much thought and labor Hahnemann produced what he called a pure materia medica—the *Materia Medica Pura;* and which for years afterward was almost the only working material of the new school.

The one-sided nature of this production, however—it being merely a list of the symptoms or poisonous effects of drugs arranged in schema form—prevented it from replacing the old treatises on materia medica, bad as they were, and confined its adoption to Hahnemann's own followers.

It is very much to be regretted that circumstances did not permit Hahnemann to adopt a comprehensive and complete plan, such as is explained in this paper, and so produce a treatise that would have replaced the old effete productions. The action forced upon Hahnemann at that time has proved a great—an almost irreparable—disaster both to the medical profession and the patient-world. In great part owing to it, the opportunity was lost of a thorough reform in the profession, which was urgently needed; and an antagonism was raised up which has never yet subsided, which is very difficult to overcome, and which has postponed indefinitely the general adoption of the scientific treatment of disease Hahnemann inaugurated.

Ever since Hahnemann's time, therefore, the new school of medicine has had a separate materia medica from the old school; and, from the opposition provoked, it must unfortunately for yet many years to come have its own materia medica. Eventually, however, "in the good time coming," when prejudice has been buried and a scientific spirit has assumed sway in the profession, there will not be any "new school" and "old school," but only one "noble profession of medicine;" and the real materia medica of the future will be one resulting from a combination of what may up to that time have been those of the two schools. But this is not yet.

We have therefore now here only to concern ourselves with the materia medica of the new school, and its completing and perfecting.

That the materia medica of the new school is at present in a very unsatisfactory state has already been shown; and that many attempts have been made to improve it, and to produce a materia medica that will meet the requirements of to-day, if not of the future, has also been proved. It will, however, be well to go more fully into the proof:

What, then, is now the materia medica of the new school; and in what form does it exist? As already remarked, it was originally Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, and consisted of little else than a list of the pathogenetic or poisonous effects of drugs in schema form. Subsequently it was Jahr's *Manual*, which consisted of a mere schema of so-called drug symptoms. At the present time it is Allen's *Encyclopædia of Pure Materia Medica*, which includes Hahnemann's, and which is itself *nothing* else than a schema of drug effects, with references to their sources.

Now, is this a materia medica at all? Such a production—a mere list of the poisonous effects of drugs—has never yet been dignified with the name of materia medica, except in the school of Hahnemann, and I fear never will be, for it is not a materia medica in the ordinary sense of these words; nor does it, nor can it, meet the purposes to be served by a materia medica. A materia medica, in the proper sense of these words, must point out what are medical materials, where they are to be found, when and how to collect or obtain them, and how to prepare and preserve them, as well as suggest the purposes for which they are to be used and how to use them. All the substances of nature are not poisonous, nor are they medicines—are not medical materials—but some of them are. A treatise that points out which are medical materials, and describes them and their purposes, is a materia medica; and to be a materia medica, in the proper sense of these words, it must not merely furnish a list of the medical materials and describe them, as do the materia medicas of the old school, nor must it simply furnish a list of the pathogenetic effects of drugs, as do Hahnemann's, Allen's, and the *Cyclopædia of Drug Pathogenesy*, but it must do both these and something more besides, as mentioned above.

The schema was originally devised and constructed by Hahnemann himself. He made and instituted provings, and collected narratives of provings and poisonings and overdosings; and, splitting them up, he arranged the symptoms under the headings of the different organs and parts of the body in which they were stated to have occurred—that is, in schema form—the form that appeared to him to be the best for the practical application of the homœopathic principle; and, though not claiming it to be a complete materia medica, he did eventually call it a materia medica—the *Materia Medica Pura*—much to the disgust of the profession in general, and much to the disaster and confusion of his disciples.

As an introduction to each medicine, Hahnemann added commentaries on the spheres of pathogenetic action and therapeutical useful-

ness, with some notes on the sources, collection, preparation, preservation, doses and antidotes, etc.

This Hahnemannian schema has been copied by Drs. Allen, Hering, Lippe and others. They made no attempt to improve the schema, and they altogether omitted the commentaries and notes, and in other respects also their productions (except, perhaps, Dr. Allen's) are inferior to those of Hahnemann.

The splitting up of the narratives into small bits to put under different headings, as is done in the Hahnemannian schema, severs the symptoms from their natural connections and concomitants, and makes them almost meaningless, and therefore of infinitely less value in practice, if not in many instances absolutely misleading. The diarrhœa of colocynth, for example, is placed under the heading "Stools," whilst its accompanying colic is of course placed under "Abdomen;" the cerebral congestion of belladonna is placed under "Head," whilst its accompanying vomiting is placed under "Stomach;" and so on. Moreover, the Hahnemannian schema is utterly incapable of conveying any useful idea of the "general" pathogenetic action of drugs; in fact, it often obscures this. So unsatisfactory, indeed, has the Hahnemannian schema been found, that its total abandonment has been frequently and seriously proposed. It has done more than anything else to provoke ridicule from old-school practitioners, and prevent them from embracing reformed medicine; and it has made homœopathy appear unscientific—a mere mechanical fitting of symptoms to symptoms—instead of the scientific treatment of disease, which it really is. Besides, not only is the Hahnemannian schema defective and misleading as a "form of presentation" of the materia medica, but much of the matter hitherto incorporated in it is untrustworthy, as has been proved by Drs. Roth and Hughes as to Hahnemann's material; and by Drs. Hughes and Dake, and Conrad Wesselhoeft and Sutherland, and by Dr. Allen himself, as to that of the *Encyclopædia*. Without doubt, therefore, the Hahnemannian schema of drug symptoms must be looked upon as absolutely unfit to be the materia medica even of the present day; and, of course, much more unfit for the materia medica of the future.

Has the new school, then, no reliable materia medica at all? Well, I fear not. And this is the more remarkable and regrettable because materia medica is the special province of the new school. It is true there are several samples, or examples, of so-called materia medicas, such as Allen's, Burt's, Hering's, Lippe's and Teste's; the *Cyclopædia of Drug Pathogenesy;* Hale's and Mitchell's; the Austrian Provings; and the Lectures of Drs. Hempel, Dunham, Farrington,

Hughes and Pope, etc.; but none of these can lay claim to even tolerable completeness, or to be more than mere examples.

It has already been assumed that the main purposes to be served by a materia medica are to point out and describe the medical materials in such a manner that they may be used in the treatment of disease and the restoration of health. The materia medica is, indeed, the medical practitioner's most important hand-book. His treatise on the practice of medicine—his "Practice of Physic"—has for its object a description of diseases and their causes and pathology, with their natural course and progress, and only to give mere hints as to the medicines to be employed in their treatment, and once read and understood may be laid aside; but his materia medica is the practitioner's book of daily, if not hourly, reference, at least in homœopathic practice. The homœopathic practitioner who is without his materia medica is like a lawyer who is without his Acts of Parliament, or the clergyman who is without his bible; like the chemist without his tests and test-tubes, the smith without his fire, or the joiner without his tools. The homœopathic practitioner ought never to treat a serious case of disease without consulting his materia medica, or at any rate having it at hand. Moreover, its vital importance in the treatment of disease and illness demands that it shall be as complete and perfect as it is possible for it to be made, and as reliable and readily usable. In fact, the materia medica ought to be to the homœopathic practitioner what the reference bible is to the preacher.

To make the materia medica complete and perfect and readily usable ought therefore to be the anxious endeavor of every practitioner and teacher of scientific medicine. Moreover, inasmuch as new poisonings and provings are being continually made, the materia medica ought to be under constant revision, so as to be kept up to the day in material.

What, then, are the qualifications of perfection and ready usefulness in the materia medica, and of completeness for meeting its requirements, and to qualify it for the title of materia medica of the present day and of the future? These may be summed up as the following:

1. In the first place, and above all things, it is necessary that the materia medica shall furnish the pathogenetic or poisonous effects of drugs; that is, provide a supply of pathogenetic material.

2. That it shall so display these drug-effects that they can be readily used in practice.

3. That it shall so furnish these symptoms that they shall convey a good idea of the local affinities and the general effects of the drugs.

4. *a.* That it shall point out and elucidate the topical affinities and the general sphere of the *pathogenetic* action of the drugs. *b.* That it shall point out and elucidate their local and general spheres of *therapeutical* usefulness.

5. That it shall furnish corroborations and confirmations of the homœopathic therapeutical action, by illustrations.

6. That it shall refer to the allopathic and antipathic, as well as to the homœopathic, uses of the drugs.

7. That the natural history, pharmacy, chemistry, etc., of the drugs shall be expounded.

These may be considered to be the qualifications of a complete materia medica, and no materia medica should be considered complete that does not embrace them all; and, most assuredly, no materia medica can otherwise lay claim to the title of "materia medica of the future."

1. Of all these conditions, without doubt the first, the most important, the absolutely essential, the foundation of all, and that without which all the rest are comparatively valueless, is that drugs shall be thoroughly proved on ordinarily healthy persons, and the results of this and the records of poisonings faithfully and carefully collected, collated, compared, revised, and edited; and so arranged that the symptoms, both absolute and contingent, idiopathic and sympathetic, with their conditions and concomitants, shall be given in the natural order of their occurrence, without any interpolation, obscuration, or unnecessary omission, in the manner adopted in the *Cyclopædia of Drug Pathogenesy*, published by the British Homœopathic Society, under the auspices of that society and the American Institute of Homœopathy, and under the editorship of Drs. Hughes and Dake. The *Cyclopædia of Drug Pathogenesy* is, without doubt, the first and prime essential of a complete materia medica, the mine out of which must be dug the materials of all future materia medicas; and unless this has been taken as the foundation, no treatise on materia medica should in future be considered worthy of acceptance. The profession and the patient-world of the present day and of all future time are by this work placed under an unpayable and everlasting debt to its promoters and compilers. In connection with it must, of course, be taken Hahnemann's *Materia Medica Pura*, as translated by Drs. Dudgeon and Hughes, and published by the Hahnemann Publishing Society, in England; also, the very excellent and valuable criticisms by Drs. Conrad Wesselhoeft and Sutherland, published in the *New England Medical Gazette*, 1888-'89, and, as well, those of Drs. Allen, Roth, and Hughes, already referred to.

An ample supply of pure and reliable pathogenetic material must, indeed, form an essential part of every materia medica with the least claim to being at all complete.

2. The condition second in importance is that the records of the pathogenetic material shall be made easily usable. The object of the records is to enable the practitioner to discover the medicines to be used in the treatment of disease and illness. The records may contain a good portrait of the case to be treated, but how shall this be found out when the records are voluminous, as they are in well-proved drugs? In the case of bryonia, for example, where there are thirty-seven pages of it in the *Cyclopædia*, or in the case of belladonna, with its forty-five pages, how shall it be found out whether they do or do not contain the symptoms of the case in hand?

Hahnemann's plan, as we have seen, was to display distinctly the *topical effects* of drugs by means of the schema—that is, by splitting up the narratives and placing under the headings of the different organs and parts of the body the effects stated to have occurred in these organs and parts, thus giving the principal local effects of the drugs in their proper places, and thus enabling the practitioner to compare them with the essential or most important, and even the contingent, symptoms of the disease to be treated; the symptoms being numbered for convenience of discovery and for rapidity of comparison. This was Hahnemann's plan. Other plans have been tried, but none has been found at all equal in efficiency to the schema. It has been thought that an index would answer the purpose, but the requirements of practice cannot be met by a mere index. Generally speaking, the organ or part in which the symptoms occur is the first idea in the search; and frequently the conditions and concomitants are of more value in the comparison than the symptoms themselves. No mere index can possibly serve the purpose. A schema is really required in practice; so essential, in fact, is the schema that Hahnemann thought it not only necessary, but all that is really necessary in practice, and he consequently destroyed his original narratives and left only his schema for his disciples to work with. A schema of some sort must, indeed, be employed; without it there is no possibility of practicing truly homœopathically, and homœopathic practitioners would soon become mere routinists, mere specifickers, treating from general indications instead of from minute pathological and symptomatic similarities; and this would be one of the greatest disasters that could happen to scientific medicine, for it would destroy its scientific character and materially interfere with its success in the treatment of disease.

The schema must, then, form part of any materia medica that aims at completeness, or at being that of the homœopathic practitioner.

3. Valuable, however, as the schema is in practice, the Hahnemannian form of it has the disadvantage that it cuts up the narratives into separate symptoms, and frequently separates them from their natural connections—from their conditions and concomitants—and makes them comparatively meaningless, and even misleading. It is, therefore, also necessary that the narratives themselves shall be given complete and entire, and in the natural order of the occurrence of the effects (as insisted on under No. 1), in such a way that they shall convey their true meaning and indicate the pathological states, local and general, the particular drugs are capable of producing—that is, that they shall be given in the narrative form as reported in the day-books of the provers, merely shorn of repetitions and redundancies, so as to be read with intelligence and interest, and so as to convey to the mind a good picture of the general sphere—the genius—of the action, both local and general, of the drugs ; in the same way as the history of a disease is given, viz., in a manner that will indicate the organ or organs especially implicated, and the manner in which they are disordered, as well as the course and progress of the morbid processes.

The Original Narratives must, therefore, form part of a materia medica that claims to be complete.

Perhaps the *Cyclopædia of Drug Pathogenesy* may be accepted for this purpose in its present form of a separate publication. This would save the cost and bulk of reprinting the material in the materia medica.

4. To the pathogenesies in his materia medica, Hahnemann added notes and comments by way of explanation and elucidation of the meaning of the symptoms. We may take this as an indication that Hahnemann thought such commentaries necessary, over and above the pathogenesies themselves—that is, that he thought the pathogenetic material needed illumination ; that the mass of symptoms needed a key to their meaning ; that the maze needed a clew to the way out ; also, that he thought that the man who made the provings, collected the narratives or constructed the schema, was the proper one to make these commentaries—to give these keys and clews to the meaning of the pathogenesies. In materia medica construction we would do well to follow Hahnemann's example, and add commentaries on the pathogenetic and therapeutical indications. It may be objected that his followers, having the pathogenetic material and the schema before them, ought, each one for himself, to be capable

of discovering the meaning of the symptoms. This may be true; but how much more capable ought to be the man who has made the provings, or collected, sifted, and arranged the narratives! His interpretation ought certainly to be much more likely to furnish the true key to the labyrinth of symptoms. Each prover should, therefore, accompany his provings with,

a. An interpretation of their meaning, pointing out the local affinities and the general effects of the drug—the local and general spheres of the *pathogenetic* action. He should also allude to the morbid states, local and general, these effects represent, and the concrete diseases they point to, as Hahnemann did. Hahnemann pointed out that *aconitum* markedly deranges the vascular system, producing symptoms of inflammatory fever, and is, therefore, capable of curing inflammatory fever, inflammatory diseases, and local inflammations, such as pleurisy, croup, measles, purpura miliaris, etc.; and that it would, indeed, take the place of the lancet and other antiphlogistic means. So with *belladonna*, that it markedly deranges the nervous system, producing symptoms of nervous fever, and is, therefore, capable of curing diseases of the nervous system, and diseases that resemble nervous fever, such as cerebral congestion and inflammation, febrile mania, scarlatina, erysipelas, angina faucium, etc., etc. These are mere kinds, but they give the key to the symptoms and the clew to the uses of the medicines.

b. Besides this, each prover, or at least every materia medica constructor, should further imitate Hahnemann by naming the principal concrete *diseases* in which the different drugs are likely to be useful as medicines, giving the particular differentiating symptoms that call for one medicine in preference to all others. For example, under the pathogenesy of *belladonna*, he should describe the particular kind of delirium, mania, scarlatina, erysipelas, angina, etc., and the particular stage for which belladonna is *the* remedy; and under the pathogenesy of *arsenicum*, the particular kinds of nasal catarrh, gastritis, diarrhœa, skin disease, etc., for which *arsenicum* is *the* remedy, and so on.

Pathogenetic and therapeutic commentaries should, then, form part of a materia medica that is intended to be complete.

5. The next point of importance is the affording of evidence that medicines will cure the diseases pointed to in their pathogenesies. The pathogenesies afford evidence that drugs will produce certain poisonous effects, and they show the locality and the kind and quality of the drug action. The homœopathic law asserts that drugs will cure diseases whose pathology and symptoms resemble those of the drug. As well, therefore, as providing the pathogenetic material and

arranging this for study and use, the materia medica should afford evidence that drugs do really cure the diseases whose symptoms and pathology resemble those they themselves are capable of producing. This can best be done by subjoining details of cases already cured, as has been done in the *Materia Medica, Physiological and Applied.*

Clinical verifications of the homœopathic uses of medicines should, then, form part of a complete materia medica.

6. The pathogenetic effects of drugs furnish indications not only for the homœopathic, but also for the allopathic and antipathic uses of the medical materials. In the old-school materia medicas these effects are arranged in classes under the headings of their most prominent characteristics, as astringents, cathartics, diaphoretics, diuretics, emetics, epispastics, errhines, narcotics, sedatives, etc., and, in the treatment of disease, drugs are used to produce these effects; when acting on the part already in a state of disease the action is said to be antipathic, and when acting on a different part it is called allopathic. In the old school drugs are used allopathically and antipathically; and in the new school, homœopathically. Occasionally, however, old-school practitioners prescribe drugs homœopathically, as when they give *ipecacuanha* in cases of vomiting, *mercuric chloride* in dysentery, *tartar emetic* in pneumonia, and so on; and the new-school practitioners occasionally take advantage of the antipathic or allopathic action—when, for instance, the object in view is to procure immediate relief in very urgent and distressing attacks of transitory maladies, such as angina pectoris and extreme hyperexia, where a few drops of *nitrite of amyl* or an iced bath may tide the patient over a dangerous crisis. The antipathic and allopathic, as well as the homœopathic, action of drugs should, therefore, be noticed in every materia medica, even of the new school, with the quantities or doses necessary for the production of the allopathic and antipathic, as well as homœopathic, actions.

A description of the allopathic and antipathic, as well as the homœopathic, actions of drugs should, therefore, form part of every materia medica that aims at completeness.

7. The medical materials cannot be used as therapeutical agents in the state in which they are found in nature, and therefore every materia medica should give something of their pharmacy. The scientific as well as the popular names and synonyms of each substance should be given, and the bibliography and sources of information. Also of *animal* and *vegetable* substances, something of the natural history, with the distinguishing characters of the class, family, genus, species, and variety; and the habitat, means of procuring and preparing,

the time for and manner of collecting and preserving, as well as the parts to be used as drugs and medicines, along with their physical characters, composition and constituents, with the characters of the genuine article, and of any spurious substitutes and imitations. Of *mineral* substances, something of the chemical history, with the chemical and physical characters, composition and constituents of the genuine article, and of any spurious substitute and adulteration. Also, the different preparations, with their characters and the manner of preparing and preserving them, with the best vehicle for their preservation and use, and the usual doses ordinarily exhibited. To each division there must be furnished some of the physical, and any chemical effects they are capable of producing on the animal body, with the mode of introduction or use externally and internally, with their incompatibles and antidotes, chemical, physiological and medicinal; as well as any chemical uses, such as antidotal, absorbent, escharotic, caustic, anthelmintic, germicidal, disinfectant, deodorant, etc.

Something of the *pharmacy* of the medical materials must, then, also form part of every complete materia medica.

Such is the plan on which the materia medica of the future should be constructed, and it is no merely theoretical and visionary sketch; it has already been introduced to the profession in the presentation of the medicines *crotalus* and *kali bichromicum* in the *Materia Medica, Physiological and Applied*, published in England by the Hahnemann Publishing Society. With both these drugs the purified pathogenetic material is given. In *kali bichromicum* the symptoms are arranged in groups as they occurred in the provings and poisonings, under the Hahnemannic order of the regions to which their idiopathic action seems mainly to belong; when the groups are large, the lines are numbered. The narratives having already been published elsewhere, they are not reprinted here. As in the case of *crotalus* the pathogenetic material had not previously been collected together, the narratives are here given entire, and the lines are numbered for ready reference. There is also an arrangement of this material in schema form, in Hahnemannian order, in which the symptoms are given complete, and they are numbered to facilitate rapidity of discovery; also, reference is made to their exact place in the narratives, so as to assist comparison of them and the disease symptoms. With both drugs, when the section is large and the symptoms many, an index is added, to facilitate rapidity of discovery of any particular symptom. After each section, pathogenetic and therapeutic commentaries and clinical experiences are subjoined. Notice is also taken of the allopathic and antipathic actions, the toxicology and chemistry, the modes of intro-

duction and the doses, and of the mode of collection, preparation and preservation, and of the best preparation and form for use, the natural history, bibliography, pharmacy, etc. Altogether, it is hoped the presentation is fairly complete and thoroughly practical.

The presentation of *crotalus* or *kali bichromicum* in this work may, it is thought, be taken as a model of what the MATERIA MEDICA OF THE FUTURE should be. And if the American Institute of Homœopathy would appoint a small sub-committee to settle the exact form of presentation, it would, perhaps, do more toward the unification, elevation and honor of our noble profession than it could do by any other means. We invite it to do so.

THE TREATMENT OF PNEUMONIA.*

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IN a series of papers upon the different aspects of a subject like pneumonia, furnished by writers far spread and not in communication one with the other, little wonder need be expressed if there exists some degree of misfitting. So it may be that this contribution may not cover the therapeutics of the ground covered by my predecessors who have had the pathology, etc., to write upon.

Just as we occasionally meet with the expression "Bright's diseases" nowadays, instead of "Bright's disease," so may the term pneumonia be pluralized into the pneumonias with perfect propriety. And as in the present paper there will be no attempt to cover the vast field necessary to a proper consideration of the treatments of the pneumonias, a brief statement will hardly be amiss of what particular part of this compound subject has been chosen for presentation. Not the pneumonia of infants nor of the aged; neither broncho-catarrhal nor lobular pneumonia; nor the pneumonia of the tuberculous; nor fibroid pneumonia will be paid any attention to whatever. But it will have to do with the genuine and true pneumonia which furnishes its typical cases from adult life, the pneumonia which, to the ancients, was the type of the phlegmasias, the pneumonia which, to the moderns, is a bone of contention as to whether it is an infectious fever or a local inflammatory disease.

This is the pneumonia which is hampered by such appellations as croupous—fibrinous—lobar, etc.; but the plain, non-adjectived term

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pneumonia is all sufficient to designate it. This pneumonia of the pneumonias, I may be pardoned if I further state, runs as definite a course as any of the exanthemata, exhibits as precise lesions, and like them may be modified in its course, but cannot by any therapeutical means known be turned away or arrested.

From the moment the individual is stricken with the initiatory chill he is destined to undergo the stages of engorgement, of red hepatization, and of gray hepatization of the pulmonary alveoli, attended with an exalted febrile movement, which, if not interfered with, will spontaneously cease, as a rule, about the seventh day, unless, indeed, death intervenes in the interval. This may appear slightly Calvinistic, but it will bear close scrutiny, and can be more easily proved than disproved.

To follow a time-honored custom, certain adjuvants in the treatment of this malady will be reviewed before presenting the remedies in which we place most confidence.

Seeing that the fates do not consult us beforehand as to who our pneumonia patients shall be, where they shall fall ill, what the conveniences and comforts of their surroundings are to be, any more than they inquire of us whether we would like to be born, the questions of the inadequacy of the nurse, the equable temperature of the sick-room, the prior mode of life of the individual, hereditary predisposition, invalid delicacies, and such like, may as well be dismissed at once. These conditions and things pertain as much to acute diseases in general as to pneumonia, and in any and all of them the physician has to do the best he can with what he finds, for the majority of people, and therefore the majority of patients, are not so circumstanced that they can order what they will, or give their physicians *carte-blanche* to do as they would.

Of baths it is necessary to give more than a passing notice, for, as you know, they have been raised by certain enthusiasts from the common plane of a simple hygienic means to the more exalted position of a thoroughly curative measure.

All are familiar with the name of Brand, through his advocacy of the cold immersion plan of treating, and his claims of curing typhoid fever. By the same means the same results have been attained in pneumonia, so he and many others have averred.

As far as it has been able for me to ascertain, there has never been so general an adoption of the cold-bath treatment of pneumonia as prevailed in connection with typhoid fever. And even in the latter case this mode has now a very limited following, while in the former the partisans are few indeed. The objections which have been raised against such a treatment of pneumonia were not that it did not reduce

the fever, but that in accomplishing this end the pneumonia has spread; that is to say, the pulmonary consolidation has increased in extent, and that, in consequence of this greater involvement of lung tissue, some patients have gone on to a rapidly fatal termination.

No such indictment can be brought against warm or tepid baths; on the contrary, these are oftentimes wonderful aids in the treatment of pneumonia, especially in children. Therefore, it will be found that frigid baths for the cure of pneumonia have been pretty well ostracized from medicine, while the warmer waters have been relegated to the field of hygiene where they properly belong.

There seems to be but little disagreement among the fraternity as to the beneficial effects obtained by the introduction of alcohol into the economy of those suffering with pneumonic inflammation.

One immense advantage to the annual army of patients presenting themselves for treatment for this malady was the death-blow dealt to the horrible dosing with the antimonies, and the blood-letting, to which these unfortunates were subjected by the majority of practitioners. Therefore to Todd is due the credit of revolutionizing the then prevalent mode of treating pneumonia, and of reducing the mortality from twenty-seven (27) or more per hundred to somewhere in the neighborhood of one-third of that number, in the European hospitals.

Having accomplished so great and beneficial a change by the use of one substance, alcohol, where manifold drugs and strenuous measures had failed, the question required solution as to how it worked in the economy, and under what category it must hereafter be placed. Is alcohol to be enumerated among the aliments, the tonics, or the remedies of pneumonia? If all the liquor imbibed by an individual is stored up in the organs and tissues, or eliminated unchanged, then, of course, it must not be reckoned a food.

I know that Dr. Dowling, in a paper read before this Institute a few years ago, stated on the authority of Richardson that alcohol "is neither food, nor a drink suitable for man's natural demands." Perrin and others coincide in this opinion, but the eminent physiologist Liebig holds that the greater part of alcohol imbibed is burned up in the economy, and Joillet, a pharmacist in Paris, has demonstrated in his laboratory that alcohol in the presence of hemaglobin and of oxygen becomes transformed into acetic acid, and, certainly, if alcohol in meeting these same elements in the blood undergoes the same transformation, there can be no further question as to its being a food. One has but to follow this hypothesis a step farther to find the reasons for two well-known effects of alcohol upon the human subject, and by

so doing add confirming testimony to the preceding experimental physiology.

The first is, that when an excessive amount of alcohol is taken its absorption of oxygen from the blood, and particularly from the red corpuscles, prevents the proper aëration of this fluid, and the individual dies asphyxiated.

The second is, that the alcohol administered to a fever patient, in drawing from the blood the oxygen necessary for its transformation into acetic acid, diminishes the combustion of the economy, and thereby lowers the temperature of such a subject. Beyond this, alcohol, by its action upon the central nervous system, produces a direct stimulating effect which, to a patient with fever, is in every way a tonic, and enables him the better to sustain the tax upon his economy of so profound a disease as pneumonia.

It will not answer for those who are constitutionally or otherwise opposed to using or prescribing alcohol to cite the evil effects of this product upon the healthy organism.

To show that the administration of alcohol to an animal depresses the nervous energies and lowers the temperature can in no way be compared, as Peter puts it, with the lowering of the temperature in the hyperthermal patient through the same means.

The one appertains to the field of physiological experiment, the other to the field of clinical demonstration. They are opposites, for it is by poisoning the first and curing the second that these results are obtained.

Alcohol, then, as applied to the treatment of pneumonia, may with some justice be considered in the light of a food, of an anti-consumer, and of a tonic. Far be it from me to set up a claim that all cases of pneumonia demand an alcohol diet. There are certain cases where it should be absolutely proscribed.

Some of our English brethren have fought against its use altogether, and have drawn attention to the fact that in some instances the alcohol habit had been contracted after recovery from pneumonia treated by Todd's method. This is sad enough. Better had they died of pneumonia than that they should live drunkards. But it suggests to me that there exists in Great Britain a greater likelihood of such an after effect, where the indulgence in spirituous liquors is so common, than in many other countries where such is not the case. If it is even presumable that dipsomania is hereditary, then the patient's ancestral history should be inquired into before alcohol is prescribed.

The gouty subject, too, is one that will not bear the administration of alcohol when he is undergoing a pneumonic attack. And it has

been pointed out that some cases under alcohol develop very serious inflammatory disturbances of the digestive tract. In speaking of this, Dujardin-Beaumetz wonders if it did not result from *bad* whisky.

Even when the physician holds aloof from administering the alcoholic spirits in the course of a pneumonic fever, and all is seemingly satisfactory, there will frequently occur at the period of defervescence such a profound depression of the forces that it will become an absolute necessity for him to prescribe it then, if he would save his patient. At this juncture, as in choleraic diseases, the vitality may run so low, and the system become so torpid, that medication is useless until some art is applied to revive it. Here the alcoholic treatment will show itself most efficacious.

An alcoholic subject stricken with pneumonia will need his usual stimulant from the outset of the disease. To deprive him of it would, in all probability, plunge him into the worst adynamic form of the malady. His chances for recovery are not so good as one whose habits have been regular, for the continuous alcoholic congestion of his lungs which prevailed prior to the attack renders him more subject to an unusual degree of hepatization, and, consequently, danger of succumbing early.

The modes of administering alcohol are various, and it makes but little difference how it is given if only it can be accomplished. But, as I have noticed reports of fatal cases wherein the trial of alcohol had to be abandoned on account of the distaste for it on the part of the patient, I will append a few of the formulæ which have served the purpose for its administration in a more or less palatable form:

Todd's formula:

Old brandy	6 parts
Distilled water	9 "
Syrup	4 "
Tr. cinnamon bark	1 "

Gubler's formula:

Alcohol @ 85°	5 parts
Water	5 "
Simple syrup, or syrup of orange flowers	5 "

A teaspoonful every two hours.

Dervault's imitation of egg-flip:

Cognac	3 oz.
Cinnamon water	3 "
Yolks of eggs	2 "
Pulverized white sugar	½ "

Or a tonic of the generous wines or liquor cordials may be substituted for the plainer alcoholics, such as:

	Red wine	10 parts
	Simple syrup	3 "
Or,	Red wine	9 parts
	Tr. cinnamon	1 part
Or,	Wine cordial	12 parts
	Syrup of orange flowers . .	3 "

Lastly: Milk punches or egg-nogs may be prepared, and given, subserving the double purpose of food and of drink to the patient.

With the expectant treatment of pneumonia we have nothing in common whatever.

We cannot charge ourselves with having drugged our patients to death, and therefore have no need to stop dosing entirely just to see what nature will do if unmolested. No doubt, if we had not such excellent remedial means at hand to allay suffering and cure disease, we would be glad enough to adopt the expectant, or any other method, if we could by so doing reduce the mortality in our practice.

But much vaunting has been done since the introduction and partial adoption of the expectant treatment in some circles of the "regular" body corporate of physicians. There was little enough reason for this, for, according to their own showing, it was when they did nothing that they did most for humanity. Yet, after all, it seems as though they deceived themselves when they claimed to be partisans of the expectant treatment. For a certain clinician, in reviewing the work of the "expectant" disciples, shows that they did no such thing as sit inactive. Tonics and mild expectorants were ever being introduced into the regimen of the pneumonic patient, and he concludes writing upon the subject in disgust, apparently, for he says: "Pure expectation is impossible in a hospital, and impracticable in private practice."

It is with some degree of diffidence that I enter upon this portion of my contribution, which must treat of the therapeutical remedies in vogue in our school for the cure of true or croupous pneumonia. Not but that I believe myself to be in entire accord with the broad law of similars which guides us in selecting our drugs, nor that the elective scope we hold in regard to the choice of a potency in any way bothers me. But the questions of what shall constitute "the guiding symptoms" when we prescribe a remedy for a case of pneumonia, and what vantage-ground the homœopathic physician shall view the case from, require some sifting and explanation. Those who are most fond of the phrase "the totality of the symptoms," I beg shall

pay me closest heed, for be there any among them who have prescribed *aconite* in pneumonia, claiming to have covered all the symptoms in the case by this drug, I wish to point out to them the error they have committed, and the false position they have occupied.

When long before auscultation and percussion had become the common knowledge—property of the medical fraternity—the physicians of that time gave almost everything, and gave it all at once, to those who were attacked with pulmonary inflammation. They dreaded the malady, for the mortality was enormous; and it seems as though they could not have done more to make the mortality greater, had they been bent on so doing, than they did by their barbarous efforts at curing. As a writer of our day quaintly puts it: "They forgot that in this combat between the physician and the disease there existed a patient."

We smile now, in a very superior way, at their folly. But, really, is it very much worse than the statement of one of the bright lights of our school to the effect that "drugs are useless in acute diseases where there exists in the patient no constitutional complications"? When this is varied by multiple meaningless phrases, one begins to wonder if these have forgotten that in this sham combat between the physician and his patient there exists a disease.

Can we be true physicians and forget either the patient or the disease? On the other hand, as to the totality of the symptoms, can we as human beings compass the totality of anything, be it a drug or a bug? We can attempt, at least, to discern and to know that which is of most value in relation to a disease, and also of the remedies most useful in coping with it. To take anything like a comprehensive view of a case, one must certainly not ignore the physical signs which can be adduced, for these are neither more nor less than the most trustworthy symptoms, no matter how deeply they may be buried in the body, and they are more to be depended upon because they are not subjected to the alembic of a diseased imagination before reaching his senses, as is apt to occur when getting from the patient his subjective sensations. To the surgeon who clicks the ball of gravel imprisoned in the bladder, by means of introducing the urethral metal sound, the presence of the gravel is as obvious to him as though he had already placed his finger on it, and he immediately institutes radical measures for its removal with a boldness born of his assured knowledge.

If we do not proceed in a like manner in a medical disease, it is because we are either unaware of the morbid state present in the case, or because we have no such radical means in our therapeutic armamentarium wherewith to meet it.

When, a few years since, Dr. Burt brought a report to the Clinical Society of Chicago of a case of diabetes mellitus apparently cured by the use of the *Zyzigium bean*, the first question which arose was: Can the *Zyzigium jambolanum* produce in a healthy organism the diabetic urine? This was very soon answered in the affirmative by a proving made under the observation of Dr. Gilman. The question was the outgrowth of the desire to know whether the newly introduced drug was homœopathic to the disease, whether it would, or would not, give us the veritable pathognomonic sign of the disease.

What member of the Institute has not felt proud of Carroll Dunham for revealing to us the wonderful similarity between the proven symptoms of *Sepia* and "functional derangement of the liver," as found in Murchison's recent work? A regular progression of pathological changes, due to derangements of a vital organ, were shown to come entirely within the scope of an equally regular progression of symptoms produced by a single drug.

It required the best work of two medical geniuses to complete this little circle of knowledge; but, when finished, it presents to our view as artistic a piece of medical construction as one may hope to see in a life-time.

It is simply in an endeavor to accord with the several citations just made that I offer the assertion that *aconite* is in no way related in a remedial way to croupous pneumonia. When has there yet been a case shown of *aconite* poisoning which exhibited upon post-mortem any semblance to the fibrinous exudation of pneumonia. I may go farther and say that it is doubtful even if the stage of engorgement, which precedes the hepatization in pneumonia, is ever produced by aconite poisoning.

In the "Cyclopædia of Drug Pathogenesy," by Hughes and Dake, you may look in vain for any such evidence. On the contrary, the published autopsies of fatal cases will be found to read, "lungs not unusually congested," and "the lungs were bloodless."

Of course, there is a high grade of fever present in pneumonia, and *aconite* stands pre-eminent as a fever remedy, and, therefore, you say, it is homœopathic to this condition, and should be administered at the onset of the disease.

The truth of this form of arguing I can by no means admit, notwithstanding that the statements upon which the argument rest are indisputable facts. Certainly, pneumonia is attended by a high fever, and *aconite* produces fever toxically, but are they similar fevers?

I think not in the least. The pneumonia fever runs a specific course from three to nine days, and, from the expiration of the first

twenty-four hours onward, occasionally earlier, the pathological process in the lung is advancing with marvelous rapidity. On the other hand, the *aconite* fever is an evanescent one. The fever rises rapidly, and quickly rebounds. There is no such persistence in the temperature elevation as is ever found in pneumonia; therefore, the apparent similarity noted between *aconite* and the first stage of pneumonia could not have been but very superficial.

To close my considerations of *aconite* and its relationship with pneumonia I have but one suggestion to offer.

Aconite does exhibit some affinity for the left side of the heart and for the systemic circulation. See the thickening of the mitral valve, and the inflammatory proliferations upon the endocardium and aortic orifice which it produces. On the other hand, the pneumonic inflammation is connected alone with the circulation of the right heart. In this case what excitement and perturbation we see of the left heart are entirely secondary to and in sympathy with the disease of the other circulatory system. And, in regard to this incident of pneumonia, it places the pulmonary phlegmasia in a unique position; for in all other fevers the lesions produced are, without exception, to be found in the course of the systemic circulation, and not of the pulmonic.

Even bronchitis and pleuritis must be included in the systemic circulatory diseases, and to them, I think, *aconite* holds a more unassailable position than it does to lobar pneumonia.

So far as has yet been proven, no remedy in the materia medica covers the signs, symptoms, lesions, and course of pneumonia like *bryonia*. It has the heat, the thirst, the excitement, the persistent elevation of the temperature to 103° for four or five days, the pulmonary engorgement with pleuritic stitching, and by post-mortem are seen the hepatization of the air-cells, the right side of the heart full of black fluid blood or choked with coagulum, and the left side invariably free from all such evidences of distension or congestion.

It would be useless to enter into any arguments here to uphold this, or to cite physiological or toxicological cases to prove these truths.

It is impossible to look over any literature pertaining to this drug without stumbling across "confirmations devout as holy writ." Nor do I think that it is at all necessary to say a word before this learned body about the efficacy of this remedy in meeting the direst of the acute pulmonary diseases.

Nevertheless, as I feel so strongly upon the subject of this being *the remedy*, par excellence, for pneumonia, I will insist upon one word, and that is, that, in the light of our present knowledge of

therapeutic drugs, the physician who has a case of pneumonia to treat, knowing that it is such, and does not prescribe *bryonia* for it, is simply dallying with the patient, is not treating either the patient or the disease, is anything but a true homœopathist.

In a very limited way, *arsenicum* furnishes provings of pulmonary inflammation—limited in extent, not in degree. The localized inflammations are of the fibrinous variety, but are universally coupled with other and severe pathological changes. Among those near at hand are atelectasis, tuberculosis, pulmonary œdema, purulent bronchitis, pleuro-pneumonia with effusion of bloody serum, and fatty granulations upon the pulmonary endothelial layers.

One case in our Drug Pathogenesy, quoted from the *Lancet*, reads: "Lungs were found heavy and dark; on section cut surface appeared bright red, glossy, and smooth; it resembled neither the granular appearance of pneumonic hepatization nor the defined homogeneous structure of the clot in pulmonary apoplexy.

"It was probably the first stage of pneumonia, the appearance being produced by extensive engorgement or congestion of the pulmonary capillaries, no effusion as yet having taken place."

Another case, also from the *Lancet*, shows that in *arsenical* poisoning the fully-developed pneumonia may be produced. This case had vomiting of blood, and his sputa were tinged by it. "The posterior portion of both lungs were found, on auscultation, to be affected with pneumonia, and the lower lobes were partially consolidated. It was on the thirteenth day after the poisoning that the pneumonic sputa appeared."

The general, as well as the local, symptoms of this drug direct its application in pneumonia to cases of an adynamic character. The sthenic form of the fever and the centralization of the inflammation, which mark a *bryonia* case, will prevent any clashing with the cachectic pneumonic subject requiring *arsenic*.

There is a period, too, in pneumonia when *bryonia* is no longer called for, and to which *arsenicum* may be clearly applicable. When defervescence has arrived and the red hepatization has been completed, the next step is a metamorphosis of the exuded material necessary for its elimination by expectoration and absorption. With the other symptoms corresponding, *arsenic* will do excellently here. But it is to this gray granulation of the blood products in the pulmonary alveoli that *phosphorus* bears a direct pathognomonic relation.

Fatty metamorphosis is the natural process through which all abnormal tissues pass prior to their dissipation, and this holds as true in regard to the pneumonic exudate as it does to the process of uterine

involution. And the claims of *phosphorus* have long been established as a remedy against fatty degenerations. Its rôle here is not to prevent the change in the exudation, but to preserve the lung tissue from doing the same through contact and sympathy with the material the alveoli hold. Moreover, there is a strong tendency in this stage towards a veritable necrosis of the exudate instead of its simply undergoing a bland transformation sufficient for its removal; and against this tendency no better remedy can be cited than *phosphorus*.

In advocating the use of so few remedies in the treatment of pneumonia, I do not care to have the impression conveyed that under no circumstances would I employ others. Such is not the case, for I know full well that complications are common in the course of this disease, and some one or other of the ordinary symptoms may become so aggravated that, unless attention is paid to them and alleviation given, the pneumonic process is likely to augment and the patient's chances of recovery diminish. So there is neither any reason nor any law with which I am acquainted to prevent the physician administering, as frequently as he sees fit, intercurrrent remedies for these complaints.

Some of the more usual of the conditions which call for some special medication are the pleuritic stitch, the dyspnœa, the delirium, the hyperpyrexia, hepatic and miasmatic complications, and the blockaded bronchioles during resolution, for all of which medicines and means will suggest themselves readily to each of you.

And, again, you will have to look carefully after those who have a dyscrasia or a disease long before the contraction of the pneumonic inflammation. The alcoholic, the diabetic, and the Brightic subjects may fall the victims to pneumonia, and each will need to be surrounded by the necessities for his chronic complaint while the acute malady is running its course.

GRACE HOSPITAL, DETROIT, MICHIGAN.

By C. F. STERLING, M.D.,
Detroit.

IT seems fitting that upon the completion of any enterprise in which the public may have a direct interest, a record of its inception and development should be prepared, especially in those cases in which improvements upon old methods are involved. Particularly is this the case in the construction of a new hospital, in which there is not only a local but a general interest, both to the professional and non-professional public.

The opening of Grace Hospital in Detroit on December 6th, 1888, is such an instance, and, marking an era in hospital construction, seems worthy of a fuller description than the simple announcement of the fact.

The hospital facilities of Detroit have heretofore been lacking in one essential that the ordinary mind naturally associates with such an institution, viz., its charitable feature, or the opportunity where those worthy of such aid could obtain it gratuitously.

This city contained previous to the erection of the Grace Hospital several large and important ones, but in consequence of their limited finances, it was out of their power to render the needful assistance to a large number legitimately entitled to such aid. The medical service was free, but the expense of maintenance of in-patients during their treatment had to be borne either by the patients themselves, their friends, or from some source outside of the hospital. This debarred from seeking relief a large class, common in every city, and commonly known in hospital parlance as the "worthy poor." It may seem incredible that in a city of a quarter of a million of people such a state of affairs should exist, but such was the fact. Attention had frequently been called to this in the daily papers, more especially by prominent physicians connected with the service of the existing hospitals, but with little result. It was destined, however, to bear fruit, although not in the manner contemplated or desired by those who had been foremost in agitating the subject. In the early summer of 1886 Dr. C. A. Walsh quietly requested all the homœopathic physicians of the city to meet one evening at his office as he had been commissioned to ascertain their feeling with reference to a hospital, the medical supervision and practice of which should be in accordance with the principles of Homœopathy. For a number of years previously a modest building in which members of this school could have an opportunity to publicly practice according to their ideas, had been talked of, and spasmodic efforts now and then had been made to realize their hope, but unavailingly. After the physicians had assembled Dr. Walsh told them that the time had arrived when, if they wished a homœopathic hospital, it could be had. A wealthy patron of his, Mr. (now Senator) James McMillan, had that day informed him that he was willing to build and equip such an institution, naming $100,000 as the amount he was willing to devote to it. Shortly after the further intelligence was communicated that Mr. McMillan's business partner, the late Hon. John S. Newberry, had supplemented Mr. McMillan's offer by one of an equal amount. A letter was immediately drafted, and signed by most

of the homœopathic physicians, expressive of their gratitude and appreciation, and forwarded to these generous gentlemen.

In 1879 another gentleman of means, resident in Detroit, also a homœopath by conviction, and a patient of Dr. M. J. Spranger, had given a large lot for the express purpose of erecting a homœopathic hospital thereon, but through failure to comply with the terms of the gift, and the non-payment of taxes, the land, greatly enhanced in value, had reverted to its donor, Mr. Amos Chaffee. Upon learning of the donation of Messrs. McMillan and Newberry, Mr. Chaffee generously made out a new deed, reconveying the same parcel of ground and refusing reimbursement for the taxes he had paid upon it during the intervening years.

The main condition of Mr. McMillan's gift was that the new institution should be as free to the residents of Detroit in honest need of its facilities as the river that flows by the city, and it was at once determined that one half of the sum given should remain untouched as the beginning of an endowment. The problem of construction then confronted Dr. Walsh, who, from the beginning, was entrusted with the sole responsibility by Mr. McMillan, of putting into concrete form of brick and mortar, the great charity conceived by himself and Mr. Newberry. Few who have not had the same thing to do can form a just estimate of the immensity of the task thus thrown upon the shoulders of a busy doctor, with the constant demands upon his time of a large and exacting practice, with, up to that time, no more knowledge of the particular requirements of a large hospital than the average practitioner, and the consciousness, on the one hand, of the responsibility to the donors, involved in the execution of their commission, on the other hand, the satisfying the demands of the profession, and leave no opportunity for just criticism on the part of medical men, prompted, either by genuine knowledge, by covert jealousy, or open and known hostility. That the result has been, of all who have visited the new institution, friends and enemies alike, homœopath or allopath, local or foreign, not one has been able to offer a suggestion of improvement, though freely invited to criticise, is a sufficient testimonial to the superb manner in which he has accomplished his task, aside from the freely-expressed opinion by those having had opportunities to judge, that there stands to-day, here or abroad, no hospital so perfect in every detail that should characterize such a building, or so free from the defects that are almost inseparable from such structures. Not the least complimentary comments have been given by our old-school confreres, to whom it must come as gall and wormwood to see the despised homœopath in possession of such unequalled facilities, after their efforts of

years to awaken public sentiment in this city as to the necessity existing for a free hospital.

The problems involved were many and perplexing. In general terms, they may be stated as being the most perfect convenience in administration and service, the utmost economy of space, the greatest available amount of light and air, perfect drainage and ventilation, the most modern appointments for preparing and serving food, a complete laundry with facilities for disinfection of clothing or linen, conveniences for the reception and examination of patients, and their subsequent transfer to their appropriate ward, the proper division and separation of male and female patients, and the absolute impossibility of communication between their wards without knowledge, together with freedom of access to the separate wards, independent exits in case of fire, and the whole to be under such perfect aseptic conditions as modern medicine has made imperative. Truly no light task to undertake by a man already so burdened with professional care that a leisure hour was almost unknown.

The first step was to ascertain what had been done, and what conclusions arrived at by recent authorities in hospital construction. After an exhaustive study of this, the next was to find out how completely any of the new hospitals fulfilled the theoretical demands, which involved visits to the larger cities, and a careful inspection of the institutions most likely to be fruitful in ideas, such as the Cook County in Chicago, the new Homœopathic in Pittsburgh and Boston, the Johns Hopkins in Baltimore, the various ones in New York City, and many of lesser note.

This ground having been thoroughly covered, the first line was put on paper by Mr. Gordon W. Lloyd, the architect, and the general features of the first draft remain unchanged to-day.

The building is of stone and brick, and is in reality a group of separate buildings opening from either side upon a long main hall or corridor ten feet wide, which extends from front to rear, a distance of one hundred and sixty-eight feet. The building faces nearly west and has a frontage of one hundred feet, this part rising to five stories in height, exclusive of a very light and attractive basement eleven feet high used as a dispensary for out-patients. The first story is of half-dressed brown stone with a central entrance opening directly into the main hallway. A corridor traverses this front building from end to end, crossing this main corridor at right angles.

In this front part on the main floor are the offices, parlors, drug-room, library, and sleeping rooms of the superintendent and house staff.

The second and third floors of this part are entirely given up to separate rooms for the reception of private patients, the fourth floor to the nurses' sleeping rooms, and the fifth floor to the domestics of the establishment. Bearing in mind that the building has far greater depth than frontage, the general arrangement of the balance of the building can be easily pictured on stating that back of the front portion, opening out from the main corridor on the south side, are two separate wings open to the light and air on three sides, the dimensions of each being, 42 feet long by 34 feet wide. These wings are three stories in height, each floor forming a ward. The first wing is the female wing, the second or rear one the male wing. The only communication between these wings is by means of the main hall on either floor, into which they open as stated. Between the main corridor and each ward in each wing is a second smaller hall in which is a flight of stairs running from the top to the bottom of the building, so that communication can be had between each floor or ward in the same wing without entering the main hall or any other portion, but no communication is possible with any other wing or part except through the main hall. The other end of this secondary, or ward-hall, opens into the bath and toilet rooms belonging to that particular ward, each having its own, and is the only means of entrance. These ward-halls are separated from the main hall by a twelve-inch brick wall, and in case of fire in any one part, all other parts can secure direct egress without passing outside their particular wing until they emerge in the open air. These wings, as said, contain three wards or floors each, making a total of six on the south side, and containing at present eleven beds each, on an allowance of 2,280 cubic feet of air to each patient. From the peculiar way in which Detroit streets run, these wings do not project due south, but a little to the east of south, an arrangement which, in connection with their being open to the east, south, and west (in general terms), gives them sunlight all day long. Should occasion arise for placing more beds in the wards, the ample facilities for cross-ventilation would allow of their being placed as thickly as it was possible to move among them. A similar arrangement is observed on the northerly side of the hall. Here, however, the first wing back of the front portion is octagonal, the main floor being used at present as a sort of meeting room, the second floor as a confinement ward containing ten beds, while the third is the operating amphitheatre. The rear wing on this side is on its main floor given up to dining rooms for the house staff and nurses, and a large linen room. The second floor is devoted to the

children's medical ward with thirteen beds, linen room, and convalescents' dining room, the third floor to the children's surgical ward (eleven beds), children's dining room, linen room, and special diet kitchen. The main kitchen is in the basement of this wing, from which runs a power dumb-waiter for bringing up food, and used for no other purpose. On each floor, contiguous to this dumb-waiter, and also to the various dining rooms, is a steam table with all the appliances for keeping food hot. The laundry is in the basement of the octagonal wing, and to it runs from the top of the building a shaft through which soiled linen is shot, being gathered from each ward in large canvas bags, marked and numbered to correspond with the ward. No soiled linen or clothing is allowed to be carried on the stairs, or on the elevator, under any circumstances. Another smaller shaft also runs from the upper floor to the basement, through which all sweepings, etc., are carried for burning beneath the boilers. On each floor, except the main floor, the front end of the large hall is finished as a sitting room for convalescent patients, and is open to all inmates of the hospital. On the northerly side of the front portion is a porte cochère, enclosed in glass, opening into the basement. The ambulance is driven beneath this, the patient on the stretcher carried into the building to a room adjacent to the entrance provided with a bed and bath, where an examination is made, a bath given, and from thence he is transferred to the elevator, and so to his appropriate ward. In other portions of the basement are suitable store rooms, baggage rooms, etc. One of the provisions is, that no baggage (trunks or valises) is allowed in rooms or wards. All necessary clothing is removed from the trunk or valise, which latter is then checked and placed in the baggage room, the check being given to the patient or authorized person. A list is taken of clothing removed, which is filed away and checked off when the patient leaves. The boiler room is outside the building, below ground, on a level with the basement, and connected by a passage with it. All garbage and débris is consumed twice daily in a garbage furnace. One of the features of disinfection is a chamber that can be heated to 300° Fahrenheit. In this room clothing that may contain germs is hung and subjected to this heat for an indefinite time. In the laundry is a large iron tank lined with copper in which infected linen (coming from cases of erysipelas, scarlet-fever, etc.) is placed, and thoroughly disinfected with hot steam. The closets and bath-rooms call for a word of notice. The seats of the closets do not rest upon the pan, but upon separate supports (brackets or standards), thus bringing no weight upon the pan, inducing a rocking motion, and ultimately loosening the joints. Neither are the pans cased in,

but all beneath the seats is clear space and an asphalt floor, on which the slightest leak, or any foreign substance can be immediately detected. The iron porcelain-lined bath-tubs are arranged in the same way, being elevated about six inches above the floor with no cabinet work about them. Throughout the edifice all the plumbing is open, and the utmost care has been taken that there shall exist no dark corners or holes where filth or dirt may accumulate. The general interior finish of the hospital is plain and simple, yet it possesses an elegance that strikes every visitor with pleasure. No money has been expended on mere ornamentation. The corridors on the first floor are tiled, the others in hard white maple. The walls throughout are painted in soft tones, and much effort was expended in selecting absolutely non-poisonous colors. Large quantities of salicylates were incorporated with the plaster for antiseptic reasons. The angles of the ceilings are all rounded to prevent lodgment of any floating particles in corners. The rooms designed for private patients have a peculiar interest in that they have been each furnished by ladies of wealth and social position in the city, and a kindly and pleasant rivalry has been shown in making the rooms attractive. The desire was to make these rooms home-like and charming, so that the natural repugnance to entering an hospital, common to many who might need its facilities even as private patients, might be reduced to a minimum. The outcome has been so lovely a set of rooms as can hardly be duplicated in any hotel. Each lady, in selecting a room to furnish, was allowed free scope for her taste and expenditures under these conditions: No carpets nor upholstered furniture were allowed, neither hangings of upholstery, and the bedsteads must be iron or brass. Every room is a gem, and the universal expression on the reception-nights of the opening was, "How perfectly lovely. I should like to be sick here. I always had a horror of hospitals, but this has completely changed my mind." The beds in the wards are of iron, and were imported from England expressly for Grace Hospital. They have woven wire mattresses, and from the head a strong, iron arm hangs over, to which is attached a chain with a handle in easy reach of the patient to assist him in obtaining a sitting posture. Each also has an adjustable rack beneath the shoulders, working on a ratchet, to give an elevated position at any desired angle. The mattresses, 6 ft. 6 in. by 3 ft., are of the best curled hair, 20 lbs. in weight, and made in three sections, so that, in case of needed renovation, the whole mattress need not be taken to pieces. Each bed is furnished with two pillows, one of curled hair weighing 1 lb., one of feathers 3 lbs. in weight. Hanging at the head of each bed is a card with patient's

name, age, residence, and diagnosis, and number of the bed. At the foot is a larger blank with space for a full daily clinical record. Each bed is numbered, and each occupant is known by the number of his bed. Every patient has his own towel, which is hung on a hook numbered to correspond with his bed, and no patient is allowed to use any towel except his own. Separate lockers are also provided for every patient. Should any patient suffering from acute mania of a violent form, alcoholic or idiopathic, be brought to the hospital, there is a carefully padded room for his reception until the violence of the paroxysm is passed.

Asepsis and antisepsis are cardinal features in the conduct of Grace Hospital, and the utmost pains have been taken to secure it. The operating amphitheatre is as perfect as can be made. The floor is tiled throughout with glazed tile, thus preventing the absorption of a single drop of blood, pus or any fluid. As said before, it is on the third floor in the octagonal wing on the north side. Nearly all the octagonal wall is occupied by large windows giving superb light, even on dark days. Above the operating table is a chandelier with both gas and electric burners, with a white porcelain reflector, making the artificial light nearly as good as daylight. On convenient shelves are large glass jars containing the various antiseptic fluids, bichloride, and carbolized solutions, etc., as well as all the appurtenances requisite for operations. Mounted on rubber castors are several small square japanned iron stands for holding the various trays and implements used while operating. In each of these stands is a glass enclosed receptacle, midway between the top and bottom in which are kept a supply of bandages, dressings, etc. On one side of the amphitheatre, and opening into it, floored with the same glazed tile, is the preparatory room for the patient, where anæsthesia is given, and the final arrangements for the operation made. On the opposite side is the surgeon's room where he performs his antiseptic toilet. In all operations where blood is drawn, the operator must wear a large newly laundried linen apron completely enveloping his person. Asepsis and antisepsis are inflexible principles to be observed in all operations in Grace Hospital, and at date of writing (five months from opening of the hospital) not a drop of pus has been formed in consequence of suppuration, although a large number of operations have been performed, several of them being of the gravest character. The instrument cases deserve mention in passing. These are made exclusively of nickeled metal and glass, with glass shelves on which the instruments rest when not in use, the doors shutting with an almost air-tight joint, and are always locked, the house surgeon only

having a key, and he is made responsible for the care and condition of all the instruments.

In another portion of the building on the same floor (the third floor being exclusively devoted to surgical cases) is a second operating room used only for laparotomies. This has an asphalt floor and prepared walls, so that it can be thoroughly cleansed, and a hose can play over all parts without damage to it or any other portion of the building. The floors throughout are all deadened so that the heaviest tramping is inaudible in the rooms beneath or adjoining.

Adjacent to the obstetric ward is a small room in which the confinement occurs in private, the patient allowed to rest and have her toilet made before being placed in the ward.

The edifice is lighted by both gas and electricity, having its own electric plant of dynamos, etc., using the Edison system.

The mortuary is not in the hospital building, but is a separate structure in the yard. The house staff comprises a house surgeon, house physician, and assistant. Dr. S. H. Knight, late house surgeon to Helmuth House, fills most acceptably the first position, and Dr. E. M. Hatch (New York Homœopathic College, '88) the second. The general care of the hospital is under a superintendent, Mr. R. H. Sillman, lately filling a similar position at the Manhattan Hospital, 131st Street, New York City. The service is divided into five departments, medical, surgical, gynæcological, obstetrical, and ophthalmological, and the staff in these branches constitute the medical board, presided over by one of their number known as the medical director, who is appointed by the board of trustees. The general management of the institution, as in similar ones, is entrusted to a board of trustees, with whom all staff appointments rest, but any new appointee on the staff must receive the endorsement of two-thirds of the existing staff.

Attached to the hospital service is a training school for nurses, presided over by Miss E. M. Hibbard, a graduate of St. Catharines in Ontario. At present the nursing staff consists of eleven graduates from various parts of the country, and six students, or probationers as they are called during their first month of trial.

In addition to the board of trustees there is a so-called "auxiliary board," composed of ladies, appointed by the trustees, whose duties are the general supervision of the domestic affairs of the institution, and a very delightful feature in connection with it is the exceeding interest manifested by those of social prominence and influence.

The building has cost to erect and equip, outside of special gifts, $140,000, equally shared by Mr. McMillan, and Mrs. Helen Newberry, the widow of the late Hon. John S. Newberry. The two children's

wards were entirely furnished by Miss Nellie Newberry, a daughter, who has also furnished a private room. The surgical outfit was the gift of Mr. Truman Newberry, a son. The porte cochère was added as the gift of Mr. John S. Newberry, Jr., another son.

The horse, harness, and ambulance were the mutual gift of Mrs. W. F. Jarvis, a daughter of Mr. McMillan (since dead, and from whom the hospital has been named Grace), and Mrs. W. C. McMillan, a daughter-in-law.

The furnishing of all the private rooms were additional gifts by various persons, as well as the parlors, etc. $100,000 has been invested in six per cent. bonds, equally contributed by Senator McMillan and Mrs. Newberry, making a total of $245,000 bestowed by these generous persons for the sake of Homœopathy.

The land on which the structure stands, and donated, as said, by Mr. Chaffee, has a market value of $25,000. The total value of all the contributions, thus far, approaches closely to $300,000.

It is, of course, the hope to make the hospital ultimately self-sustaining. The income from the private rooms—twenty-two in number—is relied upon as furnishing part of this. The prices charged for them range from $10 to $25 weekly. Poor patients from this city are admitted to the wards free. Those who *can* pay will not be allowed to abuse the charity. Patients from out of the city are admitted to the wards at the rate of one dollar per day, or seven dollars weekly. Mr. McMillan's generosity does not stop with the donations he has already made. He personally told the writer on the evening of the opening reception, that it would be some time before the hospital could maintain itself, but until it did, ***he should see that it lacked for nothing.***

The total number of beds in the wards is one hundred. To this must be added those in the private rooms, making an aggregate of one hundred and twenty-two that the hospital can accommodate amply. As said before, in cases of emergency, so great is the air allowance, and so perfect the ventilation, a much larger number can be cared for.

The opening exercises were exceedingly simple and appropriate. After a business meeting of the trustees, the waiting physicians were called in, and Mr. McMillan, after giving a brief history of the influences which led him to give this direction to his charities, and an outline of the work done, read the staff appointments, and formally turned over the medical care of the institution to the new staff.

The staff fittingly replied through Judge Marston, who then, on their behalf, presented to the trustees three quarter-length portraits in oil, of each of the donors, which hang on the walls of the board-room.

This was all of the formal exercises. The balance of the time was spent in inspection of the new structure, and it is estimated between 5,000 and 10,000 people entered the doors between 3 and 10 P.M.

From a social standpoint it was a notable affair, the élite of the city being present in great numbers. Thus was completed, and auspiciously opened, what it is believed, is the most perfect and attractive hospital in existence, and is fondly hoped will furnish results in work second to none, and be a potent factor in securing for Homœopathy the full recognition to which it is entitled.

TREATMENT OF DIABETES WITH ANTIPYRINE.—Albert Robin, *Gaz. méd. de Paris*, Nos. 15 and 16, 1889, gives the results of his use of antipyrine in diabetes since October, 1887. He is satisfied that the drug decidedly lessens the amount of sugar, and also of the urine. But it is not an indifferent drug. It has a distinct rôle, and its indications and contra-indications must be borne in mind. His conclusions are:

I. Antipyrine has an energetic action upon the glycosuria, but does not cure it. Nevertheless it exerts a striking inhibition upon the glycosuria, polyphagia, polydipsia and polyuria.

II. Concerning the dose, Robin has given the drug from two up to five grams in twenty-four hours, in doses of one gram every three or four hours. Five grams in twenty-four hours is too much, as the appetite quickly lessens and albuminuria appears. Good results have been attained with four grams, but even this is too high, and it is better to give from two to three grams in the day.

III. Regarding the administration of the drug, it is well to combine it with half a part of bicarbonate of soda, because, after the use of antipyrine, the acid constituents of the urine are much increased. As the action of pepsin is lessened by antipyrine, the remedy should be given between meals, every four hours one gram.

IV. Interruptions in the use of the drug should be made. After eight or ten days' use of it, it is to be suspended, and as soon as the slightest trace of albumen is observed in the urine no more of the drug is to be given. The time of the appearance of albumen is very variable, in one case it occurred in seven days, in another only on the twenty-fourth day. Much time and patience are needed in benefiting the disease. The best general method is to give antipyrine for a week with ordinary food, then suspend the remedy and put the patient on strict antidiabetic diet, and so on alternately.

When the use of the remedy does not quickly (in seven or eight days) lessen the amount of sugar, and by a loss of at least twenty-five per cent., the remedy had better be given up, as also when loss of appetite, emaciation, weakness, paleness of face and oppression appear; these are to be considered as contra-indications. O'C.

EDITORIAL DEPARTMENT.

PRELIMINARY EDUCATION AND A LAW.

AT the last session of the Legislature of New York a law was enacted providing that no medical college of the State shall confer the degree of M.D. on any person who has not, prior to entering upon the prescribed three years' study of medicine, passed an examination conducted under the authority and in accordance with the rules of the Regents of the University of the State of New York, in arithmetic, grammar, geography, orthography, American history, English composition, and the elements of natural philosophy. The act does not apply to persons who have already entered upon the prescribed three years' study of medicine.

While heartily endorsing the principle involved in the law, which imposes a higher average grade of preliminary study, and conducts examinations by a more disinterested body than the faculty of any medical college can be, it may well be questioned whether those who secured the passage of the law gave the subject sufficient consideration. That the framers of the law realize this may be inferred from a circular which has been sent out by the Chancellor of the University, and in which the following questions are asked:

1. To what extent, if any, should the grade of the examinations be lowered from the standard at present used in our academies?

2. Would you favor compelling graduates from medical colleges outside of this State to comply with the above provisions as to preliminary education before practicing in this State? . . .

4. How would you regard an amendment to the law allowing the regents' examination to be taken during the first of the prescribed three years' study of medicine, instead of "prior to entering" on such study?

These questions evidently foreshadow reconsideration and amendment of the law. As it stands at present, it discriminates against the medical colleges of our own State, while it does not protect the people against the imperfect education of practitioners who, graduating in other States, are made equal in privileges with New York's own graduates. So defective a law cannot stand as it is. It is the function of the State to regulate medical education within certain limits, but it is equally its function to favor its own educational institutions in their competition for students with the institutions of other States of the Union. And, as the State contributes nothing to the support of medical colleges, as they cannot teach properly from their scanty endowment funds alone, but must depend, to a large extent, upon the income from students, the State, in legislating for the better education of medical men, should consider as well how not to drive away students to other States. The problem of promoting the higher education of physicians is for consideration from the inter-State as well as the State point of view. Students for a degree, however equipped, whether from New York, from California, or India, should be encouraged to come to our medical colleges, and not kept away, by a State law which compels withholding a diploma because they have not a New York certificate of non-medical, preliminary education, obtained prior to the study of medicine. And, though the preliminary qualifications required are but slight, so slight in fact that it should be a shame to any student to begin the study of medicine without them, it must be remembered that an examination by that high-sounding University of New York, and its imposing Board of Regents, is a bugaboo of sufficient dimensions to scare off really qualified men, who can attain their degree elsewhere without encountering the trouble of an examination, magnified in imagination by distance and ignorance of its realities.

It may be respectfully suggested that the law should impose no requirements upon New York State colleges which do not have equal effect upon the colleges of other States. The jurisdiction of New York cannot extend to Chicago, or Boston, or San Francisco, but it can exercise its jurisdiction over every practitioner who comes within its own borders. Instead of requiring a certificate of preliminary education, prior to the granting of a degree, it can be provided that such certificate shall be prior to license to practice within the State. The present law regulating medical practice in the State can be easily amended by adding to the provision, which requires registration of the diploma by the Clerk of the county in which the practitioner proposes to reside, the further provision that the Regents' Certificate of Examination shall be likewise so registered, as a condition of legal practice. Such a provision would be more just to our own institutions, while it would practically influence in that indirect way, which is more within the province of our so-called State University, preliminary education in medical students, not only in our own State, but in every State where a medical college exists. At any rate, it is clear that a law so ineffective and unjust to New York's own interests, ought not to remain without substantial modifications, and, as it did not emanate from the body of the profession, changes at the next legislative session may be looked for.

SENILE REJUVENATION.

IN a note communicated to the Société de Biologie, of Paris, on the 1st of June, Dr. Brown-Séquard published an account of some experiments made on himself, to test the effects of subcutaneous injection of a liquid prepared from fresh testicles of dogs or guinea-pigs. After a preamble concerning the probable relation of sexual activity and physical health, and the possible double function of the spermatic glands in producing not only the male germinal elements, but in elaborating a substance which, by its absorption into the system, acts to stimulate vital functions, he describes in detail the process employed. The testicles were bruised with a small quantity

of water (two to three cubic centimeters to each testicle used), and the resulting liquid, which was made up of three elements: (*a*) the semen, (*b*) blood from the testicular veins, and (*c*) the juice extracted from the testicle by the water, was then filtered through a paper filter, or better, through a Pasteur filter; and about one cubic centimeter was injected into the subcutaneous tissue of the left arm (2) and legs (8). The first five injections were made with a fluid prepared from the testicles of dogs, and were introduced on three consecutive days. Subsequent injections were prepared from guinea pigs, and were made at intervals of four, five, one and six days. The author describes the effects produced on himself; but these need no recapitulation now, as they are so generally known. The local symptoms were severe, in spite of the care used in selecting healthy animals and in filtering the fluid. The author, at the time of writing the last paper (*The Lancet*, June 20th), had refused to experiment on others; but Dr. Variot had injected the fluid into three old men, with apparently good results. The author concludes his *Lancet* paper by observing that "this important subject should be further investigated experimentally." Great care was taken that the animals used were healthy and that the extract was injected immediately. The innocuity of the fluid was first tested by its injection into an old dog.

Now, note the result of this publication. The lay press puts in an oar, and describes an "elixir of life," a true *aqua vitæ*, derived from "the glands," "the organs," "the tissues," "the nerves" of animals, which "elixir," if injected into the system, will "rejuvenate the aged" and prolong life. Accounts are received from divers places of how this and that doctor have used the "elixir," with wonderful results, in cases of disease as well as senility. As "Fools rush in where wise men fear to tread," so those unacquainted with methods of physiological research began to "try experiments." Some procured their material "direct from the slaughter-houses," presumably without personal inspection. Some certainly kept the "extract" on ice until needed for use. All, as far as reported, used ram's testicles. A few scientists are quoted as reporting adversely, and one has called attention to the fact that the fluid as first prepared and the fluid an hour old are two different things.

The reports presented for public inspection are evidently the result of a panic among medical men—a panic, not arising from fear, but from ambition to appear first in the field as an authority. The enthusiast and the charlatan endorse Dr. Brown-Séquard's results; the doubter condemns them, while the pure scientist withholds opinion until the panic shall have ended. The reaction has already come here in the United States, and the doubter is in the majority. The possibility of blood-poisoning was evidently overlooked by some of the amateur workers, and, as a result, one suit, at least, for $5,000 damages, is in a fair way to be instituted. In some instances the experiments indicated have been conscientiously carried out, and, in time, the results will be known. Until then the scientific medical world will withhold its opinion as to the value of rejuvenation through testicles. At present, however, it would appear that these popular organs are mainly contributing to the rejuvenation of waning reputations. It may be that, through dogs and guinea pigs, the race may attain immortal youth, or, at least, old age that has the energy of youth; but this, we fear, will not be in an era that has failed to cure consumption by pumping noxious gases into the nether end of man.

THE INSPECTION OF MILK.

IN recent years much has been written concerning the condition of the milk supply of cities and the proper methods of examination to be employed. The reader of these instructive and valuable papers might conclude that an aroused public sentiment demanded the most careful sanitary supervision, not only of the milk furnished for consumption, but also of the source of supply. So much depends upon the purity and cleanliness of this article of diet, and so important is the watchful care that preserves it from contamination at its source, the dairy-farm, that the methods of inspection employed may justly be thought to be most rigid. Yet, but a slight investigation is needed to convince the most obdurate pessimist as to the quality of milk supplied that the present methods of inspection are sadly defective. Milk inspection, as ordinarily practiced, deals with the milk supply and not with the source of the supply. It is an examination

for the detection of impurities and adulterations, and is important as far as it goes. But there are sources of contamination and infection that this chemical analysis, no matter how carefully conducted, cannot guard against. It may be asserted, without great fear of contradiction, that milk is a capital disseminator of infectious diseases among human beings—diphtheria, scarlet fever, typhoid fever have all been conveyed in this way. But whether the milk is so infected and so capable of conveying these diseases cannot be told by any chemical test. The investigation must go further back and must consider the sanitary administration of the dairy-farm. The advantage of this is so obvious, the protection afforded against many possible sources of infection, the providing good food and pure water, the greatest possible cleanliness of the stables, the care of the health of the cow—in short, an intelligent oversight upon the home-life of the cow in its every relation is so vitally important to the consumer that it is strange that laws governing such inspection have not long ago been passed. Yet, public sentiment in this matter is hardly aroused. Several countries have already adopted excellent laws bearing on this subject. Everything that pertains to the dairy is under constant and strict supervision. It must not be forgotten, also, that the dread tuberculosis may be conveyed through the medium of cows' milk. Careful examination of the cows will remove this source of infection. It is clear that the supervision at the farm is more important than the examination at the depot of supplies. Sanitary regulations for the care of dairy-farms cannot be too soon formulated and enforced. They benefit at once the consumer and producer; in fact, those farms, where it is known these precautions are observed, obtain much higher prices for their products. Such a law should be uniform, and as widely uniform as possible. Public sentiment should demand such laws, and that speedily. Every summer the special importance of such safeguards is emphasized.

COMMENTS.

New Legislation for the Insane.--Medical examiners in lunacy of New York State should note that, by the law establishing the State Commission in Lunacy (Chap. 2 and 3) passed at the past session of the Legislature, and approved by the Governor, they are required to

forward to the State Commission in Lunacy, at Albany, a certified copy of their certificates of qualification; and all physicians created examiners after the passage of the Act (May 17th, 1889) must so forward to the same such certified copy within three days after the certificate of qualification has been granted. One year after date of passage of the Act, it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity for the purpose of committing any person to custody, unless his certificate has been so forwarded, and its record in the office of the Commission, as provided, has been acknowledged. The provisions of the law are evidently well considered. and will no doubt secure a more efficient supervision of asylums, and especially of county-houses, in many of which the accommodation for, and care of the pauper insane have been a disgrace to the humanity of the state.

A NEW TRUST.—Trusts are no longer a rarity in business life, and the very name, at first strange and ill-understood, has become a household word. A trust, as popularly defined, is a combination of capital in some particular line of business for the purpose of controlling the product and so governing prices. In other words, a community of interests among the producers or manufacturers obviates the necessity of competition to gain the favor of the public, and grants an enormous power to determine the terms of sale. The motives which lead to the formation of trusts, the conditions necessary for their successful establishment, and the resulting advantages or disadvantages to the people at large—these are topics that do not come within the province of a directly medical journal to consider. But if, as is reported, there is to be established a "Medical Journal Trust" there would at once be an exception to the rule. From advance proof-sheets of the Druggists' Circular, knowledge is gained of a rumored "combination of prominent proprietary and patent medicine houses, formed to furnish capital to, and control what is proposed to be, substantially, a 'Medical Journal Trust.'" These ambitious but evil-minded firms are accused of cherishing designs upon the entire medical press of the United States, and, for aught that can be said to the contrary, upon the medical journals of the globe. Their plan of action, as briefly outlined, is as simple as wicked. By withdrawing at one time all their advertisements from a given journal, and at the same time doing all that may be possible to damage it in other ways, its value rapidly decreasing, to buy it at a low figure. This fascinating little scheme, constantly repeated, would in time bring all medical journals under one central control. But our contemporary is wasting its powder. It is firing at a scarecrow. There is not the remotest possibility of such a combination succeeding. Even if it were possible for this so-called Trust to control a majority of the medical journals in this country, it would prove a disastrous investment. Every such journal would be instantly repudiated by the profession, and work at once to its proper level as the venal organ of patent medicines. But the medical journals worth buying are not to be wrecked in such a simple manner. The whole scheme is ridiculous and "Wellerian."

BOOK REVIEWS.

MEMORY AS A POWER OF KNOWLEDGE. By Wm. L. Evans, M.A. J. J. Little & Company, N. Y., 1888.

The author of this work dedicates it to "the student who will *master* it." In this dedication will be found an indication of the strongest objection to the book. Every one knows something of mnemonics, though few are conscious of their knowledge, and of its ordinary application.

Associations of ideas are the keys to memory. If Mr. Evans' book is read from the philosophical standpoint, much of value will be found: if it is studied as a text book, the student will soon conclude that it requires more mental effort to master the rules presented than would be expended in recalling the facts those rules teach him to remember. This is because the author proposes to substitute his rules for those already in use by the reader. Evolved ideas are always permanent, and it is impossible to remember that which is not understood, unless there be recalled either the visual or auditory impression of the text which expressed the idea. Arithmetical rules, for instance, are remembered only so long as the text can be recalled to vision, or the sound to audition; whereas, if the principles upon which the rules are founded are understood, the rules evolved are recognized as identical with those already formulated. The book is interesting, beyond doubt, and each reader must decide for himself or herself whether the methods there recommended are an improvement on his or her own. M. L.

ON NEURALGIA: ITS CAUSE AND ITS REMEDIES. By J. Compton Burnett, M.D., author of "Tumors of the Breast, and their Treatment and Cure by Medicine," etc., etc. London: The Homœopathic Publishing Company, 1889.

Dr. Burnett has given us another of his "little books" which help so much to show the place and scope of homœopathic medication in the hands of a well-trained observer in giving relief, and often cure, to sufferers from chronic affections, even to those afflicted with the most intractable of all, chronic neuralgia. The author has drawn on the experience of others as well as his own published and unpublished records, and his cases illustrate all that he claims for them, perhaps more. We quite agree with him in the necessity of "*curing a neuralgia* from the bottom," that, in fact, is the best (and generally the only) way to cure chronic diseases, and is, in many instances, the best way to cure acute diseases also, though we may need to look back some years to find the primary (or predisposing) causes or conditions.

It may be questioned if it is the best taste to introduce whole pages of a foreign language into a little work of this kind, even as a quotation, and in the least difficult of all languages to interpret; despite this, and some rather abrupt changes of the subject in the text, the author's well-known pungent style of writing up facts, and of "showing up" doubtful claims, make this a very readable book, which, we believe, physicians will find both interesting and instructive.

H. M.D.

THE PSYCHIC LIFE OF MICRO-ORGANISMS. A STUDY IN EXPERIMENTAL PSYCHOLOGY. By ALFRED BINET. From the French by *Thomas McCormack*, Chicago, 1889.

This little book of 120 pages is an interesting curiosity. The author attempts to prove, as the title indicates, that even micro-organisms exhibit psychological instincts, especially in the sexual relations. His researches and conclusions show, "that psychological phenomena begin among the very lowest classes of beings; they are met with in every form of life, from the simplest cell to the most complicated organism."

Especial use has been made of the investigations of Balbiani, Claparède and Lachmann. Maupas, Ribot, Engelmann, Pouchet, Weber, Pfeffer, Kent, Dujardin, Gruber, Nussbaum, Bütschli and Lieberkühn. Eighteen cuts illustrate the movements, nutrition, digestion, nuclear phenomena, and fecundation of Proto-Organisms.

The book is a scientific study, and is worthy of perusal.

THE VEST-POCKET ANATOMIST. By C. HENRI LEONARD, A.M., M D. Fourteenth revised edition, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. 304 pages. Illustrated Medical Journal Co., Publishers, Detroit, Mich

The fourteenth edition of this work has been increased in size by the addition of over 100 pages of text and 100 engravings; the page of the book has also been somewhat enlarged to accommodate better the engravings. The brain and its membranes, the eye, ear and throat, in fact, the entire viscera, and the generative organs of both sexes form the subject-matter in this new edition.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS, with Notes on Treatment, by B W. PALMER, A.M., M.D. New York: E. B. Treat, 1888. Pp. 256. Price, $2.75.

This compilation is sufficiently described in the title. The prescriptions are favorite compounds of old-school practitioners, instructive as samples of treatment in the polypharmaceutic school of drug-giving.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Chelidonium cough.—Dr. St. Clair Smith: Miss E., a teacher, has had a cough for several weeks which she cannot get rid of, notwithstanding she

has tried "everything." It is a dry, racking, fatiguing cough, night and day; no expectoration and no pain. It is worse at night preventing sleep. She says she is completely worn out, and certainly she looks so. Says the cough is excited by a sensation as if the throat and larynx were full of dust, which the coughing does not relieve. I was not acquainted with the symptom, and turned to a repertory, and found it under *chelidonium*. I gave her a few powders of the 3d, with directions to take a powder every two hours and report in two days. She did not report for a week, and then came to tell me that she had only taken three of the powders when the "dust" had left her throat, and with it the cough, which never returned.

Dr. J. A. Freer, Washington, D. C., reports the following verification of some *apis* symptoms: Mr. G. applied to me for treatment for right-sided orchitis, of gonorrhœal origin in its incipiency. *Gels.* 3 was administered, but without relief. The following day the swelling and tenderness had increased, and throbbing pain in the testicles and cord was complained of; this, together with the redness of the skin over these parts, led to the selection of *bell.* 3, which relieved much of the pain and redness, the swelling remaining the same, and the tenderness nearly so. *Clematis erecta* 3 was now administered, but without any improvement.

The patient had for a day or two complained of some aggravation between the hours of four and five P. M., and the evening before the employment of the following remedy this had been very severe, consisting of a dull, heavy pain in the testicles and cord, and of an intense aching through the loins and hips, extending down the right leg, causing great restlessness. This would continue until midnight, when it would gradually abate, permitting him to sleep from two or three o'clock. After bearing these symptoms, and making a careful examination, decided to give him *rhus tox.*, but as I was about to prepare this, he exclaimed with some vivacity, "I had my pet dream all last night." In reply to my question what this was he replied that he dreamt *that he was flying*; said he would be walking along when he would pick up his feet and fly to any distance that he desired. I immediately drew out instead of *rhus* my *apis* vial, and administered this in the third potency, with the satisfaction of seeing the trouble all clear up as if by magic.

From Clarence Payne, M.D., Port Jervis, New York:

Case I. *Carbo veg.* 30 relieved greatly in twenty-four hours and cured a case of aphonia in boy of twelve years, which had stood for over a month and resisted the use of *phos.* 3 and 30, *sul.* 30, *caust.* 3 and *spong.* 3. *Carbo veg.* 30 was given on indication of aggravation in evening and in damp weather.

Case II. *Nat. Mur.* 30 relieved promptly following symptoms: Patient, Mrs. L. M., age 43. Chill for several days past, lasting from ten A. M. to one P. M., followed by fever lasting all of afternoon; no sweating. Has no appetite. Is very thirsty. Little or no taste, white tongue. Frontal headache during fever. Also cough during past two weeks, hard, raises frothy mucous and blood in streaks. Cough caused by tickling in throat, with aggravation on lying down, and causes nausea.

Case III. *Rumex* 3 relieved decidedly the symptom of great itching all over after undressing in evening, in the case of Mr. C., aged 60.

Case IV. *Lach.* 6 cured a severe headache of a year's standing, with following symptoms, in case of Mrs. S., aged 44: Pain in back of head and neck, also on top and on left side; aggravation during night and on waking in morning; often with nausea. Very apt to wake from one to three A. M., when pain is severe. Scalp feels sore. Neck sensitive to touch, etc.

Case V. *Calc. c.* 8 cured bronchitis, with following symptoms: Case of Mrs. F., aged 33. Loose cough, raises mucus tasting like brimstone, caused by tickling in larynx, and is aggravated in morning. During day thin discharge from nose; at night nose is dry and stopped, and she has to breathe through mouth. Is very sensitive to cold, and gets easily out of breath. Feet feel cold and wet. Patient is tall and thin, not "fair, fat and flabby."

From Robert Boocock, M.D., Flushing, Long Island: I can fully endorse the curative power of *iodide of arsenic* in certain forms of humid asthma, having been successful in a few cases. I want to speak of this medicine as a means of curing the summer complaints we often meet during the hot weather. Two years ago I lost almost all my chickens by chicken-cholera. Last summer a new lot of hens and chickens began to die off by the same disease. I thought it a good chance to try *ars. jod.* 1. I mixed about two pounds of meal with two drachms of the remedy, and left the mixture in the chicken house for them to take at will. It cured every case. I had a good lot of it left to throw away.

In severe cases of cholera infantum it promptly cures when all our usual remedies failed.

Baptisia is a favorite remedy for headache and disordered stomach, with bad taste. It is curative in bilious headache and also in dyspepsia producing a gone feeling. I have tried to prove it many times in the first decimal, which has only developed one new feature, producing the subjective *smell of burnt feathers;* this has nowhere been noted. My oldest son was sure one night that there was something burning in the house and aroused us. I asked him if it was like burnt feathers. He said yes. I then knew it was the *baptisia.* This should cure certain cases of ozæna or catarrh.

In flushings at the climacteric, *belladonna* is my remedy—"anguish about the heart, headache, redness of the face," etc.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY, COUNTY OF NEW YORK.

REGULAR meeting of the Homœopathic Medical Society of the County of New York, April 11th, 1889, President H. M. Dearborn in the chair.

The Committee on Materia Medica reported through its chairman, E. H. Porter, the following papers:

"The New Materia Medica, based upon Strictly Scientific Methods," T. F. Allen.

"Gelsemium, Chart and Summary, with Critical Analysis," Helen Cox O'Connor.

"Cimicifuga, Chart and Summary, with Critical Analysis," W. S. Pearsall and E. H. Porter.

E. Carlton was glad that this society and others were going to take up this matter of the reproving of our remedies, and he hoped to see every member actively engaged in it. He thought that such study would tend to destroy the spirit of cavil and of doubting Thomasism, which now existed, and make us all more active adherents of what has been proven. He was glad at this time to acknowledge the debt he owed to that grand work of Dr. Constantine Hering, the "Guiding Symptoms." He had verified them many times at the bedside, and had found them true; and he hoped this work would go on until all could say the same.

John L. Moffat, of Brooklyn, had felt for some time that there is a possibility of the old school surpassing us in scientific pathogenesis unless we improve our methods. The imminent danger to homœopathy is our tendency to rest on the work done by our predecessors.

The proposed revision is an honest attempt at placing our materia medica upon a more scientific basis, and as such should be welcomed and forwarded by every one calling himself or herself a homœopathist.

It is at present simply making an additional book, which can be perfected only by generations of careful observers. We still have our old materia medicas, repertories, and volumes of clinical therapeutics for practical work.

T. F. Allen said that it was surprising to him how physicians claiming to be extremely strict homœopathists, and using the highest dilutions, could approve of the widest latitude in empiricism. If homœopathy is true, these men ought to be the first to find out what is absolutely true, the positive symptoms, and then use them. Instead of that, they are the first to demand a departure from Hahnemann. He had used Hering's "Guiding Symptoms," and could say that it had deceived him very many times at the bedside. When, however, he went to the provings of Hahnemann's early days, where his critical supervision of the remedies was seen, and could find the positive symptoms as there laid down, he would follow them and never be disappointed. We should oppose empiricism in every form. He had the highest respect for Dr. Hering, and thought that his work for homœopathy ranked second only to Hahnemann, and did not mean anything derogatory to him, but his "Guiding Symptoms" was based on empiricism, and was a therapeutic guide, and not a materia medica, and was not to be used as such by homœopathic physicians. Homœopathy depended on accurate provings, but, if we relied on the accuracy of a large number of them, we should fail. There are a large number of symptoms scattered through our books which are not in our materia medica; these must be thrown out. There have been accumulating since the time of Hahnemann in the materia medica a vast amount of worthless symptoms, which have come in from want of careful supervision of the provers and provings. The longest array of symptoms has been sometimes obtained in provers who were taking sugar of milk. They are mental impressions only, for, being on the watch for symptoms, they put down everything. If we dare to use them in practice, we fail. This is not the right way. Homœopathy is sure to die if we go on in this way. Now, what is our duty? It is to sift over the material in our materia medica. The provers were honest; these errors were honest but fatal. This work will be an immense one, and will require years for its development and completion. You may come down to four symptoms, as mentioned in the paper, but they are good ones, and you can recognize

the drug in them. Other symptoms will come in time, but at present we must throw out what is untrustworthy and unreliable. We must cease relying on symptoms deduced from the use of drugs on the sick; this is the empiricism of the old school, and he protested against it.

F. E. Doughty said he was one of the doubting Thomases, and would be at a loss, if this method of preparing a materia medica were adopted, how to prescribe. For in considering the charts before us we find, in spite of the fact that there were many provers, a total absence of any symptoms referable to the sexual system, and yet clinically we know that both these drugs exert a powerful influence on this system, and are in daily use for affections of it. If this, then, is a sample of what would result from such a boiling-down process, would we not deprive ourselves of many very valuable agents?

C. E. Beebe coincided with Dr. Allen in the opinion that we ought always to be honest in the method of prescribing, and, as far as is possible, fidelity to the central principle of our school should characterize said method. He had endeavored, to the best of his ability, to practice as closely as possible in accordance with the teachings of the Hahnemannian theory; but at the same time a patient should never be sacrificed to a theory, and in all instances in which a practical application of the theory cannot be made, in consequence of ignorance, uncertainty, or a lack of accuracy in provings, etc., as physicians, we are bound by the tenets of our art to afford relief to our patients in the best and most efficient way at our command, even though the method adopted should be directly antagonistic with preconceived theories. Much of the difficulty experienced by medical men in efficient prescribing is unquestionably attributable to confusion in the arrangement of drugs, to the nomenclature employed, and last, but not least, to the phraseology adopted by writers and compilers in expressing symptoms, indications, etc. He was not prepared to advance an opinion worthy of consideration in relation to the value of the charts exhibited, but he would certainly favor them, provided it could be proved that they would, even in the smallest degree, tend to do away with the confusion which characterizes our hand-books of materia medica. He would place especial stress upon the necessity for the adoption of a more lucid nomenclature in the reproving and subsequent rearranging of drugs. For instance, what is the real signification of the word catarrh? In one authority we find the term applied to an acute condition; in another, to a chronic process. Remedies do not always act with equal facility in both acute and chronic states; hence the necessity of uniformity in the meaning of all terms employed. To illustrate the uncertainty attending a prescription based upon statements made by the patient as to the effect of drugs, the speaker cited the case of an old lady who forty years previously had taken to her bed, and for some reason or other had never again risen from it. A slight ailment, from which she was really suffering at the time of his visit, was soon relieved, and the speaker was requested to prescribe for the chronic condition. Each remedy exhibited invariably produced the same result, which consisted in a great aggravation of every existing symptom. Finally, sugar of milk was administered on two occasions, and even then the patient detailed the same long list of aggravations referred to before.

Dr. Carleton said that he was glad to see empiricism attacked. Hahnemann was the first great leader to give it mortal blows; and next after him we must name Hering. It had been his good fortune to sit under the teaching of Dr. Hering, who was always unsparing in his denunciation of empiricsm. He was continually saying: "Do not admit these symptoms until they have been verified by a number of observers, competent to judge of them." After you had numerous provings well established, you might admit them to the code. He was also very particular as to the

nomenclature and even as to the pronunciation of the names of drugs. For instance, cimici*fu*ga would not do, nor cimici*fu*ga; it must be *cimicifuga*, meaning in the original that bugs would flee from it. But we have no good evidence that bugs dread and flee from this plant, consequently we must employ its proper botanical name, *actæa racemosa*.

Dr. Allen, replying to Dr. Doughty's question as to what we were going to do if we were to rely on this summarizing of the remedies, said that we were not going to rely on it, but that this was only the beginning of a work which would last for generations. A beginning must be made in the materia medica, which would take a long time to complete. The present materia medica contains many valuable symptoms by single provers, and it also contains isolated symptoms which we can go on using. If homœopathy is to last, we must build up an absolutely sure materia medica. We must find from this or a similar method where the weak points are. Single provings must be confirmed and others critically examined. A man in Mexico has recently proven the Magnolia, and obtained many excellent cardiac symptoms. Dr. Allen believes that it is a good proving, for he could see no reason to doubt it; but it certainly ought not to find a place in the materia medica until proven by at least seven individuals. But in the mean time we can use it on the symptoms suggested by the proving. Thus the work can be going on, we doing the best we can in the meanwhile with what we have.

Dr. Moffat said that it had been hinted that we might do without the charts, since we had in "Allen's Encyclopædia" all the symptoms under one caption, but he thought the day-books of the provers ought to be carefully compared. The plan seems to promise something, and he thought it ought to be continued for a time before modifying. He thought we needed the chart for the purpose of summarizing, and that this ought to be under the control of some central body. It would be too much work for each one to make his own materia medica by charts, and we homœopaths ought to be our own most severe critics. The question of equivalents should be submitted to our most experienced practitioners. For himself, he would not be willing to decide such a question. Let us all make these charts and submit them to the proper authority, and when the time comes for its revision the work will represent something which will stand.

Dr. Porter, in answer to a question: Provings made with the highest potencies are treated exactly as those made with tinctures. There was no distinction made. No symptom was rejected until shown by the chart to be unverified. The chart serves only as an object lesson—it is not essential.

RECORD OF MEDICAL PROGRESS.

MULTIPLE SCLEROSIS IN A CHILD.—Prof. von Jaksch exhibited to the Medical Society of Steiermark, March 26th, 1889, a six-year-old girl with multiple insular sclerosis of the central nervous system. The case showed most strikingly the well-known symptoms of this disease: high degree of intentional tremor, the characteristic scanning speech, enormous increase of the deep reflexes, with beginning atrophy of the papillæ. The case is interesting because of its etiology, trauma (fall from a considerable height), and because of the early age of the patient, very few cases during the years of childhood being on record, and only one of these confirmed by autopsy.—*Wiener med. Wochensch.*, 22, 1889. O'C.

REJUVENESCENCE.—One of the most remarkable communications to a scientific society was made at a recent meeting of the Paris Biological Society by Prof. Brown-Séquard. He stated that he had obtained a material

from the testicles of young animals, which, when injected subcutaneously into the body of an old and decrepit animal, produced a most astonishing rejuvenescence. He had even used it upon himself with the same results. After fifteen injections he felt himself thirty years younger in the ability to bear both mental and physical exertion without fatigue, and he hinted at a restoration of certain powers usually dead at his time of life. His statements were received with a good deal of surprise, not to say incredulity. We are curious to see what the Germans will say about it. O'C.

CARDIACALGIA OR PSEUDO-ANGINA PECTORIS.—Prof. G. Sée, of Paris, employs the word cardiacalgia in the sense of "heart pain," but it is not to be confounded with cardialgia or the acute painful gastralgia. He reserves the name cardiacalgia for pains in the heart region, chiefly at the base, rarely at the apex, and frequently extending to the left cervico-brachial plexus, accompanied very often by anxiousness, restlessness, and constriction of the chest. These three symptoms are considered characteristic also of true cardialgia or angina pectoris, from arterio-sclerosis of the coronary arteries, this in turn depending upon gout, diabetes, or alcoholism, while pseudo-angina is of toxic, nervous, gastric, or vaso-motor origin. The toxic forms are chiefly due to excessive use of tobacco or of tea.—*Wien. Med. Wochensch.*, No. 30, 1889. O'C.

THE PATHOGENESIS OF EPILEPSY.—Binswanger has made some experiments on dogs with the surprising result that clonic spasms cannot originate in the medulla. With weak electrical irritation there appears tonic, tetanic rigidity of the side experimented on, and, with strong currents, of the opposite side. The rigidity ceases at once when the irritation stops. Previous experiments on rabbits had led to the conclusion that there are different centres for different muscular activities. Such differentiation could not be made out in the dog. In the locus cœruleus of the rabbit is a centre whose irritation gives rise to a more co-ordinated spasm, and in the dog the nearer the irritation approached the locus cœruleus the more intense was the rigidity. Hence, for the dog, the medullar theory for the cause of epileptic attacks fails completely, at least as to the general picture of the attacks; the tonic part of the attacks could, however, be so explained.—*Neurolog. Centralbl.*, No. 13, 1889. O'C.

TRAUMATIC NEUROSIS.—Dr. Oppenheim, of Berlin, says: "Traumatic neurosis is a cerebral, psychic disease, characterized by subjective and objective manifestations, without any coarse anatomical changes. The disturbances of motility and sensibility give the affection a certain similitude to hysteria. The prevalence of psychical disturbances leads to a hypochondriacal, melancholic disthymia, under whose influence the morbid symptoms increase and become more lasting. An injury upon the head does not lead to motory and sensory disturbances on the non-injured side, but always on the side of the trauma. A trauma on the back causes disturbances far away from the injured part. In traumata of the extremities we just as often meet symptoms spread over the whole injured side as on the point affected. Traumatic neurosis never causes degenerative symptoms and reaction of degeneration, though we may meet a slight atrophy. Comparing the subjective with the objective symptoms, simulation can be easily detected. In relation to a perfect cure the prognosis is always more than doubtful."—*Wien. Med. Presse*, 24, 1889. S. L.

TREATMENT OF VARIOLA AND OF VARIOLOID BY COCAINE.—Dr. Ory reports, *Rev. gén. de clin. et de thér.*, 9, 1889, a case of severe confluent variola in which immediate improvement followed after the patient had taken in the night more than ten pastilles of cocaine, ·03 grain each, and the eruption rapidly disappeared. After some days ten drops of a five

per cent. solution of muriate of cocaine were prescribed, four times a day, and in less than ten days the patient was well. In a second case, varioloid, a cure resulted under the cocaine treatment five days after the appearance of the pustules. A third case, of very severe hæmorrhagic varioloid, was cured without cicatrices in five days of the treatment. Similar results followed in two children, the dose being eight drops of a one per cent. solution, given four times a day. The disease was varioloid, and one was cured in five, the other in six days. As in all cases under this treatment the vesicles dry up at once, it cannot be said positively that the case was not real variola. As the cocaine thus rapidly neutralizes the variola virus in the affected organism, Ory believes that it will hinder the development of the virus, and advises the remedy as a prophylactic for those exposed to infection. O'C.

TETANUS CURED BY LARGE DOSES OF PILOCARPINE.—Casatti (*Gazetta degli Ospitali*, No. 42) reports three cases: The first had been treated with large doses of chloral hydrate and sodium bromide without effect. Then all the contracted muscles received inunctions of belladonna ointment, three centigrams every two hours. Extract of opium was given internally. Finally subcutaneous injections were given every two hours during the night of one centigram of nitrate of pilocarpine. This treatment was kept up for six days, after which all tetanic conditions disappeared, but delirium set in with marked diuresis. The former was ascribed to the belladonna, but soon disappeared under the use of paraldehyde, and a complete cure followed. The second case was treated only with pilocarpine, in the same way, for eight days. The tetanic phenomena gradually lessened, and in six days after cessation of the treatment had entirely disappeared. The third case was of the severest type: It was treated in the same way for fifteen days, in which time seventy ctgrms. of pilocarpine were used, with complete success.—*Wien. Med. Wochensch.*, No. 26, 1889. O'C.

TRAUMATIC NEUROSIS.—Prof. Adolph Strumpell, of Erlangen, says: "1. After severe general concussions of the central nervous system we meet a complex of characteristic nervous symptoms which may be called a general traumatic neurosis, similar to neurasthenia, hysteria, or to certain psychoses, hypochondriasis, and melancholia. Mental symptoms prevail, but it is more than probable that lasting effects may follow a material concussion, though no coarse anatomical changes can be detected. 2. In local injuries, especially of the extremities, and under the influence of powerful mental excitement, severe nervous disturbances may arise in the affected parts, which Chariot and his school consider similar to hysteria, as it is a nervous affection based on a normal connection between strictly corporeal and psychical processes. 3. A division between general and local traumatic neuroses is impossible, transitions and combinations are frequent. 4. We meet also combinations between anatomical traumatic lesions and traumatic neurotic states. 5. A general traumatic neurosis may finally cause organic diseases (paralysis, tuberculosis)."—*Deut. Med. Zeit.*, May, 1889. S. L.

ALUMINIUM ACETICO-TARTARICUM AS A LOCAL REMEDY IN NASAL AFFECTIONS.—Dr. Arnold Holste, of Göttingen (*Berliner Klinische Wochenschrift*, No. 30, 1889), reports upon the use of this drug, which had first been used in 1885 by Schäffer, of Bremen, and Lange, of Copenhagen. The drug is caustic and astringent in its action, and is, besides, an energetic disinfectant. When the drug is applied in powder to the mucous membrane there appears, after half a minute, a slight erosion, and next a serous exudation of varying degree and continuance. After two days a crust separates, and the mucous membrane soon attains its normal appearance. Remarkably enough, from the allopathic point of view, the

remedy is indicated by Schäffer and Lange in all diseased conditions of the mucous membrane of the upper respiratory passages with crust formations; hence in rhinitis chronica, especially ozæna—here, with surprising success in curing the crust formation and the fœtor; also in pharyngitis sicca, and in naso-pharyngeal catarrh. The powder is applied directly, or a twenty to twenty-five per cent. solution may be used on tampons. O'C.

THE CONSTITUENTS OF SEMEN LYCOPODII.—Langer found in the spores of lycopodium 49.34 per cent. of fatty oil containing the glycerides of two new acids, whose formulæ are $C_{16}H_{30}O_2$ and $C_{18}H_{30}O_2$. The fresh spores contained only the former, old spores only the latter. Through comparative tests, clinically, of these two fatty substances may, perhaps, be found the solution to the puzzling observation that lycopodium many times shows undoubted action in vesical catarrh, gonorrhœa, etc., but in the majority of cases has no influence. Bukowsky found that the oil from fresh lycopodium spores is a mixture of different known fats with the glucoside of a new acid, $C_{18}H_{36}O_4$, which he calls lycopodium acid. Which of the formulæ is the correct one, will undoubtedly soon be determined. (*Wien. Med. Wochensch.*, No. 30, 1889.) We remember very well the scornful laughter of our old school friends some years ago at our using the "inert" substance, lycopodium spores, as an internal remedy, but it appears from the foregoing that Hahnemann's method of proving was far in advance of the chemical art in determining the existence of some active principle in the "inert" lycopodium powder. O'C.

AMBLYOPIA CAUSED BY POISONING WITH NITROBENZOL (ROBURITE).—Roburite is one of the latest explosives, its composition being dinitrochlorbenzol, nitrochlornaphthalin and ammonium saltpetre. A man, aged twenty-six, after a few months' employment in the Roburite factory at Witten, developed quickly dyspnœa, especially after slight exertion, then palpitation of the heart, tendency to vomit, loss of appetite, confusion of the head and severe vertigo. He noticed a peculiar bad taste. With the continuance of these symptoms there was rapidly increasing dimness of vision. Deep cyanosis of the face, lips, and all the mucous membranes; ectasia and tortuosity of the superficial veins of the conjunctivæ, laborious respiration, rapid pulse, irregular, 148, of weak tension, without any evidence of a real heart affection or severe lung trouble. The expired air had the odor of bitter almonds. The liver was considerably increased, its edge being tender to pressure; the spleen was a little increased in size. Urine free from albumen and sugar. Ophthalmoscopic examination showed strong venous hyperæmia and arterial anæmia of the retinal vessels, exudation in right retina about the size of the papilla and limited to the entrance of the optic nerve, with corresponding defect in the visual field. There was concentric narrowing of the latter, including for colors, and central vision was greatly lessened. While the cyanosis and heart weakness soon improved under the use of digitalis and sparteine, the fundus and visual acuteness returned only slowly to the normal.—*Therap. Monatsch.*, May, 1889. O'C.

HOT-WATER INJECTIONS.—Hoefler, who found hot-water injections often indicated in chronic diseases of the uterus, finds them equally beneficial in the treatment of chronic cystitis accompanied by painful tenesmus. The immediate result of a hot-water clysma is increased diuresis. The introduction of 750 centimetres' cubes of water at a temperature of 45° centigrade gives, after three hours, triple the quantity of urine, and afterwards the quantity of urine will always be found increased. Hot water acts on the vasomotor nerves. Ten minutes after the injection, the pulse is accelerated, and remains so for an hour and a half, showing that the afflux

of blood to these organs is more intense, and hence the functions of these organs more energetic. Clysmata of hot water cause a dilatation of the blood-vessels, and they are, therefore, contra-indicated in phlebectasia and in ulcers of the rectum and anus. The local congestion, which follows, acts very favorably on the secretion (endometritis, cystitis, prostatitis), on the absorption of chronic inflammatory products (metritis, pelvic exudations); on collateral circulation (uterine hemorrhage, dysmenorrhœa). The following rules ought to be given: The temperature of the water must not be below 40°, nor above 45° C.; no air must be allowed to enter the rectum, and it is advisable to clean out the rectum by an ordinary injection, in order to have it free from all fecal masses, before employing the hot water. After the hot injection the patient ought to keep the horizontal position for ten or fifteen minutes. The tube ought to be introduced into the rectum at least to the length of ten centimetres, and the water must be injected very slowly; the quantity of water need not be more than one litre.—*L'Art Médical*, May, 1889. S. L.

THE CAUSE OF MYOPIA.—Dr. Keferstein gives, in *Berliner klinische Wochenschrift*, No. 24, 1889, an interesting article upon the causal factors in the production of myopia. Myopia arises from using the eyes continuously in near work, but he says not from every kind of near work. He points to the fact that tailors' apprentices who work day after day with the eyes closely applied to work in which the thread is often of the same color as the material, and to lace-makers whose sight fails after a time, especially by artificial light, do not become short-sighted, but rather the reverse. As myopia develops during school-life and increases in the higher grades, he maintains that it is only because in addition to near work, as such, the scholar is under the strain of mental effort. The tailor and lace-maker work, so to say, mechanically, but the student, in order to fix his attention or to exclude distracting visual impressions, instinctively brings his book near to the eye, and so narrows his visual field. In this sense the author considers myopia compensatory for lessened power of mental concentration, but, like compensatory hypertrophy of the heart, this must be kept within limits. He thinks that the permanent use of concave glasses, especially in children, for work, as is recommended nowadays, is false in theory, that all reading and writing should be done without them. For young scholars who show a tendency to approximate their work in order to fix their attention, he recommends, besides school hygiene, frequent intermissions in school work during the day. The use of apparatus to restrain children from approximating their book or writing-desk to the eyes is, he thinks, not to be recommended. As underlying causes he gives heredity, measles, scrofulosis and tuberculosis. Measles is a frequent cause, because the patients are kept in a darkened room, and, even when convalescing and allowed to amuse themselves, the room is still kept dark, so that painful effort at reading is common. O'C.

NEWS.

ALL news or matter relating to "News," "Comments," or "Correspondence" should be sent to 161 West Seventy-first Street.

A LEGACY.—Miss Bolles, of New York, left a legacy of $30,000 to the Homœopathic State Asylum at Middletown.

FAIR.—At the ladies' fair at Buffalo, in aid of the Homœopathic Hospital, over $500 were realized.

THE nine directors of the Homœopathic Hospital at St. Paul will hereafter be ladies.

AT THE JOHNSTOWN FLOOD six physicians were drowned and twenty-one lost all they had.

AN OPPORTUNITY.—Apache County, Arizona, is said to be without a practicing physician, although possessing a population of several thousands.

A MISSOURI HOSPITAL.—A homœopathic hospital has been established in Kansas City at 1315 Lydia Avenue. The superintendent will be Dr. Canfield.

A NEW WING.—The Brooklyn Homœopathic Hospital, 109 Cumberland Street, is having a new wing built at a cost of $60,000. The training-school in connection with the institution is flourishing, and its graduates stand high as skillful nurses.

"THE FOLLY OF PERSECUTION" is the title of an excellent letter written by Dr. W. B. Clarke, of Indianapolis, and published in the *Journal* of that city. It gives an account of the labors of Hahnemann, and clearly sets forth what homœopathy is.

THE ROCHESTER FUND.—The Rochester Hospital subscriptions amounted to $14,300 and a house valued at $15,000. A training school for nurses is to be established in connection with the hospital. The subscriptions to the childrens' ward fund amounted to $1,500.

BROOME COUNTY SOCIETY.—The last meeting of this flourishing Society was held in the asylum at Binghamton. The officers are: President, Dr. J. T. Greenleaf; Vice-President, Dr. W. H. Proctor; Secretary and Treasurer, Dr. D. H. McGraw.

MICHIGAN UNIVERSITY.—The State Legislature of Michigan has given two thousand dollars annually to the homœopathic department for the purpose of establishing a full professorship in ophthalmology, otology and pædology. This gives the department five full chairs.

WESTCHESTER SOCIETY.—The Westchester County Homœopathic Medical Society held its annual extra session at the residence of Dr. J. G. Roberts, of New Rochelle. When routine matters had been disposed of, the members proceeded to Glen Island and, with their wives and daughters, enjoyed a clam-bake.

TEXAS SOCIETY.—The Texas State Homœopathic Medical Society met at Fort Worth in June last. The attendance was good. The Texas organization seems to possess more vitality than any other Southern State society. The next meeting is at Austin, the second Tuesday and Wednesday of May, 1890.

TEST FOR ANTIPYRIN.—Mr. A. C. Stark, in *Pharm. Journal*, gives the following: Place in a test-tube a few grains of potassium nitrate; add a little water and then an excess of strong sulphuric acid and fill up the tube with the suspected liquid. A green coloration is immediately produced if antipyrin is present. The test is delicate and reliable.

SULPHONAL AND OUR AMERICAN LAWS.—This little note from the *Medical Record* shows clearly the beautiful working of present American laws. Owing to competition among manufacturers abroad, the price of sulphonal in Germany is said to be only forty-five cents an ounce. In this country our law protects a foreign patentee, and Americans have to pay $2 per ounce for the drug.

BUREAU OF EDUCATION.—We have received from the Bureau of Education some "Contributions to American Educational History," edited by Herbert B. Adams. The titles are as follows: "History of Education in North Carolina," by Charles Lee Smith; "History of Education in South Carolina," by C. Meredith; "Education in Georgia," by C. E. Jones, and "Education in Florida," by G. G. Bush.

OBITUARY NOTE.—Dr. Carl Heinigke, head physician to the Homœopathic Hospital at Leipzig, died the 19th of March, 1889. Dr. Don Salsis Almate y Ribera, one of the editors of *El Consultis Homœopatise*, also recently died. He had translated many homœopathic medical works into the Spanish language, and was a writer of no small ability. His death is a great loss to the homœopathic school in Spain.

PERSONAL NOTES.—Dr. Charles Gatchell, well known as the editor of our pithy and esteemed contemporary, the *Medical Era*, has been recently appointed Professor of Theory and Practice of Medicine in the Homœopathic Department of Michigan University. Dr. Gatchell had formerly filled the position for three years. He will still continue to edit the *Era*. Dr. Charles S. Mack, of Chicago, has been elected to be Professor of Materia Medica in the same institution.

HARRIET HUBBARD AYER.—*The Druggists' Circular and Chemical Gazette* devotes quite a space to Mrs. Ayer and her quack preparations. It says: "The profits from the Recamier preparations must have been considerable, as a comparison will show. A very careful analysis of the Recamier cream showed it to be composed of rice flower, oxide of zinc, glycerine, cacao butter, lard and corrosive sublimate. The principal cost of the marketable article is in the jar, cork and ribbon, which, taken together with the ingredients which compose the cream, does not exceed, at a fair estimate of their cost price, two dollars per dozen. For this sympathizing mothers are urged to pay a dollar and a half a jar, or eighteen dollars per dozen, upon the plea for assistance and the assurance in advertisements that this wonderful beautifier is made from the actual recipe used by the famous Julia Recamier, and was the secret of her wonderfully preserved beauty, this recipe being handed down by her to her descendants, and sold by one of them to Mrs. Harriet Hubbard Ayer when she was a leader in Chicago society. This is truly a wonderful revelation, and it would be a pleasure for a statistician to estimate the number of credulous persons who have been deceived by it.

SIGNIFICANT FIGURES.—Those who think that homœopathy has no further victories to win, are invited to consider these statistics, taken from the *Homœopathic World*. The recent typhoid epidemic at Melbourne afforded an opportunity for comparison of results at the different hospitals. We will give the figures of the three principal hospitals for the first three months of the year 1889:

	No. of beds.	No. of typhoid cases.	Deaths.	Percentage.
Melbourne Hospital, ...	318	431	78	18.1
Alfred Hospital, ...	144	324	50	15.4
Homœopathic Hospital, . .	60	305	22	7.2

Less than half died under homœopathic treatment than there did under allopathic, and more than that, the patients were ill a much shorter time; for the Homœopathic Hospital, with its sixty beds, was able to treat almost as many patients as the other hospitals, with five times the amount of accommodation in the case of the Melbourne, and more than twice the amount in the case of the Alfred Hospital. How our allopathic friends will evade these facts is not known. The comparison is perfectly fair, and the legitimate conclusion is that homœopathy cures twice as many cases of typhoid fever as allopathy does.

CARLYLE ON MEDICAL MEN.—A late number of the *Medical Age* has an extract from one of Carlyle's letters which may interest medical men to read. Coleridge, the poet, worn down by intellectual strain and the pernicious habit of indulging in opium, well-nigh penniless, neglected by friends and former patrons, was received into the family of Mr. Gilman, No. 3, The

Grove, Highgate, medical practitioner of considerable local repute, in whose family he lived for eighteen years, and was much esteemed. "Poor Coleridge died on Friday," writes Carlyle; "he had been sick and decaying for years, was well waited on, and one may hope prepared to die. Carriages in long files, as I hear, were rushing all round Highgate where the old man lay near to die. Foolish carriages! Not one of them would roll near him (except to splash him with their mud) while he lived; ***had it not been for the noble-mindedness of Gilman, the Highgate apothecary, he might have died twenty years ago in a hospital or in a ditch.*** Estranged from former social enjoyments and neglected by friends, he found in Mr. Gilman's family a haven of rest, such as Cowper, the poet, had found in the family of Dr. Cotton, at St. Alban's, under similar circumstances. These instances tend to rivet the attention to the beneficence of the profession; and reflect what, in a minor degree, may be found in every district in the country. Medical men are thought to be hardened by the suffering their daily vocation obliges them to witness, but it is not so. Authors, artists, literary men of every kind and degree, widows and orphans, as well as the poorer portions of the community, could tell how the practice of the medical profession tends, as Watson says, "to temper the feelings and to touch the heart."

DR. POPE'S ADDRESS.—Dr. Pope, in closing his eloquent reply to Dr. Dudgeon, said: "Gentlemen, time would fail me if I were to try and recount all, or one-tenth part, of the near approaches to the admission that the principle of similars is the basis of scientific drug selection, which have been made during the last twenty-five years. Once remove the barriers which have been raised against its full discussion, once let it be clearly understood that no disabilities attach to the open acknowledgment of the truth of this doctrine, and the bridge with which Hahnemann, nearly a century ago, connected the work of the pharmacologist with that of the practitioner of medicine, will become the common highway of the entire profession. While, then, much remains to be accomplished ere the professional position of those members of our profession who practice homœopathically is recognized, as we demand that it should be, in societies, hospitals, medical literature and at the bedside; nevertheless, we have much to encourage us in the work to which we have set our hands, in that to which our lives are devoted—the work of regenerating therapeutics, the work of substituting science, exact knowledge, for empiricism, however so far enlightened it may be. . . . . We must, therefore, take the hint, and constantly, clearly and repeatedly set forth what homœopathy is and what may be accomplished through homœopathy; we must ever keep our materia medica pure, free from all doubtful symptomatology, and free also from still more doubtful speculation, and we must insist, whenever the occasion for doing so occurs, upon our rights as members of the one great profession of medicine. By patiently and perseveringly working in these directions, and by avoiding all possible cause of personal ill-feeling on the part of those whose therapeutic views we desire, for their own sakes and the sake of their patients, to influence, we shall, I am confident, find not only the forecast of Sir John Forbes fulfilled, but that also of Dr. Conquest—one of the most learned and respected physicians in London forty years ago—when, at the conclusion of a pamphlet entitled ***What is Homœopathy? Is there any, and what amount of truth in it?*** he wrote: 'That homœopathic principles and practice will eventually overcome all that ignorance, prejudice and pride oppose to their universal adoption, and effect that mighty revolution in medical practice which will be attended by prolongation of life and increased comfort of existence, I have no more doubt of than that I now pen this prediction.'"

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

INFANTILE CEREBRAL PARALYSES.*

By J. T. O'CONNOR, M.D.,
Clinical Professor of Nervous Diseases, New York Homœopathic Medical College.

THE separation, from the mass of cases of paralyses found in infancy and childhood, of a whole class, whose existence depends upon an inflammatory affection of the anterior gray horns of the spinal cord, has been of immense value in diagnosis and prognosis, while the formulation of what is known as "the reaction of degeneration" for muscle and nerve has been of even greater value, clinically, since its existence or the reverse decides finally the question of the presence or the absence of atrophy of muscle and nerve.

But in the remaining cases of paralyses in early life we are not satisfied to know that the disease causing them was not poliomyelitis anterior, and the results of recent investigation give us hope that the time is not far distant when we shall be enabled to group by their clinical features, into distinct classes the paralyses of infancy and childhood whose origin is centrad of the motor cells in the anterior gray horns of the spinal cord.

The simplest type of such paralysis is, in all respects, hemiplegia from embolism of an artery supplying the internal capsule. Here, the history of the onset and the existence of valvular disease of the heart give us the etiology, and the case progresses just as does a hemiplegia in the adult, except that the hemiplegic side does not fully develop. In the cerebro-spinal segment of the motor tract other conditions than embolism, such as thrombosis, can give rise to similar results, but the history is not so readily brought out.

* Read before the Homœopathic Medical Society of the County of New York.

A more complicated type occurs when the cortex of the brain is involved, either primarily or secondarily, whether during intra-uterine life by the occurrence of causes as yet obscure or even unknown, or during parturition from the occurrence of hæmatoma, or after birth from injury, embolism, thrombosis or abscess.

In the study of cases of infantile cerebral paralysis it is well to bear in mind the great facts now fully established. First: That an injury of the cerebro-spinal segment of the motor tract, anywhere from its ending in the anterior gray horns of the cord up to and including the cells in the motor area of the cortex, gives rise to motor voluntary paralysis, but not to degenerative atrophy. There may be, and generally will be, incomplete development in the limbs to which the injured nerve-fibres go or are destined, and such failure of development may predominate in the muscles, and often in certain groups. Second: The secondary degeneration begins in the fibres of the motor tract as soon as a lesion occurs there, and extends in the direction in which the injured nerve-fibres carry impulses—that is, in this case, downward. Such secondary degeneration in the pyramidal tracts will be shown by increase of the deep reflexes and by the occurrence of contractures depending upon a relatively increased action of certain muscles which have suffered less from faulty development, or possibly have escaped it.

The bones are retarded in growth, as are the ligaments, etc., about the joints; in consequence of this latter the joints themselves are less firmly supported, and the knee may be seen, in some cases, bent backward in the effort at standing, or the fingers and toes can be readily bent backward so as to approach, frequently, the dorsum of the hand or of the foot.

Keeping in view the classification as to the time of origin of the cause, we may consider those cases first which begin during intra-uterine life. Excluding cases of acrania and anencephalia, as being in an entirely different category, these are cases of arrested brain development. In them one or more parts of the brain may be wanting, one frontal lobe, one hemisphere of the cerebellum, the whole or part of the corpus callosum. Then, internal hydrocephalus, tumors or destructive changes may be present during intra-uterine life.

In the cases caused by compression of the head during parturition the most usual condition is meningeal hemorrhage. In a large number of these, perhaps the majority, there was a foot presentation, although in many the labor has been said by the mother to have been neither prolonged nor very severe.

The conditions arising after birth may be subdivided into two—first, those dependent upon external injury to the head with possibly

hæmatoma, and, second, those dependent upon embolism, thrombosis or vascular disease, these, in turn, being due to the infectious fevers, heart disease, syphilis and unknown causes.

A fact that has attracted widespread attention is that cerebral troubles of the kind mentioned in the three classes, result, in many cases, in permanent damage to the brain cortex, in non-development of certain regions of it, and exhibit post-mortem gaps in one or more cortical areas, due to cessation of development with, possibly, subsequent shrinking or sclerosis.

The differentiation of the first class is not always easy, and is impossible in many cases, the chief diagnostic factors being the absence of prolonged or severe labor and of subsequent injury, and the existence of a very low grade of mental development and of the so-called Gothic palate. The latter is believed to be due to a faulty and too rapid ossification at the base, and is evidence of the intra-uterine origin of the disorder. In the other two classes, when the morbid condition occurs at the time of birth or during the early years of life, a more or less marked impairment of the mental faculties follows in a large majority of the cases. This is evidence that the cortex has been involved, perhaps secondarily to an antecedent embolism or thrombosis. But in testing the little patients for impairment of the mental powers we must rely upon our own observation. We cannot trust statements made by the mother or other near relative on this point. I have heard a mother say that her child was very bright, when right before her he was unable to say the alphabet or count up to ten. He was ten or eleven years old and had been to school for two or three years. Within a few months I have had under observation a child eighteen months old with no more intellectual power than a kitten—indeed, in some respects, far less. The case was undoubtedly of intra-uterine origin. The mother insisted that the child was very bright, and that she understood all that it meant by its peculiar sounds. Neither can we trust the teachings of physiognomy as a guide to discovering the state of mental development. One of the cases reported in this paper is a remarkably pretty girl, with regular features and frank, open eyes. She is two years old, hears perfectly, but has no conception of what is said, and has, apparently, no memory. Another case, Harvey T., is a very handsome boy, who seems as if in a brown study most of the time, and yet, when spoken to, his face becomes illumined by a look of expectation that would be very deceptive if the real facts were not known. The want of, or decrease in, emotional mobility of the face is a marked feature in the cases that otherwise looked bright and intelligent.

Of the post-natal cases, excluding those dating from trauma, a large fraction are independent of any antecedent condition of disease. Such instances have occurred frequently enough to justify Strümpell in erecting a new division in diseases of the brain, to which he has given the title "polioencephalitis." He considers the disease to be analogous in its nature to poliomyelitis, the gray matter in each case being affected, the difference in the clinical pictures being due to the difference in function between the two organs implicated. In these cases the beginning of the disease is almost always acute, the child becoming ill more or less suddenly, with some amount of malaise, vomiting, fever; soon, evidences of brain implication are seen, especially convulsions. This state may last for one or two days, or may continue, perhaps, with less intensity, for one or two weeks. The acute symptoms lessen, and the child may recover with tolerable rapidity, and only then do the parents and relatives discover that the fever, as they term it, has left the child paralyzed. So far the clinical picture is like that of poliomyelitis.

In the cases following, or coming on during an attack of one of the infectious fevers—diphtheria, scarlatina and measles are the antecedent diseases in most cases, next to them whooping-cough—the new affection is ushered in by convulsions, and there may be fever and vomiting. The convulsions affect, in most, one-half of the body, and may come in rapid succession or be separated by intervals of a day or more. The severe prostration of the antecedent disease may serve to mask the evidences of paralysis, but as recovery goes on these become more apparent.

In severe cases all four extremities have been paralyzed. In one case reported this was due to a double lesion, but in most of them the paralysis predominates on one side. In cases of meningeal hemorrhage the effusion is often over the upper part of both hemispheres of the brain, and, if not too extensive, the resulting paralysis is found in the two lower limbs only. It must not be forgotten, however, that one lesion in the capsule or crus may be followed by secondary degeneration, affecting both pyramidal tracts in the cord.

In many cases the tendency to convulsions continues, there being intervals of freedom for months in some instances, but with, even in apparently favorable cases, the danger of the child's becoming epileptic at the time of puberty. This gives a serious aspect to what might otherwise be a rather favorable prognosis. The convulsions may be limited to the paralyzed side—oftenest so—or they may be general.

Usually there is, as time goes on, some improvement in motor power in the affected limbs, most in the leg, and in slight cases there

may be voluntary power, as far as merely moving the muscles is concerned, but accompanied by weakness dependent upon retarded development. In some instances this weakness is mostly in certain muscles or groups of muscles. I have seen cases in which the foot was everted by the relative over-action of the peronei, but which the patient could bring into the position of inversion by voluntary impulse to the anterior tibial. Contractures come on, in my opinion, in the relatively stronger muscles, but I am not sure that the direction of the contracture is not initiated by extraneous conditions, such as ill-fitting shoes, etc.

The contractures are not permanent, as a rule; they disappear during sleep, just as in hemiplegic adults. Under the traction of contractured muscles the bones of the foot may grow in abnormal positions, and club-foot of a bad type, in the different varieties, will appear. · Such conditions may require surgical interference.

The loss of trophic nutritional influence retards the development of the paralyzed members; they grow, indeed, but very slowly, and the bones, as well as the soft parts, are alike involved. As time goes on spastic symptoms become prominent, and the gait, as well as the carriage of the arm (assuming one side only to have been affected), is quite peculiar. The arm is often held outward in walking, and sways with the motion of the body in a very odd fashion.

Young children refuse to attempt to walk, and often even to stand; if held by a nurse and urged to walk, they drop into a sitting position or lift the legs from the ground by the action of the femoral recti muscles. After a longer or shorter time, however, they do learn to walk.

Case I.—Harvey T., received in Laura Franklin Hospital, September 14th, 1887, is two years old. The child has been perfectly well and strong, but has never attempted to walk. Is said to have "spine disease," caused, in the father's opinion, by his having been kept sitting in a chair by his grandmother who had charge of him. He was never allowed to creep and his legs seem now useless.

On 27th he was attacked by pneumonia, and, before he had quite recovered, it was found that there had been also a suppurative inflammation of the middle ear, right side. November 1st, whooping-cough has developed.

On March 1st, 1888, he came under my observation. He seemed unable to stand, and of course to walk. Upon endeavoring to get him to stand or to walk he would drop to the floor, or as near to it as the length of the nurse's arms would allow. By some coaxing he made the effort at taking a few steps, being held by the arms. The action of the lower limbs was distinctly spastic. The legs were drawn up and then thrown outward, the foot on reaching the ground being in the valgus position, and rotated outward; knee jerk increased, no

ankle clonus. Faradic reaction almost lost in the anterior tibial group and peroneal group of left leg, and in anterior tibial group of right leg.

No perceptible difference in the size of the two legs, nor any deformity in either. Three or four macules, each about the size of a pea, on the peroneal aspect of the left leg, purplish in tint. The extreme mobility of the ankle joint was very noticeable, as was the extent to which the fingers could be dorsally flexed.

The child was ill-tempered, but no special weight was given to this at the time of examination, in view of his previous recent illnesses. He is a very handsome child, with no evidences in his face of any impairment of mentality.

He was placed under treatment; galvanism to the weak muscles, by interrupted current, to produce contractions. This was continued till April 14th, three times a week, each weak group of muscles being treated for five minutes. At this date the irritation of the skin became so great that the treatment was suspended for two weeks.

On May 1st, treatment recommenced. Child seems well in the general sense of the word, can walk with some assistance, is willing to stand for a while if held up by the arms, has made attempts to walk by himself. His mental condition has changed greatly; is no longer peevish; the mental listlessness which formerly existed has in large part disappeared. He has attacks of fever lasting for twenty-four hours. Calcarea carb. has been given, during this treatment, for two weeks at a time, with intervals of two weeks, one dose of 30th every night.

June 15th. He will stand by himself, holding onto a chair or other similar object. Walks quite well, in comparison with his walk on March 1st, with a little help; the spastic quality of the gait has much lessened.

This case might at first sight pass for one of poliomyelitis. The loss of Faradic reaction seemed complete at the first examination, with a current strength as great as I felt justified in using then; the latter was increased afterward, and elicited a fair contraction in the apparently paralyzed muscles. The strict limitation of paralysis to certain groups of muscles, and the apparent absence of Faradic reaction, might, by themselves, lead to the former opinion. But the fair amount of voluntary control over these same muscles, the laxness of the toe and ankle joints, and the spastic gait, point in another direction for the cause of the trouble.

Up to this date no history was obtainable of any accident to the child, of the character of the parturition, or of the mother's condition antecedent to his birth. He was taken to the country on June 5th, greatly improved. Since then it has been discovered that the mother fell down about the seventh month of pregnancy, and was never well subsequently, the child being born soon after.

Case II.—Phœbe T. Received into Laura Franklin Hospital, August 20th, 1888. Is two years old, has a pretty, intelligent face, but looks older. Mother had no trouble in pregnancy; parturition normal in every way. Child has had no sickness, except an occa-

sional attack of fever, supposed to be due to teething. It received a good deal of paregoric at first, to keep it quiet at night. It looks well and strong, but can neither stand nor walk alone. If held up by the arms and urged to walk, the gait is distinctly spastic, the legs being drawn up and then shot out. If urged to stand it sinks down.

All the muscles react to Faradism, but the reaction is very weak in the anterior tibial group of each leg, worse on left. No difference in size in the two legs; arms free from trouble; has well-marked Gothic palate; toes of both feet in mobile spasm constantly; knee-jerk exaggerated; no ankle clonus; laxness of toe and ankle joints not well marked.

Mental development decidedly backward; the child does not seem to know what is said to it, or to remember; eats enormously; some purpura-like spots on outer aspect of right leg.

In this case there is no possibility of confounding it with one of poliomyelitis. The mobile spasm, the Gothic palate and the poor mental development, point to the cerebral origin of the trouble, and Gothic palate shows that the trouble began in intra-uterine life.

Case III.—George M. May 29th, 1888, admitted to Laura Franklin Hospital. Is five years old. Looks strong and well. Left foot in equino-varus, with first phalanx of great toe contracted in hyper-extension.

His mother says the birth was natural, and that he was well and perfectly formed when born. When less than a year old he had measles. Nothing strange was noticed until he tried to walk, when one leg seemed smaller and weaker than the other.

On examination, a day or two after admission, the left thigh was found smaller than the right by one and a half inches, the left calf by half an inch, and the left leg shorter by half an inch. All the leg muscles react to Faradism, the extensor communis only slightly to strong currents. With galvanism the same results are observed, the normal formula not being altered.

The boy walks with the foot in equino-varus position, and the leg is dragged as in hemiplegia, but only slightly.

The overaction of the calf muscles for some years, and they the years of rapid development, caused abnormal arrangement and deformity of the tarsal bones, so that an operation was deemed imperatively necessary to prevent permanent deformity. Accordingly, Dr. S. F. Wilcox made a tenotomy of the Achilles tendon, and in a few weeks the boy left the hospital greatly improved as to his walk. The use of a mechanical shoe was advised, to overcome the partial contracture of the tibialis anticus and extensor proprius pollicis, and, as both of these muscles could be readily extended by passive motion, Faradic stimulation of the opponents, for a long time, was advised. There was slight weakness of left arm, but no other symptoms.

Case IV.—Early in June of the present year, a girl, aged fourteen, was brought to me by Dr. Burhans, of Newburgh, N. Y. She was carried into the consulting-room, and, at my request, the father, who was carrying her, let her down that I might see her walk. She was

only able to walk a few steps unaided. Her thighs were adducted, the knees close together, the feet were in equinus position, the patient stepping on the ball of the foot. Spastic quality was very marked in the gait, and at each step the partly flexed arms were jerked up and held outward. In sitting, the head could not be held up, and, indeed, the whole body arched forward by its own weight. The mouth was open and the patient's saliva came out in a constant stream.

Her speech was to me absolutely unintelligible, and she appeared to be a good-natured idiot, but the mother insisted that the child was bright and that she (the mother) could understand her very well. The child's observations while under examination seemed to excite a good deal of merriment, and, as translated to me, were certainly evidences of pertness.

Upon examination, the muscles of the legs all reacted to Faradism, but in a very slight degree in the anterior tibial groups and the common extensors. There was strong contracture of the calf-muscles of each leg. In both legs and arms there was mobile spasm. In the absence of my notes of this case, I am unable to say whether there was Gothic palate or not; the tongue deviated slightly to the left, I believe. Knee-jerk exaggerated; no ankle clonus.

The labor at the time of this child's birth was a hard one, but I am unable to say whether instruments were used or not. She has had almost daily, for years, convulsions, generally at night, sometimes with intermissions of a night or two, sometimes more than one in the night, and during these she sometimes seems to be dying of asphyxia. Subsequent inquiries made through Dr. Burhans elicited the following (I quote from his report): "The child at birth seemed lifeless, skin nearly black, respiration established with great difficulty, and there were convulsions which lasted during the first twenty-four hours, but of these there was no recurrence until she was eighteen months old.

"Excepting colics, such as afflict many babies of average health during that period, she was apparently well up to the sixth month.

"At the age of six months she began to be weak all over, apparently from the medicines used to stop the colics.

"At eight months she had a severe diarrhœa, but it was not followed by any weakness.

"At eighteen months she had a short convulsion, which was thought to be due to worms; after an interval of six months there was another. A high fever, which continued two weeks, followed the convulsion at eighteen months. The face was not drawn up at one side in the earlier convulsions, nor is it so in those occurring now, but it was drawn up preceding each convulsion about four years ago, and this continued for about a year (on which side is not given). Her right limbs are stronger than the left, and she has the sensation of a cord or band about the abdomen below the umbilicus.

"She began walking at eleven months, but never progressed beyond walking with help; she seemed to step firm and regular until two years old. The inability to keep the mouth closed was first noticed about the sixth year."

Before my examination was completed the parents had to hurry away to get their train (they live at Newburgh), and a partial promise to return has not yet been fulfilled.

But we know enough from the above to state positively that the trouble began in the brain, that in all probability there was a large hemorrhage, covering part of one and possibly both hemispheres, at the time of birth, and that secondary degeneration of the pyramidal tracts explains the spastic symptoms, a slight irritative myelitis accounting for the painful sensation of a band around the body. The absence of a non-development in the lower limbs may be more apparent than real, since both sides may be affected equally, or nearly so, or, in view of the theory that trophic centres exist in the cortex, it may be that these have to some extent escaped. It must not be forgotten that a lesion in the brain, on one side, in the motor tract, is sometimes followed by degeneration of both pyramidal tracts in the cord, the sclerotic process seizing the opposite tract, it is supposed, at the pyramidal decussation.

The prognosis in this case, as to cure or great improvement, is absolutely bad; as to life, in view of the convulsions, it is but little less so.

The cases given above are, with the exception of the last, slight in severity, and there is in them a fairly good prognosis as to attainment of some power of locomotion and of fair mental power, but when the lesion is near the cortex of the frontal lobes, or includes it, the chances of mental improvement are much lessened.

As to treatment: according to old school methods, but little can be done, good hygienic surroundings with suitable gymnastic exercise promising the best results, and, according to Gowers, even electricity offers but little. I have the greatest reliance upon homœopathic treatment in all except the worst cases, and next to that, or, perhaps, side-by-side with it, I would rely upon Faradism, and this, both for the effect upon the muscular as well as the mental deficiency. In the case of Harvey T., the results of treatment have been surprising in both directions; in Phœbe's case, although only two weeks have elapsed, they are scarcely less so; the walk is less spastic, and the mobile spasm is decreasing. In her case, Faradism, with an interrupting electrode to cause contraction of the weak muscles, is being given three times a week, and it would seem that the stimulus not only benefits the muscles themselves, but reacts favorably upon the brain.

One almost hopeless case which I have had under treatment I do not report, as it was an out-patient and the family have taken the child to the sea-shore, so that I have not been able to make a sketch of its history suitable for this paper. It is eighteen months old and appears to be absolutely idiotic. It cannot sit; if forced to take the sitting posture its head sinks either forward or backward, as it may happen, the body arches forward, the legs and arms are flexed, but always in motion. The mouth is constantly open; there is a vacuous stare. The mother said, when I last saw her, in June of this year, that

the child seemed greatly improved in every way (after two months' treatment). This improvement, however, even if real, as well as the improvement in the two other cases recited, may be only *post hoc*.

As this paper is intended to treat only of the clinical aspects of infantile cerebral paralysis in its different types, the foregoing will suffice for a general consideration of the subject, but it will not be out of place to add here the diagnostic differences between this condition and that resulting from poliomyelitis anterior :

CEREBRAL INFANTILE PARALYSIS.	POLIOMYELITIS ANTERIOR.
May be a history of prolonged or difficult labor, of deformity at birth, or of spasms shortly after birth. In many cases.	Not so.
Convulsions frequently present in initial acute stage, and are often repeated after intermissions, sometimes of months.	Convulsions only in acute initial stage, and not recurring.
Paralysis frequently one-sided, or predominantly so.	Rarely so.
Retarded development of muscles, often in groups physiologically opposed.	Paralysis in groups of muscles physiologically allied.
No real atrophy of muscles. No reaction of degeneration.	Atrophy with RD.
Contractures due to overaction of weakly opposed muscles.	Contractures due to overaction and subsequent shortening.
Spastic phenomena in affected members.	None.
Knee-jerk excessive.	Generally absent; if present, not exaggerated.
Very frequently mobile spasm in affected members.	Never present.
Often retarded mental development.	Not so.

NOTE.—It may be of interest to state the further history of the cases given in the foregoing paper, up to the time of writing this note, July, 1889, and to add the notes of two later interesting cases :

CASE I.—Harvey T. left the hospital in June, 1888, able to walk fairly well and to speak a little.

CASE II.—Phœbe F. left the hospital in June, 1889, immensely improved, speaking readily and well, bright mentally and walking well, excepting that each lower limb is turned outward from weakness of the internal rotators at the hip. This will undoubtedly lessen by using a shoe keeping the position of the foot and leg normal.

CASE V.—Edith —, aged 4, entered Laura Franklin Hospital October 20th, 1888, shortly after the date of reading this paper. The details of her history are not now obtainable, as the hospital, at time of writing, is undergoing renovation, and the records are not accessible. At the time of entering she was unable to walk or to talk, her condition being very similar to Phœbe's. Her trouble was hydrocephalus, of intra-uterine origin ; the head was very large and the anterior fontanelle not closed, a pulsating area somewhat larger than a silver dollar being present. She was treated by Faradism to the specially weak muscles and homœopathic remedies internally. At the end of three months no apparent change was noted in her condition, and then *helleborus* was given every night. Improvement began within a week, and in a month or so she began to speak. She left the hospital about April, 1889, able to walk, by holding onto chairs and other furniture, and speaking, although not well. It is a matter of regret that this patient should have been withdrawn from treatment and observation so early in the period of improvement.

CASE VI.—Daniel McC., aged 6½ years. Is the fourth child ; there have been three since ; excepting the patient all are healthy. Mother had no trouble of any kind before pregnancy with this one; the labor somewhat prolonged, but the child seemed all right at birth. He was well up to two years of age, when he "took sick." In a few days had convulsions, lay with head back, no screaming, and didn't seem to be able to nurse. At the same time there came a "lump" in the neck ; it did not break. An eruption, said to be eczema, now developed on arm and in axilla of right side. He was in convulsions for nine days, off and on, and several times he was thought to be dead. He had no more convulsions until he was three years old, when he had one; has had none since.

He began to walk at the age of two, but it was "tottering;" helped himself along by the aid of chairs and other objects. On beginning to get about it was noticed that he did not use his left arm.

On examination, knee-jerks are exaggerated, more on the right than the left. All the muscles react to Faradism, the extensors rather poorly. He keeps the left index finger and the left great toe flexed. Calf muscles slightly contracted when sitting. Skin reflexes below waist exaggerated, cremasteric especially so on right side ; left testicle has not descended, and right only partially.

He does not walk. properly speaking, but runs. The gait is not of the usual spastic variety, but he bends forward, more on the right, as if "favoring" the femoral rectus muscle, and at every few steps there is a crossing of the right leg behind the left, the step being then taken by the right foot in this position.

The history of the case brings it under Strümpell's class "polioencephalitis," and the cross-legged progression, alone, points to degeneration in the lateral columns of the cord. He was not specially defective mentally.

He was received into Laura Franklin Hospital January 23d, 1889, in the hope that some benefit might result from treatment, but, for some reason unknown to me, the parents took him out in two weeks.

THE SERPENT POISONS IN THE TREATMENT OF OVARIAN DISEASES.*

By LOUISE LANNIN, M.D.,
New York.

OVARIAN disease, whether primary or secondary to uterine trouble, always causes a great deal of misery to the unfortunate sufferer, both of actual pain, as in acute inflammatory and neuralgic conditions, and also of reflex nervous affections.

In many cases where there is great difficulty in correct diagnosis, owing to the corpulency of the patient, and the ovary not being enlarged, dependence has to be placed upon symptoms and the exclusion of other diseases, and even when correctly diagnosed they do not always respond to the treatment until the patience of the physician is exhausted and the organs are doomed to extirpation.

The majority of these cases outside of hospitals are unwilling to submit to the removal of these organs, because of the danger attending it, unless it be for tumor, and even then many hesitate until it is too late for a favorable result, while many who have had the operation performed and lost their lives thereby might have had improvement, if not cure, through internal medication.

Having the misfortune to meet a number of women suffering from these troubles who refused any operation, and who had tried the various treatments of the allopathic school with very little or no improvement, I concluded to test the power of the homœopathic remedies, especially of the serpent poisons.

One case, that of a woman thirty-two years old, married at nineteen, had a fall on her right side and miscarried in the sixth month, attended with great pain in right ovarian region. Inflammation quickly set in and extended to uterus, ovaries, cellular tissue and peritoneum. She recovered without suppuration taking place, and, after a time, was able to be around, but suffered great pain in the right ovary, of a sharp, dragging nature, great heat, tenderness and sensitiveness to even the least jar when stepping. She continued under treatment on and off for thirteen years with various physicians, always declining any operation. When she came to me she was a clear *belladonna* case, and it was faithfully tried, locally and internally, low and high, with no result except discouragement to us both. The *iodine* treatment was tried with like result. Next time gave *lachesis* without external treatment, expecting very little from it.

To my surprise she reported a decided improvement. Heat and tenderness were less, and there was less of the dragging sensations,

* Read before the Hom. Med. Society of the Co. of New York, June 13th, 1889.

and she had more inclination for her household duties. The improvement continued, and, at the end of four months from time of her first visit, her husband called to say it was the first time in thirteen years that she was able to look after her household affairs and enjoy life. She has since gone to Europe, and while there sent word that she had not gone backward one step.

Another severe chronic case, not ovarian, but suffering equally, a case of pyo-salpinx of right side, fell into my hands after four years of treatment (chiefly consisting of *opium* and *morphine*). About every two or three weeks as much as half a pint of pus was discharged through the uterus, attended by profuse hemorrhage. There was much tenderness, heat and thickening of the cellular tissue, and the suffering was very great at times, and never free from the dull, throbbing pain. *Belladonna* was here also faithfully given, and with no apparent result. *Hepar* and *mercurius* also had a fair trial, with no noticeable improvement. *Lachesis* was tried with a very favorable result. There was less pain at the menstrual time (which was the time when the discharge of pus generally occurred). The discharge, both of pus and blood, was less and the nervous symptoms abated. It was continued for four months, and at present there is only a dirty, leucorrhœal discharge, and the woman has gone to her old work of dressmaking. No local treatment was used in this case except the hot-water douche and an occasional poultice on the hypogastrium when the pain was very intense.

These are only two of many, but they were severe and chronic cases, and if the *lachesis* did not do the work, what did?

Hering says that *lachesis* is most useful in persons of a melancholic temperament, indisposed to work, sad and suffering from various nervous troubles; and this is exactly the condition where *lachesis* does most in ovarian trouble, for, looking at such a condition, we know there must be a cause.

While *belladonna* takes the lead in all acute inflammatory conditions, *lachesis* will do more in sub-acute and chronic states, either right side or left, and will remove the reflex palpitation, sighing respiration and melancholy.

In neuralgic affections of the ovaries, especially of the left, whether attended by hemorrhages or not, *naja tripudians* will give more immediate relief than anything except electricity, and that is not always easy to be obtained on the instant.

Crotalus has not done much, in my hands, in these troubles. Its best action is where there are thin, dark hemorrhages, whether from the sexual organs or elsewhere.

With *elaps* I have not accomplished anything, and do not find that it is mentioned anywhere as having any important action on the sexual organs.

Lachesis is the most important of the four remedies, having a larger sphere of action on the genital organs of women, embracing all conditions from simple irritation to pyæmia, and will be found useful in all ages from puberty to the climaxis.

MORBUS BASEDOWII.

(*Including short Translations.*)

By S. LILIENTHAL, M. D.,
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Heredity in Morbus Basedowii, by Dr. Thyssen.*

A LADY, thirty years old, came to the doctor to be relieved of her goitre, which marred her sense of beauty and prevented her from going in society. Anamnesis showed several of her ancestors to have been addicted to strong drink; some of them committed suicide; there was blindness in several of the family, even one or two idiots, and the mother of the patient suffered from gout and Morbus Basedowii, showing itself by goitre, trembling of extremities, periodical vomiting and diarrhœa, by xanthelasma and exophthalmos.

Our patient, as a child, passed through whooping-cough and measles, menstruated at fourteen, and always was nervous, complaining of palpitations. Married at seventeen, she had, at nineteen, a miscarriage, and since then suffered from persistent leucorrhœa. As her husband was a drunkard, she got divorced from him. Her chief symptoms now are: goitre; trembling of hands and feet, off and on more marked; tachycardia and insomnia; exophthalmos; dry cough, without any expectoration. At twenty-six she had an attack of gout so that she had to keep her bed for several days. She was perfectly crazy with the idea to get rid of the goitre, and as *iodine*, internally, failed to be of any benefit, Thyssen tried injections of pure *iodine*, always freshly prepared and under antiseptic precautions. At first only half a Pravaz syringeful was injected on both sides; then three-fourths, and soon she could stand its entire contents. During, or soon after the injection, she complained of some pain in the ear and neck, easily explained by the nervousness of the patient. After twenty-two injections she could button up the dress and felt happy. With the

* Progres Med., 4, 89.

reduction of the goitre her nervousness decreased, and, though she quitted Paris then, news was received from the patient, that, without any more treatment, the goitre had entirely disappeared.

Professor Eulenburg, of Berlin (B. K. W. 1.-4. 89) has an exhaustive article on Basedow's disease, and leads our attention to it that the well-known symptom-trio, tachycardia, struma, exophthalmos are not always present in every case, nor at any time from the start, which renders the diagnosis often difficult, especially in certain forms of cardiac neurasthenia, etc.; and again, instead of being a chronic disease, it may set in acutely with full force, or it may show periodical exacerbations. Light or severe complications may accompany the disease in all its stages, and a general prognosis cannot be made.

Of all the symptoms the exophthalmos may be wanting, or so light as to escape observation, though tachycardia, irritative lesions of the cervical sympatheticus, spastic mydriasis and narrowing of the blood-vessels of the head, mostly unilateral, may be present. In one of his cases there was, pre-eminently, a struma more on the right side, mydriasis, paresis of accommodation, exophthalmos of the right eye, a lower temperature in the right ear and increased rapidity of the pulse. It is a pity that less stress is often put on the accidental symptoms. Ophthalmologists have led our attention to disturbances of innervation, independent of the exophthalmos, which may help one in the diagnosis by their early and constant appearance, as Graefe's symptom; the deficient consensus between the motion of the upper lid and the rise and fall of the visual plane, probably a disturbance of a motory act centrally innervated, connecting the levator palp. sup., and orbiculares with the muscles of the eyes horizontally rotating; but this symptom is as often absent as present, and the same may be said of Stellwag's symptom; the failure to close the lids, leading to dryness of the bulbus and of that of Moebius; the weakness of all motions to converge the eyes.

Charcot and Marie lead our attention to a sort of trembling in Morbus Basedowii, and they put it down as a characteristic fourth symptom, though it is also not constant. Another symptom, worthy to be mentioned, is the periodical appearance of watery diarrhœa. The tremors of M. Bas. have some peculiarities, differentiating them from the tremors in other chronic nervous diseases (disseminated sclerosis, paralysis agitans) from senile tremor, or that of intoxication. It is not a tremor by intention, though it disappears mostly when at rest and becomes increased by bodily exertions, especially by slight mental irritations. The tremor often spreads over a large part of all muscles, especially of the upper part of the

body, whereas head and hands commonly escape the tremors and only passively suffer from the succussions caused by the severity of the tremors. The frequency of the succussions and tremors is often greater than in tremors from other causes, *e. g.*, paralysis agitans, where they oscillate between 2-3 and 5-3 in a second, while Marie observed in Morbus Bas. a great regularity and frequency of 8-9 oscillations in a second. The tremor is, in its peculiarity, somewhat similar to the forms of hysterical or neurasthenic tremor, which we often meet congenital or on a hereditary basis in nervous youthful persons. Some consider this tremor as a primary affection of the thyroid gland, whose function is thus disturbed, and find in these tremors an analogy to the fibrillary twitchings, tremors and the clonic and tonic spasms sometimes observed after extirpation of this gland in dogs and monkeys, especially as with the tremors more severe spasmodic manifestations and epileptic attacks have been recorded in Morbus Basedowii. But in the animals all these symptoms ought to be rather considered as immediate sequelæ of the respiratory and circulatory disturbances caused by the operation, and in M. Bas. we rather consider it as gradually different expressions of the existing neuropathic disposition and of a convulsibility connected with it.

Let us now consider the changes in the skin, observed in this disease. Such patients often complain of a sensation of heat, though the thermometer indicates no rise, or only a slight one in the axilla in comparison with the rectum. The skin is often reddened, changes its color easily, or we meet Trousseau's taches cérebrales, redness in spots on mechanical irritations, by pressure, rubbing, etc.; in solitary cases erythema, urticaria and related eruptions, scleroma, etc., are observed. Hyperhydrosis, a profuse perspiration, sometimes limited to one side, may take place, while in other cases the skin remains cold and dry, with little sweat. More rarely are pigment anomalies, either vitiligo or abnormal pigmentation, in connection with diseases of other organs (icterus, bronzed skin), in fact, the combination of Morbus Basedowii and Morbus Addisonii has been several times observed.

Eulenburg shows that, notwithstanding the many theoretical attempts to cure Morbus Basedowii, the treatment leaves much to be desired, perhaps because, just in this disease, mental and emotional effects play such an important part. It is, therefore, an absolute necessity to remove the patient from his constant cares and anxieties—perhaps by traveling, sojourning in climates more favorable to his depressed state, and in many cases the patient ought to be removed to a sanitarium for nervous affections. We may send the poor to the

hospital, and it would be far better if we could offer them, also, plenty of fresh air in a mountain home. High mountain climate and a well-managed sanitarium offer the best changes for a cure. Even the worst complications with organic cardiac diseases, with valvular affections and grave consecutive disturbances in the circulation are by no means a contra-indication. Prof. Stiller published lately several such severe cases, where improvement hardly showed itself at an altitude of 500 meters, but where an altitude of 1,500 meters left nothing to be desired. In some cases such high altitudes may produce in a short time stormy difficulties in circulation and respiration, insomnia, increased mental irritability, etc., so that the patient may be forced to descend to a lower altitude, where he can remain through the whole year, while in places of too high an altitude he would be limited to a sojourn of a few months.

Climatic treatment might be aided by Hydrotherapia (cool sponging and rubbing), short tepid half-baths, a cool Chapman bag on the spine for a few hours daily, and especially by the tonic influence of baths containing carbonic acid and iron of a temperature of 35–37° C. at first, and then reduced to 30–34° C., lasting no longer than 8–10 minutes. They regulate and quiet the functions of the heart, they reduce the frequency of the pulse and of respiration, they improve appetite and nutrition, the sleep is better, and the heat and the psychical irritation greatly reduced. We can still do better with hydro-electric baths with the faradic or galvanic current, monopolar or bipolar. The patient must remain only for a very short time in the bath, and the current rather weak. Ten milliampères suffice for the bipolar form; five to seven for the monopolar. Two or three such baths of general electrization in a week suffice, especially when combined with local use of electricity. Vigouroux prefers the induction current: (1) Faradization of the neck, negative electrode on the carotid, near the bend of the lower maxilla, positive at the posterior lower portion of the neck. (2) Faradization of the eye (orbicularis palp.) with the negative electrode. (3) Faradization of the sternum (My. sternohyoidei and sternothyreoidei). (4) Galvanization in the precordial region, cathode in the posterior lower region of the neck, anode at the inner part of the third intercostal space (5–7 milliamperes). No session longer than 10–15 minutes. A more intense action may be produced by Franklinization.

One word on dietetic cures, which are the same as recommended for neurasthenia and exhausting neuroses. Weir Mitchell's (Playfair's) method will do in some cases, but strict individualization is also here necessary, and the treatment must be carefully adapted to each special case.

The best article in homœopathic literature on Morbus Basedowii is found in the second volume of Arndt's Encyclopædia, written by Dr. F. Park Lewis, the well known ophthalmologist of Buffalo, wherein he refers to the writing of the late John Butler.

Baehr and Kafka do not mention it. Raue treats it as exophthalmic goitre, and thus by nearly all writers this symptom is given pre-eminence, while the neurasthenic and anæmic character of this disease is hardly mentioned. Charcot's fourth symptom, the tremors, may be considered of equal importance as the third, though not mentioned even by Lewis. We felt pleased when we saw that Eulenburg did not consider medicinal treatment of prime importance, and relies, with far more confidence, on climate—high altitude and fresh air and on balneo-therapeutics for the cure of such patients, Weir Mitchell's modified rest treatment used as an auxiliary. When will physicians of our school acknowledge that salvation does not only exist in the selection of a similimum, and that other laws of cure are even admitted and recommended by the father of homœopathy? Still, the wealth of our materia medica, including or excluding the weeds, is so great that we might be forgiven for the ideal cure which we think to lie in the similimum. What a grand progress it is for the old school, that they insist upon the great truth, that the physician treats patients, and that strict individualization is the characteristic of our medical age. These different laws of cure work harmoniously together to eradicate the taint, the psora of diminished vital energy, and, by raising the life-force to its normal state, a sure cure must necessarily follow. Let us examine the symptoms of Morbus Basedowii and the drugs which produced similar symptoms, so that we may use them understandingly.

A grand characteristic of Basedow's disease is the instability of its symptoms, for each may be absent, and from the totality of the remainders a diagnosis may still be rendered. Tachycardia, struma, exophthalmos, mydriasis, paresis of accommodation, increased rapidity of the pulse, hyperhydrosis or deficient sweat, pigment anomalies, often a unilateral state of the symptoms, are the characteristics found in a person suffering from lowered vitality and poor hygiene. This being rectified, let us delve now in our works on materia medica and find the suitable remedy. Hahnemann teaches us the great importance of mental symptoms, and here they deserve greatly our consideration; in fact, French and Belgian authorities rely greatly on *gold* and *arsenic* in chronic cases, and on the *iodine* preparations in the more acute stage or during exacerbations, where others prefer *cactus*, *kalmia*, *sanguinaria*, the cardiac remedies of our school.

Aurum.—With the melancholia great changeability of mind and irritability; oversensitiveness; vertigo, as if drunk, accompanied by confusion; protruding, staring eyes, on pressure eyeball more tense and firm than usual; hemiopia; fiery sparks before eyes; frequent urination; albuminuria, consecutive to heart disease; amenorrhœa; leucorrhœa, corroding or mild; sternocardia; violent palpitations; anxiety and congestion to head and chest; pulse rapid, compressible and intermittent; enormous goitre; insomnia. In *aurum* we miss the tremors especially, which may give us a hint.

Arsenicum.—Downheartedness, from mental and physical causes; eyes staring, glistening, protruding; eyes feel as if they had no room in the orbit; heat in eyes and burning in chest, with dyspnœa; cornea degenerated; anxious expression of face; painful or painless diarrhœa, slimy, papescent < after midnight; urine profuse, pale and clear as water, or well-marked albuminuria; menses too early and profuse; acrid leucorrhœa; irritable heart; trembling, irregular action of heart; excessive palpitation with anguish; valvular troubles; cervical glands enlarged; heaviness and numbness of limbs; trembling of the limbs; exhaustion from slightest exertion, fainting; sleep disturbed after three in the morning; parchment-like dryness of skin, which has a brown, muddy, unwashed appearance on parts covered by the clothing; petechiæ, nettle-rash. Arsenicum gives us most symptoms, except the struma.

Baryta carb.—Torpid scrofulosis; pressure deep in eyes < looking fixedly or upwards or sideways; opaque cornea; eyes feel dry; immovable pupils; tension as from a cobweb over the face; dryness of mouth or salivation; diarrhœa, followed by constipation; clear and abundant urine; menses scanty; violent, long, lasting palpitation; pulse very rapid and small, irregular; swelling of glands of neck; large glandular swellings (but not our exophthalmic goitre); cold extremities with blue spots; twitches and jerks of body in daytime; great weakness and night-sweats; skin hot and dry or covered with profuse sweats.

Bromum.—Great depression of mind; headache deep in crown of head, with palpitations; protruding eyes; a grey point before right eye, moving up and down with movement of the eye; heat in cheeks, first in right, then in left; stony, hard, swelling of glands, especially on lower jaw and throat (exophthalmic goitre is never of stony hardness); yellow, green or blackish diarrhœa, especially after meals; frequent pale urine, violent palpitations; she cannot lie on right side; lameness of left arm; pulse small, weak, not countable; obstinate goitres; encysted tumors on side of neck; tremulousness

all over, nervousness and convulsions; enlargement of thyroid in persons with light hair, blue eyes and fair skin; sweat from least exertion; emaciations (*Arsenicum bromatum*).

Calcarea acetica, arsenicosa, carbonica, phosphorica, according to individuality and indications. Not what we eat, but what we assimilate, nourishes the body, and here the lime-salts take the front rank. They all have more or less symptoms of qualitative anæmia, chlorosis and leukæmia, painful swelling and induration of glands, total and partial sweats; sour diarrhœa; tremulous pulsations of heart; bellows or anæmic murmurs around heart and large arteries; anxious palpitations from slightest exertion; nervous trembling of hands; weakness and trembling of legs; burning in hands and tearing in legs; choreatic motions in upper and lower limbs, etc., clearly demonstrating that where life-force is below par, we must use antipsoric treatment for its rebuilding.

Conium mac.—We consider this remedy also an antipsoric, which Hahnemann delineates in his chronic diseases, and that in all schools it stands in high reputation for various profound derangements of the vegetative life. Among its symptoms we read of tired, weary sensation in brain, with physical as well as nervous prostration; hypochondriasis and hysteria from suppression of menses; sluggish adaptation of eye to varied range of vision; tremulous look, as if eyes were trembling; ulcers on cornea; partial paralyzed condition of external muscles of eyes; paralysis of muscles of the eyes; frequent diarrhœa and copious urination; sexual weakness; menses too late, scanty and of short duration; anxious sensation in heart, with rapid beat; violent palpitations after stool, after drinking; frequent shocks in cardiac region; pulse accelerated, unequal in strength and irregular in rhythm; enormously enlarged cervical glands (again, not the vascular struma of the thyroid); sensation of weakness, even to trembling, in extremities; paralyzed feeling in extremities; muscular tremors, hysterical spasms, convulsions, fainting; great heat, internal and external, with great nervousness; sweat over whole body, with redness of face; sweat day and night, as soon as he closes eyes. No mention here of an exophthalmos, and still what a grand simile.

Iodum.—No wonder that so many physicians fail in curing or relieving Basedow's disease when giving *iod.* internally in massive doses, and when injected into the thyroid it acts as a cauterizing absorbent more than by its dynamic power, and in other cases leads to rapid disintegration and suppuration. Still, some of our best writers made use of it in that disease and felt satisfied with the relief obtained. Irritability and sensitiveness; vertigo from the struma and hypertro-

phy of left ventricle, with congestion to head and face; hysteria and nervousness; staring with wide open eyes, lids seem to be retracted; protrusion of bulbi; twitching and trembling of lids; epistaxis; convulsive twitching of facial muscles; bulimy and emaciation; copious papescent stools; constipation, alternating with diarrhœa; copious and frequent urination; chronic menorrhagia or leucorrhœa; palpitation of heart from least exertion, with fainting; excessive cardiac action; pulse rapid, weak, accelerated by every slight exertion; gradual increase in size of neck, especially on right side over isthmus of thyroid gland, which is soft and without fluctuation; hypertrophy of two lobes of thyroid gland; tumor becomes more swollen and more painful at each return of menses, which were irregular and painful; sensation of constriction in goitre; trembling of limbs and great weariness from excessive debility; sweats even when talking. So far we might consider *Iodum the similimum* to Morbus Basedowii, and though we find satisfactory hints to its use from provings and cases of poisoning, as recorded in the Cyclopædia of Drug Pathogenesy, still we would feel more satisfied if we could get at the potencies given in clinical cases.

Lycopus virg.—Cardiac irritability, with depressed force, is the keynote of its use; intellectual obtuseness; congestive headaches accompany the labored heart-action; eyes full and heavy, with pressing outward; diarrhœa, can have a stool at any time; myalgic pains in heart; pulse differs according to the action of the heart; rheumatoid pains in extremities with trembling; slight lameness and unsteady gait in legs; vital depression and faintness; troublesome urticaria; no glandular symptoms whatever.

Natrum mur.—Schuessler says of this great polychrest that it promotes the activity of tissue change, and increases the excretion of urea, hence its use in chronic scrofulous (psoric) ailments, affecting the glands, bowels, and skin. A serous discharge is the keynote of this drug. Among its symptoms we read: no desire for work, mental or physical; depression of mind, with spells of irritability and crossness (Addison's disease); weariness and dullness of head, as if too heavy; muscular asthenopia; divergent strabismus; weakness of internal recti muscles; lids heavy when using them; watery diarrhœa; alternate constipation and papescent stool; polyuria, accompanied with waterbrash and emaciation; sterility; delayed, scanty menses; spasmodic cough; fluttering of heart, with a weak, faint feeling; irregular intermission of heart-beat and of pulse; palpitation in anæmic conditions; valvular diseases; goitre with chronic sore throat; weakness, tingling and cramps in extremities; rigidity of a paralytic nature;

twitching in muscles and limbs ; frequent starts of upper body ; general emaciation while living well, and complete prostration of vital forces; herpetic eruptions ; red spots on body, preceded by heat, especially in face.

Nitrite of Amyl.—There are very few cases of cures on record, though it may palliate incurable cases. Still, we read in its pathogenesis : stupefaction ; flushing of face and scalp from the slightest emotion ; heat and throbbing in head ; dull heavy pressure over eyes, as if a heavy weight were within ; staring, protruding, immovable eyes ; angina pectoris ; cardiac oppression and tumultuous heart action ; rapid dilatation of arteries, with quickened, but weakened, circulation ; weakness, lameness, and soreness in extremities ; trembling of limbs ; general weakness with a tendency to sweat from the least exertion ; emaciation. Though mostly given by olfaction, it ought to be tried in high potencies in suitable neurasthenic cases.

Phosphorus, the great nerve-food and the great tonic to the heart, ought to be a remedy of prime importance in Basedow's disease; apathy and indifference, melancholia passiva ; impending paralysis of brain-force ; pale, ashy face, with rose-spots on cheeks ; loss of appetite, alternating with bulimia ; profuse, watery diarrhœa ; profuse, watery micturition ; leucorrhœa with chlorosis; palpitation from every motion; dyspnœa with inability to exert himself ; tremors of limbs from every exertion, with icy coldness ; frequent fainting ; profuse sweats. The whole triad is more or less missing, and still, secondary symptoms may indicate *Phosphor.* What a hint : not to prescribe for a name, but for the patient and his symptoms.

Spongia tosta.—A great and too much neglected drug in cardiac affections, especially as it has also protruding, staring eyes, and as a remedy in goitre its reputation is established: the thyroid gland swollen up to the chin, with suffocating spells at night ; valvular troubles ; aneurism ; stinging, pressing pain in precordial region ; pulse frequent, hard, full or feeble ; trembling in all the limbs ; dry, barking cough ; herpes.

Other remedies which deserve study in relation to this disease are : *Badiaga, Cactus* and *Lilium, Sepia, Silicea, Sulphur*, in fact all the remedies found suitable in locomotor ataxia and in neurasthenia. Names to us are only signs by the way-side, but of very little use in the selection of the like.

Just as we are finishing this article we receive the "Bulletin Médical," No. 10, 1889, and find in it some notes by Prof. Charcot, where he leads our attention to new symptoms in Morbus Basedowii, as : emaciation, a dry, nervous cough ; a serous watery diarrhœa, total

or partial or unilateral sweat; general sensation of heat, with nearly normal temperature, this hyperthermy being the direct consequence of the exophthalmic struma, and not arising from any visceral complication, as seen by the urine, which shows no increase of urea, nor hardly any urobiline; constant and uniform tremors, not influenced by voluntary motions, eight or nine to the second, the most rapid tremor, not found to such a degree in any other disease; rapidity of the pulse, 120 to the minute. These muscular tremors may reach such a degree that the patient is unable to keep himself erect, and falls down with consciousness perfectly undisturbed, which is in some cases the first symptom of a threatening paraplegia, and we might ask whether the diarrhœa may be considered similar to the crises gastriques of the locomotor ataxia, but we miss in Basedow's disease the fulgurating pains, the absence of the reflexes, no sensory troubles, and the bladder is never affected. Too often heredity and descendence from drunken parents play an important part in the production of this disease.

ARTIFICIAL PARASITIC THERAPEUTICS AND ARSENITE OF COPPER.

By W. M. DECKER, M.D.,
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NATURAL parasites are to be found almost everywhere in the animal and vegetable kingdoms.

In the vegetable kingdom there is such a thing as an artificial parasite—made so by the intervention of man. For example, sweet apples may be grown on a sour apple-tree, by grafting; and, then, the graft becomes a parasite.

This parasitical anomaly will not tolerate an imposition. By its fruit, it maintains its identity and declares its true parentage. And everybody knows that those sweet apples do not belong to that sour apple-tree, but the boys eat them all the same.

Life—the gift of Heaven, will out, with all its varied characteristics. Nourishment comes from the soil; but the vitality is in the blossom-crowned seed.

Man may change the plant; but the seed, with all its latent vitality and identity, he cannot change.

Every seed which goes into birth is an unfolded truth; and its identity, its nature and its characteristics are revealed. It is a natural revelation of truth.

Truth is back of revelation, and man can no more create truth than he can create a germ. Man may discover a principle, a natural law,

a truth; or he may conceive of a theory, and find its application in harmony with truth; but all this is simply the revelation of truth. Man does not make truth—he finds it, applies it and describes it. And truth cannot be distorted or changed; but it may be unrecognized, disregarded, opposed and retarded.

The man who attempts to distort truth distorts himself—he is a fool.

Truth expressed artificially, *i. e.*, written truth, cannot lose its identity any more than truth revealed naturally. If the characteristics and principles are there, call it what you will and explain it as you may, the truth shines out with a lustre peculiarly its own. Truth is always characteristic in revelation.

A moral, philosophical or a scientific truth, when once revealed, can no more lose its identity than a physical truth—a natural, living, growing truth. You may transplant it; you may graft it, or re-set it, veneer it, re-apply it, or re-christen it; but it is the same thing still. "The rose, by any other name, would smell as sweet." Now, all this reasoning is for the purpose of analogy. The analogy is to be found in "Artificial Parasitic Therapeutics." And what is that? Well, that is best explained by citing an example. *The Therapeutic Gazette*, for July of this year, contains an article on the "*Arsenite of Copper as a Remedial Agent*," by Dr. John Aulde, Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia. This paper is an excellent illustration of Artificial Parasitic Therapeutics.

The very learned Professor has been treating cholera morbus and diarrhœa with *arsenite of copper*, using the drug according to the methods of Hahnemann, and reports brilliant success with it. He also points out the use of the drug in typhoid fever.

Now, this very learned Professor has done a good thing for his school of medicine; but how did he do it? Did he say, "Gentlemen, here is a drug, which I have been testing, according to the methods of Hahnemann, in the treatment of cholera morbus and diarrhœa; and I am so surprised and delighted with this bit of homœopathic practice that I frankly commend it to you?" No, he does not say that, for that would have made all Rome howl; and the cry would have gone up "Heretic! Crucify him! Crucify him!" For what? For the truth.

The very learned Professor did not have the courage and moral stamina to do that. He did not want to set himself up as a target and become a martyr. He did not want to be criticised and ostracized. He did not want to step down and out, and lose his head; so he

humbles himself and becomes a parasitic writer. So he resorts to deception and subterfuge and adopts the vainglorious parasitic trick; that is, takes the precious little twig of homœopathic truth and artfully grafts it onto one of the main branches of the old medicine tree, as though its growing there would disguise its true parentage; and then he calls the attention of his fellows to the wonderful progeny—to the surprising and beautiful freak of nature; and, "My dear fellows, only think, it is on our own tree and belongs to us; and I have tasted of the fruit, and it is excellent; and you needn't be afraid to eat it." But Adam, thou wilt be ashamed of thyself when the Lord walks through the garden.

Vainglorious man, thou mayest disown the truth, but thou canst not hide it. Thou canst not deceive the world; thou art deceiving thyself. Thou canst not reveal the truth and at the same time conceal it. It is the height of folly to transplant a truth and expect its revelation to change. The new method of therapeutics is so unlike the old, that, notwithstanding the artifice, the identity and nature of the graft will out. The sweet-apple twigs, clipped from the homœopathic tree, however artfully grafted onto the old tree of allopathy, still remain sweet and still declare their parentage; and, disown it, or re-name it, and explain it as you will, it is the same tree still.

It is highly proper for one school of medicine to use the methods and means of another school. There are several distinct methods of treating the sick; and there are different methods of using drugs for the cure of disease; and the true physician, of whatever school or name, will look to the fitness of things, and he will use whatever means or method seemeth best for each patient. But in reporting your treatment and experience, my brother, be wise, and do not resort to the vainglorious parasitic trick.

It is all right to adopt special therapeutics; but do not graft it onto other and different therapeutics, for it will only make you appear dishonest. "To thine own self be true, and it will follow, as the night the day, thou canst not then be false to any man."

Now that I have charged the very learned Professor with subterfuges in therapeutics, I will submit portions of his paper, that the reader may judge for himself whether my charges are just or not. And be it understood that the side remarks and the italics used in quotations are my own.

Almost at the outset of his paper, the very learned Professor refers to "the fact," that the remedy—*arsenite of copper*—was called to his attention by Dr. Boardman Reed, of Atlantic City, N. J.; and then

he remarks that Dr. Reed "*candidly admitted* its superiority for the relief of cholera morbus and allied affections." Well, why should not Dr. Reed candidly admit a thing like that? There is only one reason why, and that is why the learned Professor wonders, because he is another parasitical writer. *

The Professor next quotes from a former paper of his, as follows: "It (*arsenite of copper*) was used in probably *twenty cases* of bowel troubles, in patients ranging from one year up to sixty or more, and varying from simply colicky pains to diarrhœa and vomiting of several days' duration, and one case of acute dysentery, accompanied by profuse bloody discharges from the bowels, and in *every instance* the treatment proved *eminently successful; not a single failure occurred*, and, as a rule, the pain and tenesmus *subsided after the first hour*, or after taking the first five doses." (*Medical Register*, September 8th, 1888, page 230.)

Then he gives the composition of *arsenite of copper*. He says it is "composed of *arsenious acid* and *oxide of copper*, one part of the former to two of the latter."

And a little further on he gives the preparation of the drug as he used it, which is as follows: "To *one part of arsenite of copper*, in fine powder, *a sufficient quantity* of sugar of milk is added, and trituration begun; *additions* are made of sugar of milk, *trituration being continued*, and *sugar of milk added sufficient to make the quantity up to one hundred parts.*" (The very learned Professor makes hard work of it; but he has got there *at last*. He backs up to it the same as a crab, or like a Chinese—subterfuge. But let us go on with the quotation.) "*One grain* of this trituration, therefore, *contains one one-hundredth grain of cupric arsenite*, and, for all practical purposes, *this method* of preparation is sufficient, as a single grain will *readily dissolve in water, and the division into small doses is thus more conveniently secured.*" (All this is very familiar to the readers of this Journal.) The Professor goes on: "*Particular attention* is here given to *the method* of preparation, *for the reason* that my observations have been confined to the use of *arsenite of copper*, clinically, in quantities *not exceeding one one-hundredth grain.*" "*A single tablet* containing *this amount* should be *dissolved in from four to six ounces of water*, the dose of the solution being a teaspoonful. The quantity thus prepared will be sufficient for from thirty to fifty doses. Of this solution the patient is directed *to take one teaspoonful every ten minutes for an hour*, after which the remedy should be repeated at less frequent intervals; as a rule, how-

* If the readers of this Journal have forgotten Dr. Reed, they may look him up by turning to a criticism of mine in the December Journal of last year.

ever, these intervals do not exceed one hour, and the medicine is continued regularly while the patient remains awake." (The very learned Professor works like a missionary among the heathen. How carefully he gives the details of his "find" to the incredulous horde. They haven't any idea where this new truth came from; but we have. But hear the Professor out.) "By a simple mathematical calculation it will be found *that the exact quantity taken at each period approaches the infinitesimal*, and some of my friends have been disposed to look upon the matter with *incredulity*. *References*, in the medical journals, *to my report*, shortly after its publication, indicated that *it was looked upon more as a curiosity* in medical literature than an *addition to our* therapeutical resources." ("It was looked upon more as a curiosity"; and it was a curiosity. An artificial parasite is always a curiosity, whether in the vegetable kingdom or in therapeutics. And the heathen were superstitious because they could not understand how such a growth could come out of their old therapeutic tree. They had sat under its shade all their lives and never saw anything like it before; and tradition was silent—"our fathers had never told us anything about it.") The Professor has still more to say about this "*addition to our therapeutical resources.*" "A medical friend, more skeptical than the rest, was induced to accept a small sample of this powder" (2 x of *arsenite of copper*). "He was summoned to attend one of his patients, who had been subject to frequent, but somewhat irregular, attacks of intestinal colic, which, on previous occasions, had given him no end of trouble." These attacks would last for several days; and, "hypodermic medication afforded the only means of relief." The present attack indicated that the patient would probably suffer as usual; "and in a moment the idea flashed upon him that this case would furnish a *crucial test* of the therapeutic value of the remedy. Without any hope of witnessing good results from its use, the solution was *prepared as above directed* and the patient instructed *to take teaspoonful doses at intervals of ten minutes*, while the doctor, in the meantime, sat down to consider the propriety of following up *the old methods*. His *surprise* may be imagined, when, after taking the *second dose*, the patient expressed herself as feeling somewhat relieved, and at the expiration of *twenty minutes*, or *after the third dose* had been swallowed, the pain and all distressing symptoms had so far subsided that further medication seemed unnecessary, although the medicine was continued until near the end of the first hour." (The parasite is true to its parentage. The *cuprum* in the compound cured the colic because of its likeness to the attack. But the skeptic was surprised; he does not yet understand the subterfuge.)

The very learned Professor is full of the subject. He goes on: "The pharmacology of *cupric arsenite* will be written hereafter; our present knowledge of its *physiological action must be largely hypothetical.* [This assertion indicates either ignorance or artifice; if ignorance, I will inform the very learned Professor that he can find a record of the physiological action of *arsenicum* and *cuprum* in the Homœopathic Materia Medica; and that the physiological action of each, combined, will give him the physiological action of *arsenite of copper* as near as he will ever get it.] But what a desperate effort the Professor makes to convince his fellows that this "*addition* to our therapeutic resources" is legitimate, is clearly apparent from the evasions and subterfuges in his reasoning. He says, "That it partakes of the alterative character of arsenic, and, like that remedy, *when used in small doses*, presents the *characteristic* features of a sedative to mucous tissues, will be apparent from *its value in gastro-intestinal derangements.* Whether *arsenic alone* would be sufficient to overcome acute affections like cholera morbus is a question"—(which can be answered by a positive "*Yes;*" but the Professor says)— "which would probably be answered in the negative (subterfuge), but when combined with the oxide of copper in the proportions given above, we are *warranted* in assuming that the combination possesses astringent as well as sedative properties." (His language is here fitted to his school.) "Clinical observation confirms this theory, and experience has abundantly shown its efficiency, *when administered in small doses*, in nearly all classes of acute intestinal affections." [You will observe that the Professor emphasizes "when administered in small doses," all the way through his paper, as though that made a difference. Well, it makes all the difference in the world, and every time the Professor mentions the "when," of small doses, he gives himself away.]

The Professor goes on: "The claim will be put forward that *the dose is too small* to produce any marked effect. By some the *gratifying* results which follow its use will be said to be due to its *selective action;* by others it will be pointed out as a clear case of *special affinity*" (what is the difference?), "but it is doubtful if either explanation does more than *serve as a cloak of ignorance;* and the *minuteness of the dose* prevents our accepting it as a case illustrating the *substitutive action* of a remedy." The dose is too minute, the Professor thinks, to account for its action by substitution, but not too minute to cure the case; and its action by "selection" or by "special affinity" he regards as a "cloak of ignorance." I wonder where the Professor ever heard of the above theories of drug action, when given in small doses for the cure of disease? It is strange that he should ever hear of so

much ignorance, and it is strange that he should repeat so much ignorance; but, then, he does it under a protest, and offers, from the profundity of his hidden resources, new and original explanations, into which the mind of the reader passes under an eclipse more dense than that from which the very learned Professor would have us merge. It would be impossible for the very learned Professor to evolve a more absurd, superficial and incomprehensible explanation for the action of *arsenite of copper* when administered in small doses. It is as follows: "*Evidently* it illustrates a factor in the treatment of disease which is too frequently overlooked, viz.: that the effect upon the economy of the exhibition of drugs is of two-fold nature; *in other words*, that it is a resultant dependent upon the presence of disease and the exhibition of the drug. If the disease were absent, the drug would not produce any appreciable effect, but with the disease the medicine produces an effect in accord with its power over the nervous system." [Now, if I understand the Professor correctly, all that he says is this: that the drug acts upon the disease; but he does not explain *how* it acts. His would-be explanation does not explain; it is a mere babble of words.] But he says: "An illustration may be of value *in clearing up this somewhat complicated problem*, and we may select for the purpose the case of peritonitis. The late Dr. Alonzo Clark, by the exhibition of *massive doses* of opium, showed the remarkable tolerance of the system for that particular drug. A patient suffering from peritonitis was permitted to take *sufficient opium* in the course of twenty-four hours *to kill half a dozen men*, and apparently no bad results attended upon its use." The Professor makes one other illustration, which I omit, and then concludes as follows: "Now these influences, *whatever that may be*, must be effected through the nervous system, and it is not beyond the range of possibilities that in such manner the *arsenite of copper* may produce its effect in the treatment of inflammatory affections of the alimentary tract." [What nonsense, to liken the action which arsenite of copper, *in small doses*, has over inflammatory affections of the alimentary tract, to that resistance to *massive doses* of opium developed in the human organism by peritonitis.

Is the action of *massive doses* of opium upon peritonitis similar to the action of *small doses* of *arsenite of copper* ($\frac{1}{100}$ gr.) upon cholera morbus? The Professor says of *arsenite of copper in small doses:* "If the disease were *absent*, the drug would not produce *any appreciable* effect." But he cannot say the same of *massive doses* of opium, when administered for the relief of peritonitis. In this case, if the disease were absent, the action of the drug *would be* appreciable—it would

kill the patient. The two cases are non-comparable; for, as the Professor states them, they are directly opposed to each other.]

Let us now turn to the *"Clinical Applications"* of *arsenite of copper in small doses*, made by the Professor. He cites a few recent cases, and says of them: *"An account in detail* would be tedious, and, besides, is unnecessary; so it will be sufficient to pass them in review, *pointing out* SOME *of the most common symptoms."* [Subterfuge. He would hide the artificial parasite's true parentage; but "the most common symptoms" pointed out by the Professor are characteristic symptoms of *arsenicum*, and symptoms like those of *cuprum* and *arsenicum* appear in all the most fully reported cases. In other words, the physiological and pathological action of *arsenicum* and *cuprum* is like that manifested by the cases which the Professor treated with *arsenite of copper.*]

Here are three of the cases, and all we have to go by is "the most common symptoms."

"Elsie is a little girl of four summers," and has diarrhœa. "The stools are frequent, yellowish and slimy, and with each movement there is considerable pain; the tongue is coated, skin sallow, and the whole appearance indicates a condition which may be expressed in one word—weariness—but she does not show any tendency to sleep." [This is a picture of the pathogenesis of *arsenic*, and *arsenic* and *cuprum* have symptoms in common.]

CASE II. "John H. is a hard-working young man, and for some days now he has been very much depressed; there is loss of appetite, abdominal pain, weakness and sleeplessness, and a slight rise in temperature, with a pulse of 120; the stools are watery, offensive, and have been as frequent as ten in the day. Everything points to typhoid fever." This man was put on *arsenite of copper, in small doses*, and was able to resume work the next day.

CASE III. "Harry is a boy about nine years of age," and has diarrhœa. Symptoms: "great pain, frequent movements from the bowels; is languid, no appetite, but great thirst, and complains all the time of headache." Nose-bleed. The vomited material is of a grayish, slimy appearance. "He has slept but little for several nights." The boy was given *arsenite of cuprum* and awoke the next morning cured.

Now there are two symptoms which appear in each of these three cases, and which are characteristic of *arsenicum*. I refer to the weariness and the restlessness. And in the pathogenesis of *arsenicum* and *cuprum* we find most, or quite all, the symptoms mentioned in the reported cases. Hence, the *arsenite of copper* cured the above cases because of its likeness to them, and the subterfuges fail to conceal the fact.

Professor Aulde, which is the mother of the chick—the hen that hatched the egg or the hen that laid it?

ORIGINAL ARTICLE IN SURGERY.

INTRA-PERITONEAL PREGNANCY—A CASE.*

By JAMES C. WOOD, M.D.,
Ann Arbor, Mich.

MRS. E. C., actress, aged twenty-three years, dark hair and eyes, petite and very intelligent. Married, June, 1888, just thirteen months previous to operation, at which time she was menstruating regularly, but the flow never appeared after marriage. The following November, fearing pregnancy, she for the first time consulted a physician, who made an ineffectual effort to produce an abortion. After a rest of four or five days she returned to the stage.

An opportunity to star as "Peck's Bad Boy" induced her to leave her husband's troupe and engage herself to another company. While thus engaged she suffered three bad falls, suffering much and continuous pain. In February of this year (1889) she had a severe attack of peritonitis, preceded by collapse and syncope. She was confident of feeling motion and life previous to and during this attack, notwithstanding the assurances of several physicians, who at the time examined her, that no pregnancy existed. Going from town to town, numerous medical men were appealed to, and, alas! not in vain, to undertake an abortion. The repeated criminal efforts were unavailing, and she, too, became dissuaded, believing her condition to be due to other causes than pregnancy.

A very large fecal impaction, which had to be removed by injecting ox-gall, followed in the train of the peritonitis. Although utterly unfit to do so, she returned to her company April 15th and played a quiet part. At this time there was no perceptible change in form and no mammary symptoms of pregnancy. The suffering, excited by her stage efforts, was so great that she resorted continuously to morphia, and often would faint as soon as the curtain fell. During the day she was confined to her couch, but, with amazing pluck, would go from it to face an audience. In early June her courage failed her, and she sent for her husband, who at once cancelled her engagements and placed her under proper medical care.

On June 22d she reached her home at Charlotte, Mich., and became a patient of Dr. Sara J. Allen, of that place, to whom I am indebted for the foregoing history. Upon reaching Charlotte she was in an extremely wretched condition; could retain no nourishment and could not lie in any position, owing to the extreme sensitiveness of the abdomen. To use the doctor's own words: "I saw her June 24th for the

* Read before the Homœopathic Medical Society, State of New York.

first time, but found her too sensitive to make a thorough examination; however, I could locate the head presenting favorably in the vagina, but was unable to reach the os. The knee-chest posture occasionally, and *nux*, 3x, internally, made her so comfortable she could both eat and sleep fairly well, and began at once to improve. She was not only able to be up and about the house, but came to my office every other day to report her favorable progress. On Tuesday, July 16th, she was taken with slight pains through the back and hips, like those of normal labor, but Wednesday they recurred oftener, were more severe, and there was a painful dragging sensation in the region of the umbilicus. I administered chloroform, and found the os high up behind the pubes, the head apparently crowding what appeared to be a thinned posterior uterine wall into the vagina. I brought down the cervix and began dilating. The pains recurred at lengthened intervals and were very feeble. Up to this time the motions of the fœtus had been excessive and painful, but were now only slightly felt in the left hypochondriac region. The genu-pectoral posture again brought relief and the pains ceased, though the heart pulsations were still distinct and feeble fœtal motions yet perceptible. The following day (Sunday) she was cheerful and comfortable, and I was not again called until 2 A. M. Monday morning, at which time she was suffering from great soreness where the child had kicked her, for which I applied calendula and carbolic acid cerate externally, and gave arnica internally. I then telegraphed Prof. James C. Wood, of Ann Arbor, but, unfortunately, he was in a neighboring State on a similar mission, and did not come to my aid until Tuesday, July 23d."

Upon reaching the patient I found her in a precarious condition, with a pulse of 145 and temperature 103° F. Sepsis was marked, as was shown by the pulse, temperature, color of the skin and profuse perspiration. The abdomen was the size of full-term pregnancy and very sensitive; the enlargement was uniform and symmetrical. The vagina was equally sensitive, and the patient could not tolerate an examination which was in the least satisfactory. I could, however, feel a large fœtal head low down between the vagina and the rectum, the sutures being felt with ease and the plasticity of the head easily observed. The intervening tissue did not seem to be thicker than heavy parchment. This examination made me mistrust an extra-uterine pregnancy, a condition which Dr. Allen strongly suspected before my arrival, and requested that another assistant be secured, so that, if our suspicions were confirmed by an examination under ether, an operation might be proceeded with. We accordingly got everything in readiness to meet any emergency. Owing to an accident, I

had to improvise, with a file and spirit lamp, a drainage tube from an ordinary piece of glass tubing.

At 1.30 P. M. the patient was placed on the table under the influence of ether. The head was found in the position described, evidently occupying the Douglass pouch. The cervix was high up above the pubes, and could be dragged down but a short distance by the vulsella. The finger could be passed through the canal only to the internal os. A probe penetrated the uterine cavity three inches. The fœtal parts could be easily detected through the thin abdominal walls, and I imagined that I could hear the placental bruit, though I fully appreciate the deceptive nature of the sound, especially under the circumstances with which I had to contend. Feeling confident that the child was not within the uterine cavity, and with the concurrence and assistance of the attending physician and Dr. J. W. Siegfried, also of Charlotte, who kindly responded to our call, I prepared to open the abdomen.

Operation.—Observing antiseptic precautions as completely as possible, an incision was made midway between the pubes and the umbilicus in the median line. I did not make a lateral incision because the perfect symmetry of the abdomen gave no clue as to which, if either, side the sac was located. The first stroke of the knife brought me to a membrane resembling the peritoneum as found over adhesions in ovarian tumors. Catching it between two forceps, and nicking it, a stream of fluid, either amniotic or ascitic, gushed out. The abdominal walls were quite vascular, and several catch forceps had to be applied to spurting arteries. Enlarging the opening into the peritoneum, the feet came into view and protruded through it. It now became necessary to enlarge the abdominal incision so that it extended at least two inches above the umbilicus ; the feet of the child were then grasped by the left hand and an effort made to deliver it through the wound. This could not be done until the head was peeled out, as it were, from the cul-de-sac, after which a five-pound putrid fœtus, thickly covered with vernix caseosa and with the skin broken in many places, owing to the high state of putrefaction, was delivered through the abdomen. The hemorrhage now became frightful, the patient exsanguinated, and it was evident that something had to be done, and that quickly. Instructing my only assistant to throw some brandy under the skin, I quickly threw an elastic ligature around the entire mass and packed sponges about the pedicle. This controlled the hemorrhage very effectually and gave us an opportunity to wash the clots from the abdominal cavity by pouring hot water into it from a pitcher. The effect of this was like magic in rallying the

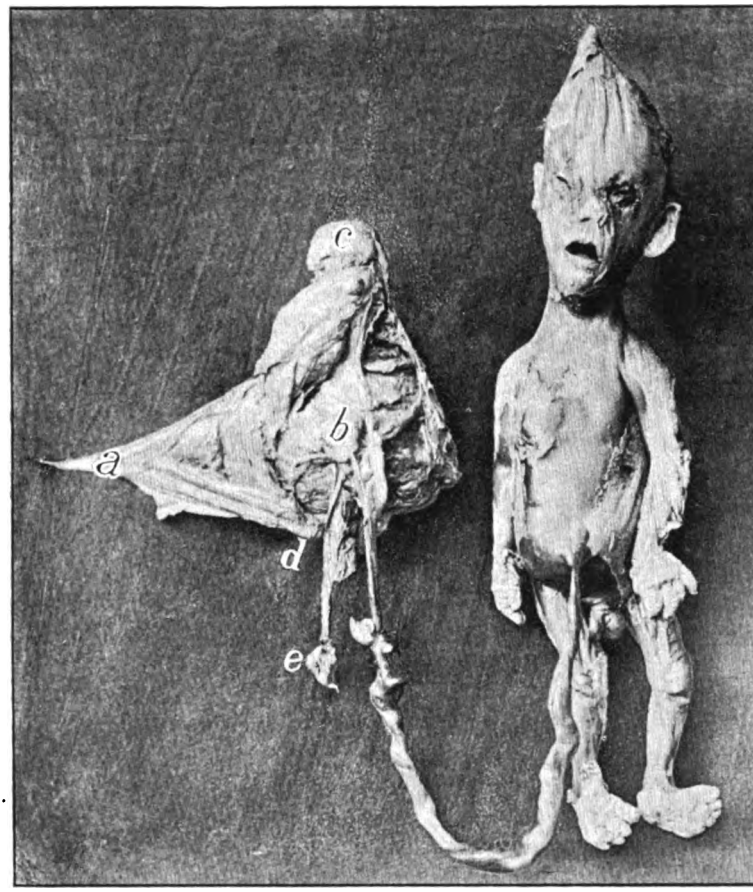
patient. The next point to contend with was the management of the placenta. It was very evident that the peritoneal cavity could not be excluded from the cyst cavity, for they seemed to be one and the same thing. In short, the only cyst cavity that I could detect was the peritoneum, unless, indeed, the cul-de-sac occupied by the head could be called a cyst cavity.

In making this statement I am aware that so good an authority as Tait claims that the famous Jessop case is the only authentic one of intra-peritoneal *non-encysted* ectopic pregnancy on record. He does not, however, give what, to my mind, at least, is satisfactory proof of the unauthenticity of the cases cited by Parry and others.

At any rate I found no traces of a gestation sac other than the attachment of the omentum to the mass which I had included in the elastic ligature, and several bands of inflammatory tissue springing from the pelvis and attaching themselves to the transverse colon. A more careful examination showed that my ligature had embraced the left broad ligament, between whose folds the placenta was attached, the entire fundus of the uterus and both tubes. The inclusion of the uterus could only be determined by not finding it in any other locality, because it was utterly impossible to differentiate or separate the various structures of the mass; indeed, in my opinion, it would have been the most reckless folly to have undertaken it. To have detached the placenta was entirely out of the question; to have left it within the abdominal cavity, the peritoneum being more or less destroyed at the lower border of the broad ligament and the system already saturated with septic material, seemed equally unscientific. I therefore, and without precedent, transfixed the pedicle above the ligature with a couple of Wilcox pins and cut away the entire mass, placenta, uterus and appendages, permitting the stump to rest at the lower angle of the wound, as in hysterectomy for fibroid. The omentum seemed unhealthy, very much thickened and even gangrenous, and this too was tied and cut away. The bands of inflammatory tissue were secured in the same way; in short, both the abdominal and pelvic cavities were thoroughly emptied of any tissue or substance that could slough or disintegrate. The abdomen was again thoroughly washed with hot water and sponged dry, but, owing to the continued oozing of blood from the Douglass cul-de-sac, a glass drainage tube was passed into the bottom of the cavity. The patient's condition would not permit longer delay in contending with the hemorrhage, so the pelvis was packed with iodoform gauze, one end of which was left projecting through the abdominal wound. The abdomen was then closed and the stump dressed in the usual manner, when the patient was

placed in bed, very weak, but soon rallying under the influence of warmth and hypodermic stimulation. The operation lasted less than one hour.

Time will not permit me to dwell upon the daily progress of the case so carefully and skillfully watched and managed by the attend-



Fœtus and placenta, with uterus and adnexa: *a*—peritoneum stripped from base of broad ligament and posterior uterine surface; *b*—base of broad ligament; *c*—outer border of left broad ligament; *d*—fundus of uterus at point of section; *e*—one of the inflammatory bands extending to transverse colon. (The omentum is not shown.)

ing physician. Suffice it to say that the pulse dropped in nine hours after the operation to 116, and the temperature to 101° F., without any

evidences of profound shock. The temperature fluctuated between 101° and 102° F., one day even reaching 104° for a short time, approaching the normal about the sixteenth day. Nourishment was freely taken and retained from the first. The gauze was removed at the end of the second day, blood-stained but sweet. Smaller drainage tubes were substituted from time to time and discarded entirely on the twenty-sixth day. The cavity was kept thoroughly clean by suction and frequent washing. The pedicle and ligature were removed on the sixteenth day, the entire cervix coming away through the vagina on the seventh day. This seemed to me a most remarkable event, and, to make sure that it was the cervix and not a diciduum, I had the mass sent to me for examination. I also had Dr. Allen make a vaginal examination before completing my record (Sept. 16th), and she reports an entire absence of the cervix. It is probable that the elastic ligature fell below the utero-vaginal mucous membrane, thus severing the cervix and permitting it to fall into the vagina, the fundal end of the stump adhering to the lower end of the abdominal wound for several days longer. This explanation is largely hypothetical, but I can think of no other.

A few doses of morphia were necessary to quiet the pain, the patient having taken it daily for a long time; with the exception of this and an occasional seidlitz powder—which always reduced the temperature—the medication was strictly homœopathic. In a letter from Dr. Allen, dated September 7th, she says: "I think that I can truthfully say that Mrs. B. has recovered. She has been riding nearly every day since August 23d, just one month from the day of the operation; she walks all over the neighborhood, eats heartily, and has filled out until you would not recognize her as the thin, emaciated little girl of three weeks ago, when her flesh hung flabby and thin, and her limbs were all the way of one bigness. She will ride for one or two hours with me in making my calls without becoming the least weary, and sews or knits all day without lying down. She cannot remember when she felt so well and was so free from pain."

Remarks.—I have said that I removed the entire uterus and adnexa without precedent. I mean by this, that so far as I am able to learn after searching the literature with a certain degree of faithfulness, I have not been able to find a recorded instance of ectopic pregnancy in which the uterus was removed with the fœtus and placenta. On the contrary, the vast majority of writers recommend leaving the placenta untouched, Tait and Strahan affirming that the best results are obtained by hermetically sealing it in the wound, thus promoting absorption without decomposition. Let it be remembered, however,

that I had no fœtal sac other than the peritoneal cavity in which to "hermetically seal" the placenta, and, inasmuch as its detachment was utterly impossible, I simply conformed to a surgical principle so emphatically insisted upon by Tait in dealing with early rupture and hemorrhage, and in the practice of Porro's operation of total extirpation of the pregnant uterus, namely: I removed all removable sources of hemorrhage and septic infection. The principle is a broad one, and for its application in this somewhat unique case I deserve no credit.

It may be claimed, from a moral standpoint, that I had no right to unsex a young woman twenty-three years of age and deprive her of all maternal prospects. In reply I will say that so long as nearly every town in the country contains men and women, calling themselves physicians, whose business it is to traffic in the lives of unborn infants, just so long will my conscience remain invulnerable to appeals of the kind, especially when my patient's life is in the balance, or when I know that the abortionist's probe has repeatedly sought in the uterus that which I could only deliver through the abdomen.

The history of the case is not clear. It seems improbable that pregnancy had existed for thirteen months—the duration of menstrual suppression. Her physician is most confident that she felt vigorous fœtal kicks ten days previous to the operation; the decided decomposition would hardly indicate this. The nails, extremities, eyes, etc., indicated that it had lived for at least nine months. Whether or not the rupture took place directly from the tube into the abdomen, or from the tube into the folds of the broad ligament and then into the abdomen, I am unable to say. The serious trouble during the early period of pregnancy would indicate a rupture into the broad ligament, and the still more profound attack of collapse and peritonitis in February would likewise suggest that a second rupture permitted the fœtus to pass into the peritoneal cavity without becoming encysted. The peritoneum [a] [vide plate] was detached from the base of the broad ligament and lower portion of the uterus [b] when examined after removal, but there were no other evidences of a rupture in this region.

In conclusion permit me to quote the words used by myself in the February, 1889, *Medical Counselor*, in a paragraph reviewing Mr. Lawson Tait's Lectures on Ectopic Pregnancy, which had been sent to me for that purpose:

"The author, at the very outset, expresses his indebtedness to Drs. Wm. Campbell, of Edinburgh, and John S. Parry, of Philadelphia, the former published in 1842 and the latter in 1876. One is rather surprised that no mention is made of the work of Steven Rogers,* pub-

* "Extra-Uterine Gestation and Fœtation, and the Early Signs which Characterize It." By Steven Rogers, M D., N. Y., 1867.

lished in 1867, inasmuch as Rogers, even at that date, emphasized the fact that gastrotomy is the only recourse when the surgeon recognizes the presence of blood in the peritoneal cavity, with a coincident history of hematocele. For instance, on p. 40, in discussing the treatment of ruptured cyst with active hemorrhage, he says: '*The peritoneal cavity must be opened; the bleeding vessels must be ligated!*' Again, on p. 41: 'The pretext that the operation may not save life, or that the chances are greatly against its success, evinces, to me, a culpable lack of moral courage. This is not the reflection which should animate the surgeon under such circumstances. The questions for him to propound are: 'Is it necessary, and if attended by any or by greater danger, is there a reasonable or is there any hope without it?' When it is remembered that these words were written over twenty years ago, at a time when abdominal surgery was yet in its infancy, one cannot tell whom to most admire—Rogers, who promulgated a surgical and advocated its adoption in words that cannot be misunderstood; or Tait, who, with his series of forty-two cases, has demonstrated the correctness of that principle."

A copy of the journal containing the review fell into Mr. Tait's hands, and very soon I received the following letter:

BIRMINGHAM, March 15, 1889.

DR. JAMES C. WOOD.

My Dear Sir: Let me thank you for your kind review of my book in the *Medical Counselor*. I am greatly indebted to you, amongst other things, for your informing me concerning the work of Dr. Steven Rogers, of which I had never previously heard, curiously enough. Is it possible to get me a copy of the book? It is very strange that I have never seen or heard of it, as the quotation you give from it is enough to make me sure that it is a book of great value. Very truly yours, LAWSON TAIT.

The little book referred to came into my hands from the library of the late Prof. Edward S. Dunster. It is a reprint from the Transactions of the American Medical Association, 1867, and, in the light of to-day, one cannot help but admire the author's prevision and originality, for it fairly teems with suggestions which have become recognized surgical principles. Strangely enough, even our American writers practically ignore it, and the only ones who even refer to it are Parvin and Parry. During a recent visit to New York I learned from the late Prof. Hunter that Dr. Rogers was at one time connected with the Woman's Hospital, but soon after the war located in the South and died. If one can be judged by his works, I am sure that Rogers, had he lived, would have developed into an original and fearless operator, becoming not only an honor to his profession but a blessing to mankind.

EDITORIAL DEPARTMENT.

WAS THE INSTITUTE INCONSISTENT?

"THE voice of the people is the voice of God," says the well-known adage, which, though much disputed, expresses the maxim that the will of the people must rule with the rigor of fate. In this sense, *vox populi vox dei* is true. The good grace and faith with which individuals succumb to the will of the majority is the standard of good citizenship, and loyal submission to preponderant opinion is the criterion of faithful membership in every organization of men. But, on the other hand, it is true that majorities do not necessarily speak with infallible wisdom and justice. Majorities are often said to be notoriously inconsistent, to blunder through sentiment into positions antagonistic in logic and absurdly incongruous in practical effect. Such especially is the cry of minorities after defeat; and this cry is vehement in proportion to the perversity of the minority's previous claim, and to the indulgence of infallibility in self-opinion after it has failed to impose its own assumptions upon the collective commonsense of men. Majorities may err, sometimes, but so may minorities, more often; majorities may be inconsistent, but minorities, especially when very small, are prone to be incontinent in charging inconsistency.

These reflections are apropos of the last session of the American Institute of Homœopathy. It has been charged that the majority of this

august body stultified consistency when it legislated upon the journal question and refused to legislate further upon qualifications for membership. It has been represented, or misrepresented, that the Institute refused to impose a creed upon members, and then turned about and overwhelmingly imposed a creed upon the journals. By a vote of 34 to 76, it declined to further provide that applicants for membership should declare by signature their belief in and practice of homœopathy; with but three or four dissenting nays, and a very large chorus of ayes, it resolved that, "In making up the list of existing journals illustrative of homœopathy by the Bureau of Organization, Registration and Statistics, and the Committee on Medical Literature, all such shall be embraced as avow the principle of similars as the dominating principle in the selection of drugs for the cure of the sick, and which also support the organization of homœopathy as a distinctive body in the medical profession," etc.

In these two votes, was the majority whimsically unwise and inconsistent, and is the criticism of the minority just? It would appear to follow that the Institute was illogical, provided that the same conditions had been exacted for admitting members and noting journals; provided that members and journals were on the same footing in relation to the Institute; provided that the Institute had equal jurisdiction over members and journals; provided that members and journals rank equally, in kind and in degree, as illustrative of homœopathy. With these provisos, there are the further questions, whether the Institute had not already sufficiently legislated on conditions for membership, and whether, by adopting the resolution proposed, it would not have given ground for the inference, that its members had not believed in the principle of homœopathy, and presumably had not practiced it.

A cursory examination will show that the majority justified the popular belief in the greater wisdom of the greater number; that it disposed of both questions with discriminating common-sense. Sufficient safeguards to membership were judged to have been already erected in the required preliminary endorsement, the gauntlet of Censors, the vote of the Institute, and the ordinary obligation to obey a constitution which declares that "the object of the Institute is the

improvement of homœopathic therapeutics and all other departments of medical science." On the other hand, journals were evidently under no obligation to obey constitution or by-laws, formed no part of the body politic of the Institute, were merely noted to the profession and the world as allies of the Institute in the cause of homœopathy (whose general intent and purpose they both illustrate); and, moreover, had no other gauntlet to run than that of a committee, insufficiently instructed. It was seen that journals exist only as assuming, irresponsible, public voices; that members are persons, private in their capacity as practitioners, and here beyond intrusion, public in their avowed relations with the Institute, and here within its discipline. The journals, being beyond the jurisdiction of the Institute, yet still recognized as coadjutors in the cause of homœopathy in common with the Institute, were held to be amenable to distinctive definition; and hence the Institute instructed its committee to observe the broad and fundamental lines of difference between friend and foe of homœopathy. And, in requiring assent from journals to conditions of friendly mention as homœopathic exponents, it imposed no creed upon journals; it merely appreciated the *quid pro quo*, the obligation of return for favor, the propriety of the method by similars dominating the principle of medleyism in public therapeutic exposition, and the duty of homœopathic journals to advocate, in the spirit of loyalty and good faith, the maintenance of the organization of HOMŒOPATHY *as a* DISTINCTIVE *body* in the medical profession.

So the majority consistently decided that the conditions for membership were already enough, and, with equal consistency, that the conditions for listing journals had not been enough. With unerring instinct, it refused to open the gates for future contests over the creeds and practices of persons; those strifes where personal animosities add intensity to the hatreds of bigotry, and malice is yoked to fanaticism in a war of extermination. With friendly spirit, it then extended its hand of welcome alliance to the journals, discriminating between none, and recognizing all on the basis of the Institute itself—loyalty to the principle of homœopathy and its organization. It set up no inquisition for persons, and it made no pope for the press. Nor did it adopt an Index Expurgatorius, or stand the journals on any other merits than

their own. It said to members: "We admit you to our body, as we have always done, on the understanding that you will be loyal to our aim, which is that of homœopathy;" and, to the journals it said: "We avow you as the friend and exponent of homœopathy, so long as *you* avow, as *we* do, loyalty to the principle of similars as the dominating method of cure by drugs, and loyalty to homœopathy, distinctively so named and distinctively so organized to promote the prevalence, maintenance and improvement of that method. If you cannot assent to so essential a test, why should we, in consistency, avow you; and why should you, to our and your discredit, wish or accept our avowal?"

INSANITY AND ITS RELATION TO CRIME.

THE famous Athenian law-giver, whose code was said to have been written in blood and not in ink, exemplified, in his arbitrary legislation, the doctrine that crime should be sternly repressed and the criminal exterminated. The death of the malefactor prevented further mischief from that source, and the drastic punishment awarded might have a salutary and deterrent effect upon the minds of evil-intentioned men. To inflict the severest possible punishment, to threaten this punisment to any who violated the law, to view the individual law-breaker as one beyond hope, and regard only the safety of the general public—this was the dominant idea for centuries. But, in time, it was found the very severity of the laws defeated the purpose for which they were enacted. Justice became tempered by mercy, and the reformation of the sinner was attempted. In early times the insane criminal met with little consideration from either judge or jury: the spirit of the age was stern, and but little was known of the manifestations of insanity or of its relation to crime. Nor in our own day is there to be found, between the medical and legal professions, any settled agreement as to the question of the legal responsibility of the insane. Many a man has been sent to execution when physicians knew that a serious disease had been punished as a crime. There are many lawyers, eminent in their profession, renowned in learning, holding high judicial positions, who believe in a deterrent theory of government, or rather punishment, and they

would have the law make little or no distinction between the sane and lunatics. It is true, that those who were unable to understand the threats of the law are exempt from punishment; but all who do, and are capable, also, of understanding the nature of an act and the quality of an act must be punished, because those who so understand have the power to refrain from committing the act. This is exactly the point at issue. If those who understand the threats of the law and the criminality of an act can refrain, if they will, from committing such an act, although urged by morbid impulses, if the will power is always of normal strength, then there is no dispute possible. But if it be that an insane person may know the nature and quality of an act, its wrongness and the certain punishment, and still be powerless to refrain from the act, then there exists a condition which renders the theory of deterrence abhorrent. That such a condition may exist is maintained, almost unanimously, by the medical profession. The possession of knowledge does not always mean the possession of will-power, and a lunatic may perfectly understand a threat and yet not be at all amenable to it. The question, when a lunatic is brought to trial for a committed crime, is, Could he avoid it? If the will-power was dominated by delusions, he certainly could not. It must not be forgotten, also, that the loss of mental inhibitory power may be momentary, or it may be constant. Most cases in court are intricate and perplexing, and in no aspect more difficult than in the question of self-control, and, in this relation, an eminent writer says: "In relation to the medico-psychological problems of mental inhibition and impulse we have to take into account those obscure human tendencies towards killing, towards destructiveness, towards appropriation, towards unrule, some of which exist as incognate psychological tendencies more or less strong in human beings, and the gratifying of which gives pleasure. They are best seen in youth, and they often come out in disease." A class of cases of exceptional interest is due to the insanity of habitual inebriety. For there is a marked distinction between the brief and violent strain of delirium due to occasional drunkenness and the insidious and hidden insanity of persistent drinking. The chronic inebriate, by his vicious and long-continued habit of the steady use of ardent spirits,

becomes thoroughly demoralized. Both soul and body are debased, and every power and faculty is maimed and deformed. His will is weakened, his morals are bankrupt and his intellect is crippled, nervous disabilities increase, inhibitions become perpetual and a constitutional state of absolute abnormality results. Such a man may be said to belong to the great army of the unrecognized insane. Under the influence of some great excitement, or sudden passion, the barriers of conventional action are hurled aside, and the desperate, and often murderous, lunatic stands revealed. Here, again, there is loss of self-control. One of the inevitable results of alcoholism is mental inhibition. Here, again, it is necessary for the law to recognize the absence of controlling power in the inebriate criminal; too often it has not given this factor due consideration. Of course, it may be urged that these cases are those in which the victim has deliberately produced in himself the conditions necessary for the commission of a crime, and he cannot, therefore, be excused for lack of will-power, when he himself has destroyed, knowingly, his will. But there are many who do not know this, and their responsibility should be carefully determined. The best and most humane manner of dealing with lunatics is not yet fully revealed. It is the duty of the medical profession to see that no irresponsible lunatic suffers because of faulty and defective laws.

COMMENTS.

A WIDE-SPREAD EVIL—Charity true and charity false—how to dispense the one and suppress the other; that is a very important question. The mercy which is not strained; the sympathy which, touching some hidden chord in the weary heart, causes it to vibrate with grateful emotion; the gentle beneficence, blessing those who need its blessing most, relieving suffering and bringing joy to those who fancied joy and gladness had forever fled away; this is, in part at least, true charity. An indiscriminate giving of alms, a promiscuous distribution of material benefits, without inquiry, without system, without care; a cold and perfunctory relief without sympathy; outraging sensibilities, degrading morals, and inculcating pauperism; this is false charity. The distinction would seem to be most obvious. Yet there are many good and charitably disposed people, whose virtues are beyond reproach, urged by generous influences to assist the heavy burdened, that engage hastily in some scheme for the amelioration of the poor, only to discover that they have been guilty of false charity.

Those who find out their error and correct it are most fortunate; they are as yet comparatively few. Those who, either through obstinacy or natural dullness, will not or cannot see the fatal mistake they are making, are many. They will not see, or at least will not admit that a system of giving that admits all on equal terms, that grants to all, without any inquiry or investigation whatever, the same favor and the same relief, is a system that breeds deception, throttles truth, kills gratitude, debases principles of action, and hatches out with each succeeding sun a miserable swarm of mendicants and beggars. Medical charity, so called, is, for the most part, deceptive. The absence of all system and the practice of treating all patients that present themselves, without the slightest attempt to ascertain the real condition of the applicants, has led to a state of affairs that is disheartening to contemplate. It is true this has been written of many times before, but it is none the less true that it will be written of many times in the years to come. Criticism, fierce and scathing, must attack this evil until it is corrected. It is known that, in the cities of New York, Boston and Philadelphia, not half of those that present themselves for treatment at dispensaries are worthy to receive free treatment. In other words, one-half of those that come are abundantly able to pay for a physician. So, in some of our hospitals it is known and has been proved that a large percentage of people are taken care of in hospitals at public expense who were well able to pay for the care at home. Nor is this evil confined to the United States. But recently an inquiry into the management and organization of metropolitan hospitals has been energetically taken up by a large number of London physicians and surgeons. They state that lack of system causes most of the evil; that out-patient departments are generally gorged with people suffering from trivial ailments, and that many of the applicants belong to classes for which charity is quite unnecessary. All this is as true here as it is in London. In dispensaries medical pauperism is engendered, charity is perverted, the needy poor are robbed of their relief by those who, knowing the inevitable results, allow, for certain and too often personal reasons, the evil to go on unchecked. There is a three-fold evil in this matter: the charitable giver, whose gift is perverted, the poor, who are deprived of needed aid, and the physician, who in practice has to meet with the horde of well-to-do medical paupers manufactured by these badly managed dispensaries and hospitals. It is the duty of the medical press to hammer at this thing until it shall cease to be a reproach and a by-word to the profession of medicine, until the false shall become the true charity.

THE DENTISTS' ADVANCE—Emulating the profitable example of the recent action of the American Institute of Homœopathy in regard to the establishment of graded courses of three full years in each homœopathic medical college, the National Association of Dental Faculties, held at Saratoga Springs in August, decided after much debate that attendance upon three full regular courses in separate years be required before examination for graduation in dentistry. This action is commendable, and signifies the reasonable desire of the dentist of

to-day to have the degree of D.D.S., which he holds, entitled to as much consideration as any other degree of special character. But this new rule of the dental schools makes it easier to obtain the degree of M.D. (allopathic) than the degree given in dentistry. That is to say, a number of allopathic colleges profess to teach in two brief courses all that pertains to the science and art of medicine, while the colleges of dentistry require three years to enable their students to master a limited portion of the same field. This advanced position in educational matters taken by the dentists may possibly shame some "regular" institutions into a needed reform. In commenting upon this action of the Dental Faculties, the *Times and Register*, while, perforce, admitting that the dental profession is in advance of the profession of medicine (allopathic), attempts to explain the lamentable fact by saying that the advances in dental education have been made possible by legislative enactments and that "the difficulties in the way of procuring suitable legislation are much less in dentistry, as there are no homœopathic or eclectic dentists." It is possible that this emaciated apology for allopathic remissness may be well received by uninformed readers. But nothing could be more false than the implied statement that homœopaths have opposed suitable legislation for the advancement of the medical profession. The unity of the dental associations, which has been instrumental in securing the passage of laws designed to benefit the profession of dentistry, is the natural result of a community of interest. The laws desired were so drawn as to advance the welfare of the entire profession, and not to benefit a part at the expense of the remainder. There are homœopathic dentists—men who to the D.D.S. add an M.D., obtained from homœopathic medical colleges. But they are not proscribed because of that, nor is legislation sought to injure them. When our illogical and apparently wildly prejudiced apologist shall prevail upon his "regular" confrères to seek the legislative action that insures a fair and even measure of justice to every school of medicine he will not meet with homœopathic opposition.

THE ELIXIR AND QUACKERY.—The eminence attained by the discoverer of the new elixir of life obtained for him a respectful hearing; yet physicians everywhere received the scientist's statements incredulously, and are inclined to make merry over the matter. Investigation has not served to strengthen the belief of those who yielded ready credence to the magical powers of the "Restorer of Youth." Its effect—when it has any—is but transitory, and the injections need to be frequently repeated to insure continuance of effects. Nor is it altogether certain but that injections of pure water would produce in many patients results equally as striking. An ovarian infusion has now been tried upon some women without, as is gravely stated, "any bad effects;" certainly no good effects were observed. It is quite likely that Dr. Brown-Séquard has jumped somewhat too hastily to a conclusion, and that time will relegate his great discovery to disuse and obscurity. But, if no good is done, much harm may be wrought before the futility of the operation is known to the public. Already quacks are advertising largely, and many unfortunates will be deceived and swindled.

So the same American physicians are using the elixir and their so-called investigations as a basis for newspaper interviews and additional notoriety. The imperfect and inflated information thus given by the newspapers to the public is used at once by shrewd charlatans and quacks as a basis for specious advertisements. So the physician, unmindful of his professional honor and dignity, seeking notoriety at any price, joins hands with quackery. There is a modest homœopath who disputes with Dr. Brown-Séquard this great discovery. He has written the venerable scientist a letter in which he states that he has, for a long time, made use in his treatment of fragments of tissue corresponding to the tissue or organ which was affected, drying them in an oven heated to 70° C. Brown-Séquard avers that this is a veritable roasting, and has nothing in common with his new system. We would commend to this retiring and learned homœopath a personal trial of his own system. For instance, a large fragment of the cerebrum, well dried and taken faithfully, might grant him singular benefits.

An Acknowledgment.—The North American wishes to acknowledge its cordial appreciation of the kind compliments said of it in the August number of the *Medical Era*. The *Era's* opinion is highly valued, for it is sincere in its professions, loyal in its feeling, and honest to the bottom. Its accomplished and scholarly Editor will kindly accept our thanks, and feel that we do not mean simple return of compliment, when we congratulate Michigan University upon his accession to the chair of Practice in the Homœopathic Department, and the readers of the *Era* upon their good fortune in thus gaining a larger share of Dr. Gatchell's time. In the high functions of teacher in the college and the press, by his gift of tersely putting into form the essence of things, so that he always commands alert understanding of the point presented, he brightens sound instruction with entertainment, and adds to earnestness the grace of wit. And there is no doubt on one point: his students and readers will form opinions and carry them into active operations with directness, the large spirit and enthusiastic purpose. Homœopathy has need of many more devoted laborers like Dr. Gatchell, and long may he continue to teach and edit the *Era*.

Still Moving On.—The allopaths are still finding new drugs and new applications for old remedies. All their new discoveries may be found in homœopathic literature, and have been known for years. But the allopath gravely steals his remedy and its application, and as gravely publishes his great find in some journal. For example, one C. L. Gregory has stumbled upon Cactus Grandiflorus, and after reporting three cases, intimates that it is of great service in organic and functional heart disease. Case III. reads as follows: An adult male with functional heart trouble following malarial fever, pulse intermittent and feeble, and patient alarmed, restless, sleepless and apprehensive; complete relief from Cactus. Of course, C. L. Gregory never knew that Cactus has been used by homœopaths with success as a heart remedy. No true and consistent allopath knows anything (in public) about homœopathic resources, but in secret they are searching vigorously for remedies more effectual than their own.

BOOK REVIEWS.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. The articles written especially for the work by American, British and Canadian authors. Edited by JOHN M. KEATING, M.D. Vol. I. Illustrated. Pp. 992. Philadelphia: J. B. Lippincott Company. 1889.

The introductory of this important work is by the well-known physician, Dr. A. Jacobi. It is seldom that an introduction gives so much information and at the same time presents such undeniable reasons for the production of a comprehensive treatise such as this promises to be. In reference to the instruction given in the medical colleges on the diseases of children, he says: "To my knowledge, there is no school in the country which lays the least stress on that branch of instruction; for I hope there is nobody nowadays, even among the teachers of medicine who believe that a few didactic lectures of the Professor of Theory and Practice are a sufficient preparation for the preservation of the children of the people. No examination being required by those to whom the student looks for direction and enlightenment, he neglects the study, to find out too late the mistake he has made in so doing." However justly this may apply to the old school institutions in this country, it is *not* true of the two homœopathic colleges in New York City, where pædology is an essential branch, and taught both in the lecture-room and at the bedside; moreover, "their students know beforehand that they will have to prove, before being permitted to practice, their acquaintance with what they are *compelled to learn* of the diseases of children," as in the schools of continental Europe.

The article on "*The Anatomy of Children*" is very clearly written by George McClellan, M.D. The illustrations (34) will be found very helpful, particularly those showing the situation of organs and their regional relations, internal and topographical.

Angel Money, M.D., M.R.C.P., contributes a brief but interesting article on "*The Physiology of Infancy.*"

Diagnosis in general is practically handled by James Finlayson, M.D. His observations on the "Method of Examining Sick Children" should be studied by every student of medicine.

"*The Influence of Race and Nationality upon Disease*" is briefly treated by J. Wellington Byers, and an illustrated article on the "*Outlines of Practical Bacteriology*" is contributed by Edward O. Shakespeare, M.D., Ph.D., etc. Other essays on GENERAL SUBJECTS are "*Maternal Impressions,*" by William C. Dabury. M.D.; "*Diseases of the Fœtus,*" by Barton Cooke Hirst, M.D.; "*The Care of the Child At and Immediately After Birth in Health and Disease,*" by R. A. F. Penrose, M.D., LL.D.; "*The Closure of the Ductus Arteriosus and of the Umbilical and Hypogastric Arteries,*" by J. Collins Warren, M.D.; "*Injuries of the New-Born,*" by Theophilus Parvin. M.D., LL.D.; "*Infant-Feeding—Weaning,*" by T. M. Rotch, M.D.; "*Wet-Nurses,*" by Wm. H. Parish, M.D.; "*Diet After Weaning,*" by Samuel S. Adams, A.M., M.D.; "*Nursing of Sick Children,*" by Miss Catherine Wood; "*Nursery Hygiene,*" by L. M. Yale,

M.D.; "*Dentition*," by John Dorning, M.D., and "*Puberty, its Pathology and Hygiene*," by Thos. More Madden, M.D., F.R.C.S.

PART II. treats of *Fevers and Miasmatic Diseases* under twenty-three headings and by nearly as many authors, many of whom are teachers as well as practitioners of medicine of experience and prominence. The last article is on "*The General Therapeutics of Children's Diseases*," by Roberts Bartholow, M.D., LL.D.

The modes of treatment advocated by the latter, and by the contributors to this volume generally, must be viewed from the advanced standpoint of the minority of old school practitioners, and not from the vantage ground of homœopathy. Dr. Bartholow is probably the most pronounced and logical exponent of *antipathy* among modern therapeutists. He says (p. 958): "*In proportion as the remedy antagonizes the morbid action in a part it is a curative;* or, stated conversely, *the more nearly the action of the remedy harmonizes or corresponds to the morbid action, the less it has of curative action.*"

If this principle be admitted as correct, his classification of remedies is commendable for simplicity and for convenience in grouping them in accordance with their more apparent influence over functional activity, though it would seem altogether inadequate as a guide for selecting a remedy to meet the complex conditions arising from morbid disturbance of function or tissue. Space does not admit of extended comment on this subject, even if it were in place here. Nor can we note the many excellent things in this book, not to be found elsewhere without extended search and reading beyond the possible attainment of most physicians. Indeed, a rapidly growing want for more definite and particular information concerning the diseases of childhood is likely to be fully met by the publication of this work.

H. M. D.

DIPHTHERIA: its Nature and Treatment, by C. E. BILLINGTON, M.D., and INTUBATION IN CROUP, and other Acute and Chronic Forms of Stenosis of the Larynx, by JOSEPH O'DWYER, M.D. Octavo, 326 pages. New York: William Wood & Co.

When a new treatise on diphtheria appears one naturally turns first to the chapter on treatment, with the hope that he may find there recorded an advance which may rob the disease of some of its terrors. If the reader be disappointed he either throws the book aside, or, if further interested, consults the chapters on pathology to see if, perchance, the etiology of the disease is so withdrawn from obscurity as to render prophylaxis practically possible; or, as a matter of satisfaction, to learn if the identity of diphtheria and membranous croup is established.

So the reviewer, following the impulse of his desires, looks first to Chapter XI. of Dr. Billington's book. He finds that the treatment recommended is based upon the view that a parasite, acting from without, produces a poison which provokes inflammation. This inflammation, in its turn, favors the reproduction and local dissemination of the poison and the development of a false membrane, the poison itself being taken into circulation and causing a general intoxication.

The mode of treatment, therefore, is selected with a view to limit the action of the invading poison and reduce the inflammation, to nullify the effects of extension of false membrane, to promote the elimination and counteract the effects of the poison already absorbed, to sustain the bodily strength, and to avert or remedy that injury to special organs which arises from general malnutrition.

As might be expected, the author favors the use of those local agents which so act as to remove or destroy the poisonous *nidus*, though he carefully discriminates against such methods as mechanical removal of false membrane, and, in most cases, the use of the cautery, thermal or chemical, as being productive of harmful irritation. He favors the use of astringents in tumefied, relaxed and ulcerous conditions, and of antiseptics, especially in the later stages, when he insists on most thorough cleansing in order to prevent absorption.

In the first stage of the disease the treatment is to be disinfective and antipyretic. The affected parts, cleansed and dried, may be touched with a solution of corrosive sublimate—0.1 per cent. to 0.2 per cent.—and the throat may be sprayed with a mild antiseptic and antiphlogistic solvent, such as a mixture of carbolic acid and lime-water (M x — f. ℥iv.).

For the febrile condition the author recommends sodium salicylate, aconite, antipyrine, or antifebrine, but preference is given to potassium chlorate and ferric chloride, given in alternation or combined.

Among specific internal remedies mercurials head the list, with the bichloride in the van.

Nutriment should be plentifully supplied in form of liquids and semi-solids, as milk with lime water, farinaceous foods, and meat teas. The use of alcohol is relegated to the later stages of the disease.

Taken all in all, there is nothing in treatment mentioned which is especially new, but the author has availed himself of a large personal experience to construct an admirable *critique*, and his work will be studied with interest and profit by all physicians. He fails to mention several published antiseptics, but, as it would require much more space than that available, he is to be excused, or even commended for not going outside of his own experience.

The author's views concerning etiology and the course of the disease are substantially as stated, and he gives a valuable *résumé* of other existing theories. This *résumé*, however, is incomplete, most notably in the omission of reference to the experiments of Dr. Carl Bunsen, which, in their methods, results and deductions, are so different from the experiments of other observers that they demand notice from every writer on the subject.

The excellent colored lithograph opposite page 134 is a faithful illustration of some of the types of the disease, but the case of follicular tonsilitis there shown is misleading rather than characteristic. Dr. Billington seems to recognize the existence of a membranous disease which is not diphtheria, and, therefore to favor the non-identity theory of membranous croup and diphtheria.

Dr. O'Dwyer's appended monograph on intubation of the larynx is above criticism, because of its entire originality; for even though others may differ with him as to the relative merits of his operation

and tracheotomy, they cannot fail to admire the courage and patience which have led to the results he has achieved, and the masterly manner in which he describes intubation in all its details.

That the publishers' part is well done the name on the title-page is a sufficient guarantee. M. L.

LECTURES ON BRIGHT'S DISEASE. By ROBERT SAUNDBY, M.D., Edin.; New York, E. B. Treat, 1889. Pp. 290.

The aim of the author has been to explain, within a modest compass, the present state of contemporary knowledge of Bright's Disease, with such additions and suggestions as have resulted from his own study during thirteen years. In his desire to be modest he has made his compass too small; for the work does not fairly cover the range of contemporary knowledge, although it is suggestive of comprehensive reading, with definite thinking out of conclusions, to whose premises the reader cannot always satisfactorily obtain the clue. The aim of the style is at succinctness and brevity, but the brevity sometimes leads to elisions in argument, and a somewhat disjointed narration of facts. The conclusions at the end of each chapter are, however, admirably stated, and are characterized by independence and originality.

The author's endeavor in classification is to simplify; for example, he recognizes but three forms of casts—blood, epithelial, and hyaline (or colloid), and divides Bright's Disease into three forms—Febrile Nephritis, Toxæmic Nephritis and Obstructive Nephritis. But he does not sufficiently justify these classifications, nor is it clear that they simplify either the clinical or pathological problems of this much-confused disease. Any attempt at etiological classification must necessarily fail, as has this, from the obscurity which surrounds our knowledge of the many factors which may enter into the development of renal lesions, and because of the many interwoven hypotheses, still in dispute, with which such classifications must stand or fall. It is assumption to claim that the febrile process is at the bottom of all cases of Bright's Disease, not toxæmic or obstructive in origin, especially when toxæmic nephritis is held to be, in the main, lithæmic. Excess of uric acid in the blood may be often one of the determining factors in so-called interstitial nephritis, but it is still too soon to comprise under the title lithæmic all, or even the great majority of cases, of the small, red, granular kidney.

The author's view of the pathology of the various forms of Bright's Disease, found *post mortem*, is that all are "the result of inflammation which affects all the tissues, but varies greatly in intensity. The parenchyma being the most highly organized tissue, suffers most in proportion to the intensity of the inflammation. The large pale kidney is the result of prolonged or repeated severe inflammation; on the other hand, the small red kidney indicates an inflammatory process of prolonged duration, but of minimum intensity; and the intermediate varieties correspond to all the different degrees of intensity possible between the two extremes. The fact of the existence of *an indefinite number of intermediate or mixed forms* between the two typical varieties of the large white and small red kidney is a strong argument in favor of the doctrine of unity." This doctrine of unity has been steadily

gaining ground since its promulgation by the author in 1880, and in it is to be found his greatest contribution to the literature of Bright's Disease.

The work, as a whole, is of the suggestive variety, rather than a condensed treatise on the subject. Hence, while it will be found to be of interest and value to practitioners, it scarcely can rank with other books upon its subject for the use of undergraduates.

ATLAS OF VENEREAL AND SKIN DISEASES. Comprising original contributions and selections from the works of Prof. M. Kaposi, of Vienna; Dr. J. Hutchinson, of London; Prof. I. Neumann, of Vienna; Profs. A. Fournier and A. Hardy, and Drs. Ricord, Cullerrier, Besnier and Vidal, of Paris; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. Fessenden N. Otis, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York, and others. With original text by Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York, etc. William Wood & Company, New York. Completed in fifteen imperial folio parts. Fasciculi xi., xii., xiii., xiv. and xv.

We would refer the readers of the JOURNAL to pages 407 and 734 of our issue in 1888, and to page 191 of the present year, for previous comments on this invaluable work. We say *invaluable*, for who can estimate the value of assistance which the plates and descriptive text may afford in determining the differential nature of venereal and skin lesions, where a correct and early diagnosis is probably more important and essential in the relation to subsequent treatment than in other classes of disease.

Parts xi. to xv., inclusive, contain twenty-five large plates whereon are fifty-one colored figures showing in a remarkably distinct manner the cutaneous appearance of *herpes zoster* (two figures), *h. febrilis*, *h. progenitalis*, *dermatitis herpetiformis*, *pemphigus vulgaris*, *p. foliaceus*, *purpura simplex*, *p. thrombotica*, *psoriasis of body*, *p. of hand and arm*, *lichen planus*, *l. ruber*, *l. ruber moniliformis*, *acne vulgaris*, *a. rosacea*, *molluscum epitheliale*, *verruca senilis*, *elephantiasis of leg*, *e. of scrotum*, *leucoderma*, *alopecia areata*, *keloid*, *fibroma*, *xanthelasma*, *rhinoscleroma*, *xeroderma pigmentosum*, *lupus erythematosis*, *l. vulgaris*, *l. papillaris*, *tuberculosis*, *papillomatosa cutis*, *sarcoma of trunk*, *s. of face*, *epithelioma*, *rodent ulcer*, *leprosy*, *scabies*, *pediculosis corporis*, *chromophytosis*, *tricophytosis and favus*, *eczema marginatum and favus*.

These plates, and those in the preceding part, to be fully appreciated, must be seen, and critically examined. Every atlas for venereal and skin affections is valuable in the proportion that it faithfully pictures the natural type and form of lesions, but the wide sources from which the illustrations in this work have been drawn gave opportunity for the selection of the most typical forms, and the realistic appearance, and artistic finish of the plates, render them both valuable and attractive beyond comparison with any similar work issued in this country. The text is exceedingly well adapted to the purpose of

an atlas, and the remarks on etiology and diagnosis will be found especially helpful by the general practitioner. The profession as a *whole* who have come to look for more than is promised by Messrs. William Wood & Company will not be disappointed in the finish and appearance of this issue of that house. H. M. D.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

From Foreign Exchanges:

Treatment of Chlorosis.—Dr. E. A. Neatby, in *Monthly Homœopathic Review*, says: "Many cases of chlorosis get quickly well, or, at any rate, very much better, under ferruginous preparations in tangible doses, but that they also quickly relapse. In my experience, the strictly homœopathic treatment often takes much longer to cure, but the cure is permanent. From the paucity of guiding symptoms I have come to regard chlorosis as most difficult to treat by the rule of similars."

Remedies for Headache.—By Dr. Edward Blake, *Monthly Homœopathic Review*, January, 1889. *Platinum* 6 removed permanently a well-established dental neuralgia, apparently resulting from endometritis, occurring in a bright, vivacious Hibernian.

Spigelia and Tabacum are called for in pains behind the eyeball, *chelidonium majus* in right-sided supra-orbital neuralgia. In former days, when ague was not so great a rarity in England, supra-orbital neuralgia of a miasmatic form was very common. It was known as "brow ague." A great number of persons have been relieved of this condition when occurring over the right eye by means of *chelidonium majus*. The curious thing is that *chelidonium* does not appear to act with the same rapidity on the left nerve.

Sanguinaria in Occipital Neuralgia.—Neuralgia of the occipital region suggests increased cardiac inhibition. Often induced by excessive use of the nervines, especially of tea and tobacco, it is extremely difficult to cure when well established. If associated with white stools and with bronchial irritation *sanguinaria*, in the lower dilutions, often acts in a way that leaves little to be desired.

Gelsemium has on many occasions done good service in controlling sub-occipital neuralgia when associated with sleeplessness.

Helleborus niger is a remedy of extreme value, but not very much employed in occipital headaches. The indications are "dull persistent pain in occiput, with sensation of water washing about inside." The medicine acts better if dysuria be present and the headache culminate in a fit of vomiting.

We know that the cerebro-spinal spaces, the ventricles and the perivascular canals, are loaded with lymph when the nerve centres are anæmic, and the patient is most prone to neuralgia. We know, too, that *hellebore* is in infancy one of the most dependable of all our remedies for stimulating the absorption of an exaggerated quantity of sub-arachnoid fluid. Witness its established value in hydrocephalus. This may possibly be one way in which it acts to relieve occipital neuralgia in adults. I have used it in the twelfth centesimal only.

Thuja.—Dr. Burnett has cured a good many cases of headache with *thuja* on the general ætologic basis, vaccinosis; as a rule they are frontal, made worse by hurry and worry, and, he believes, neurotic.

Vanadium.—Dr. Burnett can think of only one really good tip in headache at the back from fatty arteries, and that is *vanadium*, which often cures.

Dr. Murray Moore has found *cyclamen* and *menyanthes* of service in women. *Kalmia* has also proved successful in his hands in certain forms of migraine.

Lobelia Inflata as an Antipsoric.—Dr. Robert T. Cooper, *Monthly Homœopathic Review*, December, 1888, considers that *lobelia inflata* acts very much like sulphur, and is of especial value in cases in which there is a history of suppressed discharges.

Hypericum a Specific for Tetanus.—Dr. Heuser, of Leipsic, *Allg. Hom. Zeit.*, Nos. 1 and 2, bd. 118, considers *hypericum* a specific for tetanus. Since an experience with this drug in the sixties in tetanus he invariably has used it with success. He reports his first case in 1866 and one in 1888. The former resulted from a dog's bite in the hand. The second from injury by machinery to the hand. The remedy was given in the first decimal, two drops every hour. The symptoms gradually lessened in severity and finally disappeared. As improvement was manifest the remedy was given less often.

Aurum Muriaticum in Diphtheria.—Meschlin reports, *Allg. Hom. Zeit.*, 4, 118, that he has for years used *aurum muriaticum* in third or sixth decimal, at first locally, as well as internally, later only internally. He has had from forty to fifty cases and all recovered except one. He finds the remedy of value in croupous diphtheria.

Stannum Muriaticum in Skin Disease.—Dr. Fires reports, *ibid.*, the case of a man aged 40, blue eyes, strong constitution. For about a year and a quarter he has had a dry eruption on the palms of the hands and soles of the feet cracked and smarting. Ten years before he had a dry scurfy eruption, which was apparently cured by red precipitate ointment. At different times the eyes were inflamed. In earlier life he had gonorrhœa. Now and then attacks of hæmorrhoids. *Sulphur* and *graphites* were of

no service, and *stannum mur.* 3 cent. was given night and morning. Within two weeks he was decidedly better, and in three months he was well.

Case of Diabetes Cured by Ammonium Carbonicum.—Dr. Keghel reports in *L'Union Hom.*, April, 1888, the case of a man aged 48. For six months he had complained of intense thirst, loss of appetite, constipation, sweet taste on the lips and bitter taste in the mouth in the morning. On examination the tongue was white, and patient showed emaciation. He complained of pain in the epigastrium and at times of pressure on right side of chest near sternum when breathing. The presence of sugar in urine was determined by several tests. *Ammonium carb.* was chosen as the remedy on account of the bitter taste in the morning, sensitiveness of the stomach, pain in the chest on breathing. It was given in thirtieth, in water, a spoonful every three hours. He was ordered to abstain from starchy food. In four days he was somewhat better, but complained of vertigo and weakness of the limbs—symptoms of *amm. carb.* Within two weeks the thirst had disappeared and sugar could not be detected in the urine. General improvement continued.

Zinc in Vomiting.—Dr. Gerstel considers zinc only indicated in vomiting when the latter is dependent upon either primary irritation of the gastric flexus of the vagus, or secondarily upon irritation at its origin in the medulla, but especially the latter.—*Allg. Hom. Zeit.*, 5, 118.

Zinc in Occipital Headache.—G., in *Allg. Hom. Zeit.*, 5, 1889, reports cures of occipital headache by allopathic doses of zinc. A rapidly-grown youth, who had overstudied, suffered from extremely violent headache, especially in the occiput, during which he was almost comatose. There was no fever. Eight days of homœopathic treatment being of no service an allopath was called in who prescribed *flor. zinci.* In three days the boy was cured, twelve grains having been taken.

A very stout lady, aged 50, of luxurious habits, suffered for two years with palpitation of the heart, uneasiness when breathing, pain in the back and spasmodic girdle-feeling in the region of the stomach. A "cure" relieved all except the cardialgia. This occurred every afternoon from three to four o'clock, with a violent stitching pain gradually spreading to the region of the stomach, accompanied by nausea and retching, and sometimes vomiting of thin mucus. Tongue clean, appetite normal. After eating there was pressure in the stomach lasting two hours (solid food, however, was better borne). Constipation and weakness. *Flor. zinci.* six centigrams morning and evening (nearly one grain); after the third dose there was improvement, and in sixteen days she was well.

A Doubtful Symptom of Ipecac Confirmed Clinically.—Dr. Mossa, of Stuttgart, reports, *Allg. Hom. Zeit.*, 8, 118, the case of a young man of 21, who shortly before had a scurvy of the mouth for which he was treated by nitric acid. He now had striking pains in right cheek spreading from carious teeth in the upper jaw to the temple, ear and nose, especially tormenting at night. A dose of *mercurius* not helping he had the worst tooth removed, with relief to the above-described neuralgia, but

another appeared. He had from time to time in the defective teeth, in fact in the whole upper row, ***a painful pressure as if the teeth would be torn out.*** This was especially worse during the day, the night being comparatively easy. His peculiar symptom being found in Jahr's Repertory under *ipecac*, this remedy was given with the most striking result. After three doses the condition was cured. It is worthy of note that Hahnemann in his first edition of R. A. M. L. under *ipecac* puts this symptom of *ipecac* in brackets, and Hering makes no mention of *ipecac* in odontalgia.

Phosphorus in Chronic Bright's Disease, with Heart-symptoms.—From Dr. J. A. Freer, Washington, D. C.—An elderly lady applied to me for treatment a short time since, complaining of irregular action of her heart. She stated that for some time and with increasing frequency, especially after fatigue, her heart would become embarrassed in its action, and she would have a sensation of suffocation, attended and followed by irregular and tumultuous beating of the heart. Having previously treated her for a severe attack of acute Bright's disease, from which, after several uræmic convulsions, she barely escaped with her life, I immediately suspected her kidneys to be the origin of her present trouble; consequently, her needs not being very urgent, a prescription was deferred until her urine could be examined. This I found normal in appearance and specific gravity; the reaction was feebly acid while no albumen or sugar was present, and it was in other respects, as far as the chemical analysis was conducted, normal; microscopical examination of the sediment revealed some crystals of earthy phosphates, together with a few red blood-corpuscles and an abundance of oil-globules. I regarded the discovery of this last condition as the interpretation of her condition, and, accordingly, administered *phos.*, a dose once in three hours. Several weeks passed before she was again heard from; she then reported that all of her cardiac symptoms, together with a general condition of languor, had passed away while taking this medicine. A specimen of her urine was again obtained and carefully examined, but no oil-globules could be found, and it was in other respects normal.

Equisetum Hyemale; Confirmed Symptoms.—From Dr. J. A. Freer, Washington, D. C.—The reading of Dr. Smith's article on the above drug brought to my mind a case in which I employed it recently, and where I obtained a result confirmatory of a portion of the proving given.

The patient was an elderly gentleman of a somewhat plethoric habit, whom I found complaining of a general aching through the region of the hips, and of a pain and soreness extending the length of his left ureter, accompanied with frequent and painful urination. He was apprehensive of vesical calculus, having previously suffered from a similar attack.

Sounding the bladder was suggested, with the hope thereby of relieving his mind of this unpleasant apprehension, but the operation was delayed for a day and *equiset.*, 3d, administered, with the view of relieving some of the vesical irritation.

The day following I visited him, equipped for sounding his bladder, but found him so much relieved that he did not care to have it done, and a few doses more of *equiset.* restored him to his usual health. The urine in this case was cloudy, and contained an excess of the earthy phosphates.

I afterwards used *equisetum* in another similar case, with results no less gratifying.

Staphisagria in Spasmodic Cough.—From Dr. St. Clair Smith, New York. —Dr. B——, an old gentleman, sent for me on account of a severe cough, which had troubled him for a week past. When I entered his office, where he was sitting at his desk, he was in the midst of a coughing spell. It was a terribly violent spasmodic cough, and the doctor was holding onto his forehead with both hands. His face was very red, eyes suffused and the veins stood out on his forehead like whipcords. When the spell was over he looked up at me and gasped, "If I have another one it will surely kill me," and burst into tears.

He told me, that with each coughing-spell there was a bursting pain in forehead, as if it must give way, and so severe was the pain that he felt that some serious accident would happen. I don't remember ever having seen one in a more apprehensive state of mind. The attacks came on suddenly, but at rather long intervals, and were excited by a tickling—sometimes in the larynx, sometimes in the trachea.

He had not noticed that there was any particular exciting cause.

The condition which he laid the most stress upon was the ***bursting pain*** in the forehead, as if it would be torn asunder. I was not acquainted with this symptom, and stepped to my office, only a few doors distant, and looked up the symptom, which I found under one remedy, viz., *Staphisagria*. *Staph.* also had the spasmodic cough, excited by tickling in larynx and trachea.

I prepared two powders of the 200th dil., went back, gave him one on his tongue and told him to take the other if he had another coughing spell. He did not have another, however, after taking the first dose. He carried the other powder in his pocket-book for two or three years, and often used to show it to me, saying that he always kept it by him so as to be prepared for the next coughing spell. This, of course, was only a bit of pleasantry on his part.

Senega in Cough, with Symptoms in the Back.—From Dr. St. Clair Smith.—About a year from the time I was called to Dr. B. and prescribed *staph.*, he sent for me again; this time also for a cough, which was similar to the other in character. Instead of the ***bursting*** pain in ***the forehead***, which was the prominent and distressing symptom on the first occasion, he now complained of a similar ***pain in the back, over the kidneys, a bursting, distending pain***, as if the back would split with each paroxysm of coughing. This symptom was also a stranger to me, and I had to go and hunt for it. I found, as before, that it was mentioned under one remedy only, viz., *Senega*, which I gave him in the third potency, and, like the other, it required but one dose to cure not only the pain but the cough.

Conium as an Abdominal Remedy.—From Dr. Helen Cox O'Connor, New York.—Patient, lady; age, 36; had suffered for many years with attacks of headache, at times beginning with pinching at root of nose, at times as a boring in either temple. The attacks would usually last two days, were not improved by sleep, but temporarily disappeared after a meal. Remedies prescribed seemed now and again to help, but in a subsequent attack were no good. A re-study of the case brought out the fact that in the beginning of the attack there was abdominal pain, sometimes quite colicky. This symptom, in connection with headache, being found in Lippe's repertory (head symptoms) under *conium*, this remedy was given in the 30th. Immediate amelioration of the pains in both head and abdomen followed, and in a few hours the patient was well. In two subsequent attacks the remedy was equally efficacious. The cause of the attacks has not been discovered, but it is possibly uterine, as other causes can be best excluded.

Conium in Morbid Sweats.—From Dr. J. T. O'Connor, New York.—Patient, a lady, aged 29; taken with what finally culminated as bronchopneumonia. The lung symptoms were never severe, rusty sputa for only thirty-six hours, muco-purulent sputa following. The fever continued, and was of remittent type, the temperature falling in early morning about two degrees. Profuse perspiration followed under the use of *rhus*, and this continued, occurring during sleep or even as soon as the patient would doze. Improvement was steadily going on, when, from some unknown exposure, the patient was taken with acute and agonizing pains in region of gall-bladder. *China*, given every fifteen minutes, controlled the extreme violence of the pains. The patient was unable to move without agony, and *bryonia* helped very materially, but still the case did not progress. The temperature had gone up in the first few hours of this attack to 105.1° F., and in twelve hours had gone down to 102° F., but stayed there. *The sweats, on falling asleep*, and during the whole of each sleep, were still profuse and exhausting. This symptom being found under *conium*, the remedy was given in the 30th. The patient slept within fifteen minutes, did not awaken for nearly five hours, and there had been no perspiration beyond a gentle moisture. The pains, which, although greatly improved by *china* and *bryonia*, were still severe on movement, before taking *conium*, and were, under its action, reduced to a sensation of soreness in the right hypochondrium, and the patient was able after waking to help herself without great discomfort.

REPORTS OF SOCIETIES AND HOSPITALS.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THIRTY-EIGHTH semi-annual meeting, September 17th and 18th, in the rooms of the Chamber of Commerce, Rochester, President H. M. Dayfoot in the chair, forty-nine members and twenty-nine visitors present.

After the Secretary had read a letter from the Mayor, President W. F. Clapp, of the Monroe County Society, welcomed the State Society, and Vice-President F. F. Laird responded in a witty speech.

President Dayfoot's address, "Organization and Medical Legislation," will appear in full on another page.

Fifteen names were proposed for membership.

In the Bureau of Otology, a paper by E. H. Linnell, of Norwich, Conn., on "Kali Mur. in Diseases of the Ear," compared this remedy with kali hyd., caust., and sil. "Kali Mur.:—In lack of a systematic proving, the indications are chiefly objective. Sub-acute catarrhal and proliferous inflammation of middle ear, with granular pharyngitis. Retracted mt. Adhesions and inspissated secretion in tympanum, sequelæ of suppurative cases. Closure of eustachian tube, and stuffy sensation. Tinnitus like a swarm of bees. Atrophied condition of meatus and pallor of mucous membrane of pharynx."

The discussion following C. C. Boyle's "Case of Progressive Nuclear Ophthalmoplegia" turned upon the administration of large doses of potass. brom. W. P. Fowler and G. H. Billings have found better and more rapid results from small doses, frequently repeated—perhaps half a grain every hour.

F. F. Laird took exception to one point in Dr. Billings' paper, "Medical Climatology"—the ascription of the value of the Adirondacks to the balsams. In the past nine years Dr. Laird has sent eighty-three patients into these woods; for the last three, twenty-eight to the region of Duck's Lake where the timber is mainly hard maple and hemlock, there being very little pine and balsam. These cases have all done as well as those sent into the Fulton chain and the Saranacs. It is the amount of pure air, rich in ozone, and the pure water that benefits the patient; but he or she must be sent in before there is consolidation of the lungs, in order to effect a cure, and should stay four or five months.

In the Bureau of Mental and Nervous Diseases three papers were read, the Chairman giving a brief *résumé* of each. Dr. Caldwell narrated several cases in which irritation of the genitalia was the exciting cause and galvanism afforded relief, stating that the positive pole is sedative, and the negative stimulant. Mrs. O. S. Stull has found galvanism gives the best results by the application of the positive pole for congestions, and the negative pole in anæmic conditions. J. L. Moffat has caused resorption of indurated cicatrix in the cervix uteri by applying the negative pole for thirty minutes every three to ten days with a current of two milliamperes. The metallic uterine electrode was not covered with chamois or linen, and, with such a small dose, was tolerated without burning. E. J. Bissell had a case of paralysis of the rectus externus, with some slight congestion about the eye, which was drawn in four lines. The negative pole afforded no relief; faradism made the case worse; but improvement set in at once upon the application of the positive pole over the muscle, and continued to a cure. He occasionally changed the current, and faradism disagreed every time.

In Materia Medica, charts and critical analyses of apoc. can. and arg. nitr. were presented, with a paper by H. D. Schenck upon the proposed revision of our materia medica. A study of ant. crud. in its effects upon Respiration and Circulation, by B. L'B. Baylies, will be found on another page.

Geo. E. Gorham: "The day has gone by when it is news to us that administering remedies homœopathically is a successful way of treating patients. We all know it; we have all demonstrated it, and there is much more valuable work for us to do than to listen to a long list of symptoms produced by a certain drug."

By unanimous consent, H. M. Paine submitted a report from the Committee on Legislation. Circulars have been distributed through this and other States. In Florida and Delaware, partly by aid of information furnished by this committee, separate boards of medical examiners have

been secured. Dr. Paine was authorized to solicit contributions toward defraying the expenses incurred by the committee.

In accordance with recommendations by the Committee on President's Address, the Secretary was instructed to publish in the *Transactions* a directory of all the homœopathic practitioners in the State.

The President is to appoint a committee of two members in each county to foster and maintain interest in and organization of county societies, with a view to enhance the growth and efficiency of the State Society.

The resolutions of the Nebraska Society were endorsed, denouncing such insurance companies as discriminate against homœopaths in the appointment of examiners.

The Batcheller bill, providing for the transfer of the insane from County to State institutions, was also endorsed.

Geo. E. Gorham's "Clinical Observations, Illustrating the Curative Power of Drugs," elicited an animated discussion on the treatment of gall-stone colic. Dr. Laird considers this pain due to a mechanical condition of things, and that one might as well try to set a broken arm with calc. carb. Dr. Moffat deprecated a hasty and routine resort to morphine, principally from fear of its secondary effects upon the nervous system, and stated that he has had far more satisfactory effects from the indicated homœopathic remedy than from morphine (and he has tried both) in the case of a patient with what has been diagnosed as cerebral tumor, who at times endures most intense paroxysms of agonizing pain. Frequently she has complained of such bursting pain in the eyeball (left), or in that side of the head, that she appealed to him to assure her that the eye was not actually protruded or going to break. Prunus spin. affords relief each time, and sometimes after the second or third dose. Paris quad. has relieved when she felt as if the eye were being drawn back into the head. The doctor expressed more confidence in electricity than in calc. carb. for gall-stone colic. F. F. Laird: The class of remedies mentioned by the doctor act on the circulation of the brain, they reduced the hyperæmia around the tumor; but in gall-stone colic we must have something that will relax that tube. Several doctors testified to the efficacy of olive oil and podophyllin. C. A. Bacon, in one case, noticed the gall-stones were coated with the oil when passed. He thinks our remedies are just as able to relax the duct through which a gall-stone passes as to reduce the circulation around a tumor in the brain. T. D. Spencer warned the members against taking for gall-stones the concretions of olein and stearin that are so frequently passed after the ingestion of large quantities of olive oil. E. H. Wolcott asked whether the condition leading to the formation and passage of gall-stones is curable, and reported two cases treated, after relief of paroxysm, with china, low, and an occasional dose of podophyllin; these patients had no recurrence. S. N. Brayton reported success from the artificial Carlsbad salts; each stone passed, after their administration, seemed to be crumbly on the outside.

Dr. Gorham reported curing a case of gastric ulcer with uranium nitricum.

N. M. Collins reported several cases of various troubles cured by dilating the sphincter ani and removing hæmorrhoids, papillæ and pockets. In one case, dilating the sphincter again after three months left the patient constipated. Dr. Terry has seen the operation followed by chronic ulceration, which is difficult to heal.

In the evening, about seventy members and friends sat down to an elegant banquet, tendered by the Monroe County Society. W. E. Deuel, the toast-master, called upon Drs. Dayfoot, Laird, Moffat, Paine, Bacon and Prof. Jas. C. Wood to respond to the usual toasts.

SECOND DAY.—E. Hasbrouck read "A Case of Puerperal Convulsions" cured by large doses of verat. vir. The doctor did not present this as

homœopathy, but thought it might be of interest to *physicians* if not to homœopaths. In the discussion following he reported a cure of puerperal convulsions with hyosciamus, first or second dilution. Drs. Brayton and Hand had used ver. vir. with success, but only in two or three drop doses. The latter recommended, on the authority of a chemist, bromide of potash for uræmic convulsions, on the theory that it formed the insoluble urate of potash in the blood. Drs. Laird and Wood have used pilocarpine. J. C. Wood: Puerperal convulsions are due to renal insufficiency; there may be no albuminuria. Whenever I have a patient with persistent headache, anasarca or any evidences of kidney lesion, I watch the case carefully and submit a sample of the urine to an expert for careful analysis; urea is not the only ingredient whose retention may precipitate convulsions. Canth. and merc. corr. are very valuable remedies.

Dr. Wolcott related a case of albuminuria and dropsy during pregnancy, threatening spasms. A milk diet, ars., bell. and forceps delivery, followed by merc. corr., effected a cure.

B. S. Partridge read a paper on "Sub-involution of the Uterus;" in prescribing for this condition we should not forget the cause. An animated discussion arose as to the practice of applying a binder after delivery. Some insisted that it did no harm, and even that it insured a good figure, while others denounced it as filthy, dangerous (of causing prolapsus) and a material element in the causation of pendulous abdomen. Dr. Bacon quoted a year's experiment in one of the Vienna hospitals as having demonstrated that patients do, at least, as well without as with it. The mother should not be allowed to leave the bed until the uterus is contracted down into the pelvis. Sexual excitement, even without intercourse, does harm before involution is complete. The doctor quoted Dr. E. M. Kellogg, of New York, as having remarked, about a year ago, that the meetings of this Society were becoming less useful, because too much attention was devoted to pathological points, to the exclusion of homœopathy proper. De Witt G. Wilcox: Where there exists a tendency to sub-involution the bandage would be of more harm than benefit. The abdominal muscles, it seems, will regain their tone more rapidly if allowed to exert themselves. If the passage of the uterine sound causes bleeding, it usually indicates retention of some portion of the placenta, which may have been the cause of sub-involution. Engorgement is a great cause of sub-involution, and cupping the cervix has proven curative.

Prof. Jas. C. Wood, of Ann Arbor, read "A Case of Non-encysted Intra-peritoneal Pregnancy, with Recovery," which will appear shortly in another column. A paper by Sidney F. Wilcox advocated "Immediate Closure of Anal Fistulæ."

George F. Hand, writing on "Cholera Infantum," recommends as a food the white of one egg shaken up in a bottle with six ounces of water; do not beat the albumen to a froth. Sometimes he adds five to ten drops of Bovinine. N. M. Collins has, in several girl babies, found a tight hood over the clitoris, evidently causing reflex trouble, as upon loosening it many of the diarrhœa and cholera infantum symptoms disappeared. Dr. Moffat, while not approving of feeding a child on one cow's milk, has lately advised a patient to try it, provided, in addition to the usual necessary precautions, the milk can be given to the baby while still warm from the cow; as suggested lately in the *Medical Record*, the nursing-child takes in live milk, but cow's milk, as usually imbibed, is dead. Several members testified to the digestibility of shaken milk, the original suggestion for which came from Dr. John C. Morgan, of Philadelphia.

RECORD OF MEDICAL PROGRESS.

Dr. Owen Pritchard reports, in the *Brit. Med. Jour.*, August 24, 1889, the case of congenital absence of rectum where successful colotomy was performed.

THE ETIOLOGY OF TRAUMATIC NEUROSES.—Dr. Ralf Wichmann, of Braunschweig, in an article upon the employment of electricity in the treatment of traumatic neuroses, says: "It would appear that the traumatic neuroses are dependent upon three conditions: *a.* Results of direct corporeal traumatic concussion of the motor and sensory nerve-molecules. *b.* Results of the indirect (caused by traumatic shock or psychical fright) affection of the vaso-motor nerves, which in turn react upon the nerve-masses dependent upon them in relation to nutrition. *c.* Pure psychical disturbances not immediately the consequence of *a* or *b*."—*Berlin. Klin. Wochensch.*, No. 26, 1889. O'C.

TREATMENT OF THE LOCAL CAUSTIC ACTION OF BROMINE.—E. Sehrwald, of the University of Jena, contributes an article, *Wiener Medizinische Wochenschrift*, Nos. 25, 26, 1889, on the above subject. His conclusion is: "From my observation, the most rational method of treatment of the caustic action of bromine upon the skin is by means of diluted carbolic acid, which acts both as an antidote and an anæsthetic. Also in irritation of the mucous membranes through the action of bromine vapor and the general phenomena resulting, the inspiration of the vapor of concentrated carbolic acid liquid acts as a specific, and deserves preference before all the hitherto recommended remedies." O'C.

A CONTRIBUTION TO THE ÆTIOLOGY AND THERAPY OF COCCYGODYNIA.—Coccygodynias, appearing during the puerperal state, are by no means frequently the result of trauma during parturition, and only seldom have their origin in disease of the coccyx and its joints. They are rather due to changes in the fifth sacral nerve and the coccygeal nerve; beginning often during pregnancy. For diagnosis the coccyx is fixed externally, and internally from the rectum or vagina, and then the sensitiveness of the bone, the periosteum and the joints is tested by pressure. If tenderness is not present, then there is a neuralgia of the coccygeal plexus.—*Wein. Med. Wochensch.*, No. 26, 1889. O'C.

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence" should be sent to 161 West Seventy-first Street.

PERSONAL.—Dr. A. B. Norton has retired from general practice, and will hereafter give his attention exclusively to diseases of the eye and ear.

VACANCIES AT WARD'S ISLAND.—There will be three vacancies at the Ward's Island Homœopathic Hospital on November 1st, 1889. Applicants should address the Chief of the Hospital Staff, Dr. T. M. Strong, Ward's Island, N. Y. The term of service is eighteen months.

OBITUARY NOTE.—At Kingston, N.Y., August 31st, Dr. Martin Freligh, in the seventy-seventh year of his age. He was born in Rhinebeck in 1813, and practiced there a number of years. He then removed to New York, where he built up a large practice. He retired from active work some years ago.

THE FLORIDA SOCIETY.—It is a pleasure to chronicle the formation of a State Homœopathic Medical Society in Florida. The officers are: President, Dr. Stout; Vice-President, Dr. Ada F. Bruce; Secretary, Dr. W. Johnson. The next meeting will be held the second Tuesday in June, 1890, at Tampa.

GRACE HOSPITAL.—It is stated that Dr. Chas. A. Walsh has, by cable from Vienna, resigned his position as Medical Director of Grace Hospital, Detroit. The trouble that has culminated in this resignation does but little credit to the original staff appointed to the hospital. It is to be hoped that some of the rumors are without foundation.

MINNESOTA UNIVERSITY ITEMS.—The Homœopathic Dispensary of the State University, at the close of its first year, July 23d last, had treated 1,100 patients. The expenses of the dispensary had been $500, including donations.—Dr. W. H. Haviland (N. Y. Homœopathic College, '88) has been appointed Lecturer on Mental and Nervous Diseases for the ensuing year.

ALLOPATHIC HARMONY.—The British Medical Association is in great trouble. It was but yesterday that statements were made regarding its wonderful growth and unity of purpose. Yet the trouble has "assumed proportions which threaten the life of the association." Dr. McKenrie and the *British Medical Journal* are sadly mixed up in the matter. Taken altogether it is a pretty quarrel, quite characteristic of the family.

PERSONAL NOTE.—The local paper of Monroe, the home of President-elect Sawyer, of the American Institute of Homœopathy, recently published a portrait of the doctor and gave an account of his life. The sketch shows conclusively that the measure of success that Dr. Sawyer has attained has been earned by energetic, persistent work; and that, after all, is the only secret of success. Idlers and dreamers succeed no better in medicine than in any other business.

SOUTHERN MEDICAL ASSOCIATION.—The next annual meeting of the Southern Homœopathic Medical Association will be held at Memphis, Tenn., November 13th, 14th and 15th, 1889. There is a promise of large attendance, and the meeting will be of special interest to physicians practicing in the South. The members of this association should need no urging to give a cordial support to the annual meeting. There is no section of the country where active and aggressive organization in support of homœopathy is more needed than in the Southern States.

NEW YORK STATE SOCIETY.—President Dayfoot announced the following changes at the semi-annual meeting of the State Homœopathic Medical Society at Rochester: H. L. Waldo, M.D., of Troy, Necrologist, in place of A. R. Wright, M.D., resigned; Geo. E. Gorham, M.D., of Albany, Chairman of the Bureau of Mental and Nervous Diseases, vice F. L. Vincent, M.D., deceased; M. W. Van Denburg, M.D., of Fort Edward, Chairman of the Bureau of Materia Medica, vice F. F. Laird, M.D., resigned. The next meeting of the Society will be in Albany, February 11th and 12th, 1890.

NEW JERSEY SOCIETY.—The New Jersey State Homœopathic Medical Society met in semi-annual session at Taylor's Hotel, Jersey City, Tuesday, October 1st. There was a fair attendance, and the discussions were interesting. Among the papers presented were: "Surgery and Surgical Dressings," by G. T. Applegate, M.D., of New Brunswick; "Phymosis; Its influence upon various Neuroses," by H. J. Andersen, M.D., Newark; "A Case of Anal Fissure," by F. P. McKinstry, M.D., Washington; A paper on Obstetrics, by E. M. Howard, M.D., Camden; "The Therapeutics of Germicides in Zymotic Diseases," by J. Younglove, M.D., Elizabeth; "Sclerosis Posterior," by B. H'B. Sleght, Newark.

A PRACTICAL RESOLUTION.—The homœopathic hospital at Iowa City, sustained by donations during the last two years, has done good work and been of great service to the homœopathic department in the University;

but it now lacks funds to carry on the work, and the Iowa State Homœopathic Medical Society, appreciating the value of the hospital, passed, at its last session, the following resolution: "*Resolved*, That the physicians of this Association hereby agree to set aside the earnings of one day of each year as a donation to the hospital at Iowa City, and we urge all the physicians of our school in the State to do likewise." Monday, September 2d, was the day fixed for this year's donations.

AIR IN THE CIRCULATION.—Dr. Hare, says the *Medical Record*, has been making an experimental study of the effects of the entrance of air into the circulation, and has obtained results quite opposed to current surgical teaching regarding the matter. He experimented upon seventy dogs, of all sizes, ages and conditions. The conclusions he reaches are: 1. Death never occurs from the entrance of air into the ordinary veins of the body unless the quantity be enormous, from one to several pints, a quantity which cannot enter, unless deliberately sent in by the surgeon. 2. The cases on record have been due to other causes than air, and have not been proved. 3. The tendency of the vessel to collapse and the leakage of blood prevent any entrance of air, and it would seem probable that a clot has generally caused death, not the air itself.

HOMŒOPATHY IN BRAZIL.—If the recent statistics from the Melbourne hospital have been thoroughly digested by our allopathic friends they are quite prepared to consider these significant figures from the hospitals in Rio de Janeiro. In hospital No. 1 the percentage of cures in the homœopathic ward was 94.18 to the allopathic 92.91; deaths, 5.56 against 6.86. In hospital No. 2, with a total of 11,520 patients in the homœopathic wards, and 18,459 in the allopathic, the percentage of cures was 95.26 under homœopathy against 94.04, and the death rate 4.57 against 5.60—while in hospital No. 3, the homœopathic percentage of cures was 94.86 against 88.55 under allopathic treatment, and the rate of mortality only 4.59 against 10.63. The pious "regular" will immediately and irresistibly conclude, on seeing these figures, that homœopathy is certainly dead again. By the way, if it were as the "regulars" claim, that homœopathic success is due to the employment of allopathic methods, then, according to statistics, the homœopath understands "regular" medicine better than the "regular." In either case the allopath is left wriggling; but homœopathy asks no aid from empiricism.

MEDICAL APHORISMS.—The following in the *Clinical Reporter*, taken from an exchange, is worth reading: 1. Life is short, patients fastidious and the brethren deceptive. 2. Practice is a field of which tact is the manure. 3. Patients are comparable to flannel—neither can be quitted without danger. 4. The physician who absents himself runs the same risk as the lover who leaves his mistress—he is pretty sure to find himself supplanted. 5. Would you rid yourself of a tiresome patient, present your bill. 6. The patient who pays for his attention is but exacting; he who does not is a despot. 7. The physician who depends on the gratitude of his patient for his fee is like the traveler who waited on the bank of a river until it finished flowing, so that he might cross to the other side. 8. Modesty, simplicity, truthfulness!—cleansing virtues everywhere but at the bedside; there, simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*. 9. To keep within the limits of dignified assurance, without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. 10. Remember, always to appear to be doing something; above all, when you are doing nothing. 11. With equal and even inferior talent, the cleanly and genteelly dressed physician has a great advantage over the untidy one.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

ORGANIZATION AND MEDICAL LEGISLATION.*

By HERBERT M. DAYFOOT, M.D.,
Rochester.

THIS society was organized thirty-nine years ago. The general object for which it was established is declared to have been "the advancement of medical science." The special object which its founders had more particularly in view, we may fairly infer was a diffusion of the tenets of homœopathy; and further, that this purpose could be more effectually accomplished by means of the organization which then and there received the corporate name of "The Homœopathic Medical Society of the State of New York."

I have said "more effectually accomplished," for, doubtless, something could have been secured by individual effort; it is to be conceded, however, that the founders of this society expected to attain far greater results by means of co-operative action than they could possibly accomplish as individuals; which proposition, embodying a consideration of the benefit to ourselves and to the homœopathic school, derivable from organization and co-operation, constitutes the theme of this address.

In the application of these propositions it is my purpose to set forth as forcibly as possible the benefit to our State and County societies resulting from the completeness and thoroughness of co-operative organization therein.

The published transactions of this society furnish a transcript of its work. These transcripts record the histories of trials, struggles

* Semi-Annual Presidential Address to the New York State Homœopathic Medical Society, September 17th, 1889.

and triumphs; and to some extent, the amount of arduous labor for and the degree of devotion to the promotion of our school and its interests. And pre-eminently these transcripts demonstrate the value of organized and co-operative effort. Hence, if, on reviewing this history, we find the aggregate result less than could have been reasonably expected, the cause can be directly traced to a lack of system in our methods of work, and of defects in our plans for collating and classifying the experience of the great body of its membership; that is to say, lack of hearty and harmonious co-operation, and lack of thoroughness and completeness of organization.

Organization is not an arrangement of human ingenuity. It is a method of work—the method of work of the Creator; reverently, therefore, it behooves us, in our aims and purposes, to seek to discover the Creator's plan and classify our knowledge in harmony therewith. Nature's forces, in their ceaseless work of development, decay, disintegration and reconstruction, proceed throughout upon a basis of systematic and harmonious organization.

Agassiz defined science to be "the quest in Nature for the thought of the Almighty."

We discover some new specimen of organized life and straightway seek to determine the particulars in which it is like other known forms; we strive, in short, to put it where it belongs, to classify it.

In the management of all the affairs of men—in politics, religion, and all the departments of government and of business—efficiency and successful activity are *only* secured through thorough organization. In all these matters the centralization of cognate interests is sought, because centralization of forces and methods involves thoroughness of organized and systematic effort. In all these multitudinous affairs the measure of success is proportionate with completeness of organization.

Coleridge pertinently asks: "What is organization other than the connection of parts in and for a whole, so that each part is at once end and means?"

The legal status of the homœopathic profession in this State has been acquired by means of the State and County corporate organizations. It requires no lengthened argument on my part to prove the self-evident proposition, that the high standing and efficiency of these associations is uniformly proportionate with the degree of vigor and thoroughness of organization maintained therein.

The State and County societies constitute the parts of an organic whole which, taken collectively, represent to the public our outward relative standing. The desirableness, therefore, on our part, will be at once seen, of enthusiastically maintaining these corporate associa-

tions at the highest degree of effectiveness by a large and harmonious membership, and by frequent evidences of devotion to the advancement of medical interests, these latter to be made known to the public through the medium of our published transactions.

This view of the desirableness, in fact the actual necessity, of establishing and maintaining more effective co-operative effort, gives special significance to the proposition that the present County organizations have in a measure failed to provide the most effective facilities for promoting the highest interests and developing the largest resources of our school. That these recognized legal organizations, the County societies, have been allowed to wane, is plainly apparent in many localities in this State ; and it is also apparent that a desire to provide a substitute has taken form in the organization of several district medical associations, the more notable being : the Champlain Homœopathic Medical Association, the Homœopathic Medical Society of Northern New York, the Hudson River Homœopathic Medical Society, the Southern Tier Homœopathic Medical Society, the Central New York Homœopathic Medical Society, and the Western New York Homœopathic Medical Society. Several of these district associations have been already abandoned, and, with the exception of the last named, those that remain are not vigorously sustained, and, having no corporate status, are not recognized as legal representatives of the profession ; hence, while these larger societies are measurably useful, it must be admitted, more particularly for social purposes, is it not reasonable to inquire whether their utility in the aggregate is not far less than could be reasonably looked for in case an equal amount of energy and time were expended upon the several county organizations? If it be found after further trial that the larger associations afford better opportunity for promoting the interests of our school (which purpose should be the controlling element thereof), the question is a pertinent one whether it would not be the part of wisdom to transfer, under certain conditions, the legal status from the county to the district associations in order that their proceedings may have authoritative force, and also representation in the State society? On the other hand, if it be found that the district associations fail in securing the support of the profession in proportion to the aggregate representation of the County societies, then the conclusion is irresistible that the latter are still preferable and ought to be more efficiently sustained by all the means at our command.

The questions : whether we are making the best use of our legal organizations ; whether we are wielding influences that can readily be controlled by our numbers and clientage ; and whether we are as

aggressive in the assertion of our rights, and as zealous in guarding the heritage transmitted to us by the homœopathic fathers as we ought to be, are queries that we can frequently put to ourselves—queries that the profession to the end of time will be often called upon to consider.

Specifically, and in connection with the pressing exigencies of the present time, as far as regards ourselves, the members of this society, these interrogatories must unhesitatingly be answered in the negative; the source of this negative response being readily found in the lack on our part of thorough, systematic and efficient co-operative organization.

The highest condition of effective co-operation involves necessarily, as a primary and essential element, the enrollment upon the records of membership of the name of every recognized homœopathist.

There are physicians in every community who, prompted by egotism, and, it may be, overweening self-reliance, or controlled by jealousies, selfish purposes or other personal motives, refuse membership in all medical organizations. These doubtless, through persistent energy and forceful individuality, accomplish much that is praiseworthy and of intrinsic value; if these separate workers, however, can be made still more useful, we should put forth any reasonable effort to bring them into at least nominal affiliation with our legal organizations, so that even their peculiarities of individualism may be made tributary to the general cause of medical progress. These peculiar individuals are, and always will remain, as to numbers, the exception rather than the rule, hence it is fair to assume that we should be able to enroll a thousand out of the thirteen hundred homœopathic physicians in the State.

It is true that during the past five years there has been encouraging evidence of greater interest in supporting the society, and a steady increase in its membership; nevertheless the fact remains that three-fourths of the recognized homœopathists residing in this State, either through apathy or active opposition, do not hold even nominal membership in our State society. Who will doubt that with a membership three times its present number, the usefulness and influence of the society would be correspondingly increased? And who has the temerity to deny that hearty co-operative organization would soon bring our numbers and standing up to this desirable measure of excellence? In order, however, to bring about this desired enlargement, a far greater amount of dormant energy on our part must be wakened into activity, and the latent resources of our present membership must be energized and made to enter in earnest upon the work of

gathering in recruits; and this work should not be considered complete until the name of every homœopathist that can be obtained by any reasonable effort is enrolled on the membership of both the County and State organizations.

Those who are not with us are, in some measure, in opposition, and non-affiliated homœopathic physicians who contribute neither by their presence, papers nor fees to the welfare of this Society, by virtue of their inaction retard the advancement and prosperity of homœopathic interests.

THE REASON WHY.

The causes that contribute to this indifference may readily be found. First, in the County societies, with their deficient organizations and consequent lack of interest. Of the sixty counties of the State less than twenty are represented by delegates to this Society, the remaining ones either having no organization or the alleged society is in a comatose condition. How can the tree have a vigorous growth if the soil do not furnish sufficient nourishment?

The individual practitioner—often in the city, more frequently in the country—is alike indifferent to societies either in the county or in the State. He has attended college, obtained his diploma, and engages in the practice of his profession on a bread-and-butter basis. He may or may not indulge in instruments, journals or books; if he does, it is only with extreme caution and only in case of dire necessity or a flattering prospect of speedy reimbursement. In short, he gravitates to the rut, becomes selfish without knowing it, and ignores all duties and obligations to the profession of his choice apart from the routine of his daily work. He may be a man of culture, with quick perceptions, of natural resource and rich experience; yet benefits not his brother practitioner because he keeps within his shell. This man is an absorber, not an eliminator, and when he dies and the inscription on his tombstone tells that he was a faithful physician and a consistent Christian, you and I know that he buried his talent instead of causing it to yield an increase.

Then there is the "busy practitioner;" he is absorbed in his work and his work absorbs him. He would enjoy society reunions, but "cannot get away"—some child would cut a tooth during his absence or Dr. Bolus might be called to one of his best families, so he must stay at home and watch him. Then there is the man with an obstetric case—you all know him—he is on the *qui vive* two weeks before and three weeks after the Society meeting, and then ten to one the unexpected happens and he arrives only in time to offer his congratulations. It is simply wonderful how many of these cases are sched-

uled for the period the Society is in session, and it is even more astounding how few of them materialize. And thus, from one cause or another, many capable physicians, men of experience and wisdom, whose voice should be heard in the councils of the Society and whose co-operation would be welcomed for the advancement of scientific medicine, prefer to hide their light under a bushel, content to allow others to assume burdens and privileges that belong to themselves.

THE REMEDY

must be administered according to the indications. It would appear essential that the first step is to secure a directory of all the homœopathic physicians practicing in the State. Each one of us can assist the Secretary to perfect his list, and that, too, with little trouble to ourselves. We should then proceed to infuse new life and enthusiasm into the County societies, or into such of them as have lapsed into "innocuous desuetude." Work in this direction will surely bring its reward by an increase of interest and membership in our State organization.

I have sometimes thought that membership in the County society should be made a prerequisite to membership with us. Every county in the State should and must have an organization with life and ambition enough to send representatives to our meetings. With this end in view, and to promote a healthy growth and active interest in these bodies, I would recommend that a Standing Committee on County Organizations be established, whose duty it shall be to foster the growth of societies in existence, organize new ones where necessary, and maintain over all a watchful care and supervising assistance.

But, after all, our work lies mainly with the individual practitioner who is unaffiliated with either organization. With many, a plain statement of the reason for our existence, the labor to be done and the results to be accomplished, will suffice to rouse their professional pride and secure their co-operation. With others it will be necessary to show the personal advantages that may accrue from membership with us. That such advantages exist may easily be demonstrated. I appeal to any of the veterans of this Society, the ones who have most invariably attended the meetings for many years, if the contact with their brother practitioners, the papers presented and consequent discussion, the new "wrinkles" in practice, the latest surgical procedure, improved methods in gynæcology and obstetrics, the lively debate over resolutions introduced, the breathing spell away from patients, the good night's sleep and the general feeling of independence because of emancipation from door bell, small boy and telephone does not re-

pay them with compound interest for the time and money expended? I firmly believe that no physician ever attended a meeting of this Society, in good faith, but found himself benefited in more ways than one; and I wish it absolutely understood, the active members of this Society—the men who do the work, present the papers, participate in the discussions and are most constant in their attendance—are among the best equipped men in our school, the men with the most influence and the largest clientage. They have found it to their advantage to attend the meetings. Why should others hesitate?

But the advantage is still more direct. When one of our patients removes to some other place they naturally inquire, "Who shall be our doctor?" And it is the most natural thing in the world to recommend the practitioner who attends the meetings of the Society, because we know him to be a live man and have confidence in his ability and feel that our friends can safely be trusted to his care.

But above and beyond all this, the true physician should be actuated by other motives than those of self-aggrandizement. The love of his profession, the desire to benefit his brother practitioner and his patients, the triumph of truth, the suppression of error and the success of measures calculated to enhance the public good, should certainly be sufficient incentives. Bacon says: "I hold every man a debtor to his profession; from the practice of which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereto." The simple attempt in some manner to ennoble his vocation will be of benefit to the physician himself. Let the non-affiliated practitioner establish the habit of attending the meetings of the Society and interest himself in the work of the sessions, and he will soon discover how much it is to his social, intellectual and financial advantage; he will look with pleasure to each coming meeting and wonder why he never thought of it before. He will for the first time appreciate why it is

> "Better fifty years of Europe
> Than a cycle of Cathay."

It may very properly be asked: What is the object and aim of the Society, and what are the results hoped for when thorough organization and co-operation are assured? The general answer might be made: The advancement of medical science; for in order to make anything like a complete schedule of the work to be accomplished it would be necessary to consider in detail the province of each bureau and standing committee. As this would not be practicable at the present time, I can only very briefly call attention to some of the

plans on the board, trusting the craftsmen will pursue their labors in accordance therewith.

OUR MATERIA MEDICA.

The Bureau of Materia Medica offers a field of labor rich with prospective results. A trustworthy record of the effects of drugs on the healthy human organism can only be secured by a unanimity of purpose, and the intelligent, laborious work of many observers. We have at command a mass of material, but it unfortunately represents both chaff and wheat; to separate them is a part of the extensive work to be accomplished.

Can you estimate the value of one symptom obtained after accredited methods, verified by many provers in different localities, with varying doses, and accepted as trustworthy beyond dispute? Such a symptom is a priceless boon, not only for the practitioner of to-day, but is a heritage for the ages and a beacon light for all time. Multiply this symptom by one hundred and note the increased confidence of the physician in the resources of his art. Multiply it by one thousand and no king on his throne more proud of his armamentary than he—for in the presence of disease he would be more potent than kings. The desire for a purified and reconstructed materia medica is universal. Truly the harvest is ripe. Will the laborers be found wanting?

EXAMINERS IN LIFE INSURANCE.

It is well known that certain life insurance companies will not accept homœopathic physicians as examiners. This fact has been more or less galling to our school, and all the more so as there is no just and valid reason for such ostracism, except that circumstances have placed some venerable fossils at the head of the medical departments.

The Nebraska State Homœopathic Medical Society has taken the bull by the horns, and adopted a series of resolutions in which they propose to "use all reasonable and fair means to assist such companies as allow graduates of all legal colleges to examine their applicants, by encouraging our large and wealthy constituency to patronize companies that are not fettered by such narrow and bigoted prejudice."

Having for several years enjoyed the opportunity to judge regarding the value of medical examinations in life insurance, I am prepared to assert, without fear of contradiction, that the average homœopathic physician of this State will make as trustworthy an examination as can be made, and is as well qualified in every respect to acceptably fill the position of medical examiner as those of any other school or

system of practice. And why not? Is he of the self-styled regular school better fortified by education and observation to determine the value of a given risk than the homœopathic practitioner? Has one any right, either legal, moral or social, that the other does not possess? The curriculum of our colleges, the facilities of our hospitals, and the intelligent and extensive clientage of our general practitioners and specialists, certainly afford proof of our equality. It is therefore nothing but "bigotry" and "prejudice" to which we are indebted for this unjust discrimination, and we have too long tamely submitted in silence. The time is now ripe to speak and act in the matter; and it would be eminently fitting and proper for this Society to adopt similar resolutions to those of our brethren in Nebraska, and I would further suggest that the names of the discriminating companies be secured and published in our medical journals, that we, having knowledge of our enemies, may take due notice thereof and govern ourselves accordingly.

STATE CARE OF THE INSANE.

At the last session of the State Legislature a measure known as the Batcheller Bill was introduced, providing for the transfer of all insane under county care to the care of the State, except in the counties of New York, Kings and Monroe. This bill, supported by the State Charities Aid Association, the medical profession, the press, and the humane public generally, passed the Senate but was defeated by a small majority in the Assembly. The opposition came chiefly from the County Superintendents of the Poor on the plea of economy, claiming that county care could be given cheaper than care by the State. With belief that certain alleged care would be dear at any figure, let us briefly consider the facts as they appear.

Although we have State asylums for the care of private, indigent and pauper insane, it is the frequent custom of county superintendents of the poor to take such patients in the acute stage of the disease to the county asylums and county alms-houses. But, strange as it may appear to the politicians, the insane are not necessarily criminals and outcasts, and when these unfortunate victims of disease are deprived not only of their liberty, but of enlightened medical treatment as well, the time has surely come for prompt and radical reform.

All asylums for the insane should be curative asylums, where every curative measure should be adopted and secured, let the cost be what it may, and every insane patient should have the advantage of those methods at the earliest possible moment; for alienists maintain that

their chances of recovery are much greater when cases come under proper treatment at an early stage than if postponed. In the State institutions the supervision and care of the insane are in the hands of those specially qualified by education and experience to look after their best interests; while in the county houses they are under the care of the keeper and visiting physician, the medical care and attention being such as might be expected from a general practitioner with a salary which in some instances does not exceed $50 a year. In the county houses, filthy and cleanly, quiet and disorderly persons are associated together, often sleeping in the same dormitory. Illustrating one of the many deplorable phases of the county asylum, the Hon. Oscar Craig, of this city, President of the State Board of Charities, relates a case in which a child was born, the offspring of an insane man and idiot woman, one in the poor-house and the other in the county asylum, "permitted to come together as being under the same general poor-house economy."

From whichever side it is looked at, the inferiority of the county system is apparent and proves sufficient argument in favor of State care. I am not at this time prepared to discuss the economic question, but those who are in a position to judge claim that the saving, if any, by the county system is not as great as asserted, and that it is better and cheaper to have well managed and well equipped State asylums for all the insane, than to have county alms-houses and asylums indifferently built and managed upon a political and semi-political basis. But the economic side of the proposed legislation sinks into insignificance when compared with the humanitarian features presented, while the medical profession and not the politicians are the ones to decide in what manner the insane should be cared for. The issue involved in the Batcheller Bill will certainly come up next winter and should receive the support of this Society, provided always that the plan would in no wise interfere with the rights, prerogatives and privileges of the State Homœopathic Asylum for the Insane, at Middletown. That it will not, is evidenced by the expression of one of the most prominent advocates of the measure, who says: "The friends of the proposed legislation are, I believe, the friends of, or are friendly to, the State Homœopathic Asylum. Let us hope that with new legislation this word will have to be written in the plural and that there will be more than one homœopathic State hospital for the acute insane."

THE LICENSE TO PRACTICE MEDICINE.

The large number of illegal practitioners, the lax methods for selfish purposes of medical colleges, and the overcrowded state of

the medical profession, have created demand for a censorship that will restrain incompetency and protect the public. With this ostensible end in view, bills have been introduced in many state legislatures, taking from the colleges the power to license, and vesting that authority in an examining and licensing board controlled by the State. The homœopathic school has always been foremost in any honest endeavor to elevate the standard of medical requirements, to suppress quackery and diminish the number of unqualified practitioners, but it is most emphatically antagonistic to the proposed legislation and will spare no effort to defeat it, it matters not where or by whom introduced or by whom fostered. If asked to explain the seeming inconsistency we make answer that in our present condition of prosperity we have no desire to commit immolation; no, not even to please our dearest enemy, the allopathic school.

Under the thin guise of a philanthropic desire to protect suffering humanity and at the same time promote the unity of the medical profession, this proposed legislation is nothing more nor less than a subtle, vicious and deadly blow, aimed at the homœopathic heart—a blow that will require all the armor and skill at our command to thwart its purpose. Former attempts to cripple the strength and growth of homœopathy have partaken of the nature of open warfare and were consequently entitled to a certain amount of respect; but in the present campaign their drums are muffled, the bayonets sheathed and the marching done by night. The plan of battle is something of a cross between a flank movement and an ambuscade; their flag is furled, but its color is black, and no quarter need be expected if the assault prove successful. It may be asserted that these are the words of an alarmist; but if speaking as an alarmist will rouse the indifferent and result in adequate preparation for defense and defiance, the object is attained and the designation immaterial.

Our national organization, the American Institute of Homœopathy, has determined that after 1891, in order to obtain membership in that body it will be necessary for graduates to have attended three courses of lectures of six months each. This surely indicates a desire to elevate the standard of medical requirements. It is therefore not the plan to which objection is made, but the method, *viz.*, the establishment of *single* state examining boards in which homœopathy has a minority representation, or, in some instances, no representation whatever. Bills of this nature have been introduced into the legislatures of Connecticut, California, Delaware, Florida, Iowa, Massachusetts, Michigan, Montana, Nebraska, New York, New Jersey, Rhode Island, Tennessee, Wisconsin and Pennsylvania; they have become

laws in Montana and Tennessee, and were defeated in Delaware and Florida.

It is worthy of attention that these bills were uniformly prepared and in secret; that homœopathists were not consulted in their preparation; that the method received the unqualified support of the allopathic press; that the whole scheme strongly partakes of the character of a well supported conspiracy with the obvious intent to control the medical affairs of the nation, to check the progress of homœopathy, rob homœopathists of their civil rights and encroach upon their personal liberty—and all this under the pretext of protecting the public by elevating the standard of medical requirements.

Among the many objections that might be cited against the establishment of the single board are the following: A minority representation is practically no representation whatever; it leaves the control in the hands of the majority and fastens the badge of inferiority and incapability upon the minority. While the assumption should be that all applicants for license might be treated alike, *the tendency would be to crowd homœopathic students into allopathic colleges* to curry favor with the majority. That examining boards controlled by the dominant school would be characterized by partisan zeal, favoritism and illiberality is self-evident; as witness the standing of our school wherever this condition of affairs exists. In England to practice homœopathy one must first graduate from an old school college, and the deplorable and dilapidated condition of the Hahnemann Hospital in London, recently visited by Drs. Helmuth and Terry—a hospital where even the internes must be old school graduates—is an index of the prosperity of our school in a country where the license to practice remains in the hands of one sect. So in Germany and France the people are practically debarred from the blessings of homœopathy.

In Minnesota, during the year 1888, under the working of a single board, in which homœopathy has a minority representation, only one-fifth of the homœopathic applicants were allowed to pass, while five-sevenths of the allopathic students were successful. In Canada, a board identical with the one sought to be established in this country, but there called the council, has been in operation since 1866. During a period of eighteen years the council granted licenses to 1,211 students of the allopathic school, while in nineteen years the homœopathic ranks have been swelled from the same source by the addition of *nineteen* practitioners. And yet members of the council would indignantly repel an insinuation that anything but the fairest possible examination was given to every applicant.

No wonder our opponents, seeing the success of the plan in other countries, are anxious to engraft it here and throttle homœopathy in the home of her friends ere she becomes too powerful for such heroic treatment; and all this under the plausible veneer of desire to protect the dear, good public and advance medical science. Was ever before so damnable a plot concocted and matured in the shadow of so honorable and philanthropic a plea? The "livery of heaven" has been used for many base purposes, but I doubt if it could screen the imps of darkness more effectually than to create a gigantic medical monopoly amongst an enlightened, free and liberty-loving people. It is urged by the advocates of the bill, that it is a foregone conclusion, that sooner or later the State will direct how and in what manner licenses shall be granted. They say: "You profess to be in favor of the appointment of state examining boards and yet you oppose the measure we have so carefully prepared. What do you want?" Our answer is: We want to be let alone! We do not want "restricted legislation which tends to curtail civil rights, encroach upon civil liberty and check the progress of medical science."

If the members of the dominant school are so anxious for reform, let them begin at home and elevate the standard of requirements in their own colleges.

There is in operation in this State to-day a beneficent, liberal and equitable law passed in 1872, which, if made compulsory upon the representatives of all schools alike, each by its own examining boards, would meet the demand for State medical supervision.

This Society at its last session "Resolved, That *separate boards of medical examiners*, under the supervision of the Regents of the University—a non-professional and non-sectarian body—offer the only plan for State licensing consistent with the avowed policy of the State, and is the *only* measure which can guarantee protection in the exercise of vested rights to the representatives of the three incorporated schools of medicine."

The American Institute of Homœopathy at its last session, recognizing the danger which threatens us, passed a series of resolutions in which it declares itself as opposed to the scheme of the American Medical Association to procure *single* boards of medical examiners, and demands the procurement of *separate* boards. The entire homœopathic press is a unit in this matter, and it now remains for every practitioner in America who glories in the name of homœopath to make this cause his own—as it truly is—and further by every means within his power the establishment of separate boards. During the past winter our indefatigable Chairman of Legislation, Dr. H. M. Paine,

almost unaided, fought the battle of our school before the legislative committee and caused the champions of the single board to cry a halt. But his labor ended not here; being aware that the crisis for weal or woe, so far as our school is concerned, cannot be distant, he has worked night and day—from Boston to Minnetonka his voice has been heard and his influence felt.

Now comes the value of organized co-operative effort. Let organization be met by organization, and designs against our legal rights by an opposition so vigorous and persistent that they will be rendered futile. This contest is not only for ourselves, but for those who will follow us; it involves the continued existence and welfare of that beneficent system of medicine which has done so much to combat error and stimulate progress. Our profession should be a unit and work as a unit for the good of the whole. Minor differences of opinion and jealousies, if any exist, should be buried, and that, too, without any hope of resurrection. The resources of our State and county organizations should be taxed to the utmost, and we should encourage the profession and laity to make life a burden for any member of the Legislature opposed to our interests. Our cause is just, and it only remains to antidote obnoxious legislation by thorough and effective organization.

ADDISON'S DISEASE.*

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IT is impossible to begin this paper with a scientific definition of the morbid process known as Morbus Addisonii. At a recent meeting of the New York Pathological Society, a member, having been requested to define this condition, gave a brief outline of the phenomena, ending with the following admission: "It is as yet impossible to give any exact definition of the disease, for the subject has not yet been sufficiently worked up to admit of such a definition."

Perhaps it will be well to briefly review the salient anatomical points of the supra-renal capsules. To recall their location—behind the peritoneum and capping the kidneys; their triangular shape; their size—one inch long, not quite so wide, and a trifle less than a quarter of an inch in thickness. Each capsule weighs about one hundred grains. Their ratio to the size of the kidney at birth is as one to three, but in the adult it is as one to twenty-three. Each capsule is

* Read before the Homœopathic Medical Society of the State of New York, September, 1889.

entered by numerous blood vessels derived from the aorta, phrenic artery, coeliac axis, and renal artery. The blood is conducted from the capsules by two large and numerous smaller veins to the vena cava, renal and hepatic veins. Nerves from the semi-lunar ganglia, renal plexus, pneumogastric and phrenic abundantly supply each capsule. Section shows these organs to be made up of a yellowish cortex, and a whitish, but very vascular, medullary substance. Extremely vascular and nervous organs are these.

Investigators were completely baffled in their attempts to discover the function of the adrenals until Addison's treatise "on the local and constitutional effects of disease of the supra-renal capsules" appeared in 1854. His observations on eleven cases of anæmia with bronzing of the skin and showing extensive disorganization of the supra-renals directed attention to the relation of these bodies to pigment formation and elimination. Dr. Greenhow's compilation of 196 cases of bronzed skin furnished strong evidence confirmatory of this relation. The most recent investigations were pursued by Dr. McMunn, and appear in the *British Medical Journal*, February 4th, 1888. He gave the subject of the physiology of these glands careful study, and finds their size and importance relatively much greater in mammals and birds than in cold-blooded vertebrates. This increase is in proportion to the increase of respiratory pigments. This painstaking investigator injected aqueous and alcoholic extracts of the adrenals into the veins of rabbits. The manifestations which followed corresponded to the severe nervous symptoms of Addison's disease. He summarizes that the function of these organs is the removal of effete pigments and effete proteids, their disease is followed by pigmentation of the skin, and depression due to the effete products circulating in the blood and acting as septic poisons. As other blood-glands may perform the duties of the supra-renals when the latter are diseased, these effects do not invariably follow. Animals have continued to live after removal of these structures, demonstrating that they are not essential to life. That their function is the elimination of pigment is also rendered probable by the discovery of a pigmentary substance in the urine in cases of Addison's disease. This substance is only found in the excretions.

Having made this very incomplete résumé of our knowledge of the supra-renals, let us inquire to what diseased states are they liable? They may become acutely inflamed and eventually suppurate; tubercular, cancerous or albuminoid disease may attack them; they may undergo fibroid or fatty degeneration; hemorrhage into their substance may occur; and lastly, the point of interest to us, is their lia-

bility to undergo certain peculiar alterations associated with Addison's disease. Professor Jacoud, in a recent lecture, affirms that the nature of the lesion is of little moment, the essential fact being some disease of the supra-renal bodies leading to changes in the abdominal sympathetic, with the fatally progressive symptoms dependent thereon. Dr. Heinman states that the changes in the adrenals in Addison's disease are of the most varied character. Notwithstanding these views of the nature of the lesion, I believe the weight of authority, as represented by our text-books, is in favor of Greenhow's claims, based on many autopsies, that the disease is constantly associated with a distinct morbid process in which the glands are converted into a substance which has been termed "scrofulous" from its outward appearance, and of which a description may be obtained by reference to modern text-books. Roberts, in his "Theory and Practice," states that no other morbid process affecting these glands—tubercle or cancer, for example—is capable of producing the characteristic symptoms of Addison's disease.

Causes predisposing to Addison's disease are: the male sex; occupations involving active manual labor, and more particularly those employments which entail exposure to bodily injury; while extension of inflammation from surrounding parts, injuries, especially to the back, over-exertion, nervous shock, *e. g.*, grief or anxiety, and lastly, intermittent fever, may become exciting causes to the disease.

Briefly, the symptomatology of Morbus Addisonii may be stated as dependent on a peculiar cachexia showing progressive nervous depression, and secondarily evidences of pigment deposition. Whether the grave nervous symptoms are due to disorganization of nervous tissue in the great plexuses of this vicinity, or to the retention of matters which the supra-renals should excrete, these matters acting on the nervous system as a septic poison, as McMunn's experiments tend to demonstrate, or whether they depend on a combination of these causes, is as yet undetermined.

Gradually, and without any assignable cause, the patient is affected by a peculiar cachexia, characterized by progressive muscular debility and mental depression; this condition is attended by little, if any, wasting; often there is a tendency to fat formation in the subcutaneous tissues. Eventually he becomes extremely prostrated; he is markedly anæmic, and the pearly whiteness of the sclerotics has been mentioned by all writers on the subject. The bronzed skin comes later, after the debility has existed for a long period. Occasionally an exception to this rule occurs, the patient becoming bronzed while in apparent health. On the other hand, the depression

may be so great that the disease reaches its fatal termination without pigmentation having manifested itself; this is also of rare occurrence. Quite frequently the bronzing is very slight. Exposed parts, the face, neck and upper extremities, are the most markedly pigmented; the axillæ, penis, scrotum, and the naval, are favorite localities. The mucous membranes are discolored; writers assert that the conjunctivæ always escape pigmentation, but it may be of interest to remark that the only cases on record of Addison's disease with pigmented conjunctivæ are two cases reported by German clinicians.—*Medical Record*, February 16th, 1889.

The symptom of bronzing is much inferior in value to that of asthenia; the former may be absent or very slight, the latter is invariably present. As regards the other symptoms—epigastric pains, irritable stomach, nausea, retching and vomiting are usual. Loss of appetite is common. Obstinate diarrhœa sometimes sets in, but constipation is the rule. Pain in the loins is also a common symptom; the hypochondria feel tender. The tongue is red and moist; the temperature usually low throughout; the skin cold.

The course of Morbus Addisonii is marked by remarkable remissions. It is essentially a chronic complaint; in only exceptional instances is the progress acute and rapid. They die of gradual asthenia.

The prognosis is that of a disease of long duration of uniformly fatal termination.

Although the following case is not confirmed by autopsy, it presents all the leading symptoms of the disease.

Miss C., seventy years of age, gives the following family history: Her father, a Frenchman, died of dysentery in his fifty-fourth year; her mother, an American woman, lived to see her ninety-fourth year. She has two brothers living and three dead—of intestinal obstruction, blood poisoning following injury to the knee, and inflammation of the lungs, respectively. She had two sisters, one died of uterine cancer and the other of premature senility.

She has always resided in New York or Brooklyn. When a girl she fractured an arm, had an attack of dysentery, and suffered from fever-and-ague. She has always been subject to attacks of diarrhœa, which have been the sole source of ill-health since her youth. She has had many falls; one, especially severe, was on the buttocks while crossing the ice about a year ago. Her occupation for the past twenty years has been the nursing of parturients exclusively.

During May, 1888, she noticed lameness in the back, which she attributed to having taken cold. The soreness moved about to the lower limbs, arms and head. During the winter the pains were, for the most part, in the back and thighs; the groins were also painful. She lost some flesh and became very anæmic, suffering from par-

oxysms of abdominal pain without swelling but accompanied by flatulent eructations. Vertigo was complained of, and she has been so weak as to be obliged to take to her bed for short periods. All the special senses are acute. For some time past she has noticed that her complexion would become darker at some periods than at others, this being independent of exposure to the sun. Her tongue has always been moist and red; her sclerotics a pearly white. At one time she noticed an enlargement of the cervical lymphatics, but this disappeared. Examination of the urine showed a specific gravity of 1,020 and absence of albumin and sugar. As before stated, remarkable exacerbations are an important feature in this disease: her attack was ushered in by great gastric distress, eructations and alarming prostration.

On the 19th of April, 1889, she complained of pain in the lower abdomen when coughing, cough moist, not frequent, much thirst, and sore throat. The following day the pain on coughing had disappeared, the lymphatics at the angles of the jaw were enlarged, and she was so weak that on attempting to rise she fell to the floor. Her complexion had become darker and gave a suspicion of Addison's disease, which the extreme prostration tended to confirm. The following day the backs of the hands and forearms presented a dark discoloration of the skin; she complained of pain in the lumbar region, was restless and thirsty. Her temperature of 102 degrees may have been due, in part, to the pharyngitis.

On the 24th she was weaker, temperature ninety-seven and six-tenths degrees, and her pulse slow and feeble. The next day her temperature registered ninety-seven degrees, the skin cool and apparently less bronzed. On the 26th the temperature was ninety-six and six-tenths degrees—two degrees below normal. The pulse was eighty and very weak. The prognosis looked grave. The next three days showed respective temperatures of ninety-seven, ninety-seven and six-tenths, and ninety-eight degrees. For a long time she remained abed, and is obliged to remain recumbent the greater part of the day at the time of this writing. She is living on a considerably lower plane than before her illness, and no doubt will succumb to the next manifestation of the disease. She suffers from pains in the loins which she terms "rheumatism," and presents the appearance of one who suffers from malignant disease.

An unusual feature of this case is the advanced age of the patient; the oldest of Greenhow's series was a woman aged seventy-nine. The fall on the ice a year before was a very probable exciting cause, and her occupation, involving strain to the back when performing her duties as nurse, possibly aided the development of the disease. What influence her attack of malarial fever in early youth may have had can only be conjectured.

The treatment pursued in this case, aside from general hygienic measures, was briefly as follows: *Conium Maculatum* early in the attack gave great relief to the gastric symptoms which had existed for some time, retching without vomiting being chiefly complained of; a

number of other remedies had failed to relieve. *Bryonia* relieved the characteristic pains. *Arsenicum Album* was administered throughout the entire attack with, I believe, the best results. It undoubtedly holds a homœopathic relation both to the prostration and the pigmentation. The following cases show the effect this drug may have upon the skin when given for a considerable period in medicinal doses:

At the New York Academy of Medicine, February 19th, 1889, a little girl, nine or ten years of age, was exhibited by Dr. W. M. Leszynsky, in whom the use of *Fowler's solution*, given for the relief of chorea, had produced very marked pigmentation all over the surface of the body. There was no reason whatever to suspect the presence of Addison's disease, he said, and the case seemed to him a most remarkable one.—*New York Medical Record*, April 27th, 1889.

Dr. W. L. Worcester, of Little Rock, Ark., writes that similar cases have been reported by Jonathan Hutchinson in the past two or three years, and adds two cases occurring in his own practice, one of pernicious anæmia—reported in the *New York Medical Journal*, May 5th, 1888—the other a case of enlarged lymphatic glands, giving rise to a suspicion of Hodgkin's disease; both cases were treated by *Fowler's solution*, and in both there was deep pigmentation, which disappeared a short time after suspension of the *arsenic*.

Arndt's System of Medicine mentions *arsenicum*, *argentum nitricum*—as recommended by Lilienthal—*iodine* and *kreasote*, the last two on the theory of the scrofulous origin of the disease. An excellent monograph, by Lilienthal, on Morbus Addisonii, in the twenty-fifth volume of THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, mentions *psorinum*, *theridion*—as recommended by Dr. Baruch—*natr. mur.*, *natr. sulph.*, *arg. nitr.* and *arsenicum*.

A cure of the fully developed disease can hardly be expected; the disorganization of the capsular tissue is too great.

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CRITICAL ANALYSIS AND SUMMARY OF ARGENTUM NITRICUM.†

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OF the sixty-six authorities in Allen's Encyclopædia, Nos. 61, 62, 64 and 65 could not be consulted. Nos. 1, 9, 10, 12, 13, 15 to 52 inclusive, 57 and 60, were excluded because they are general statements or clinical observations. Nos. 14, 58, 59, 64 and 66 are toxicological (and will be so indicated by parentheses), as are *Gazette Med. de Paris*, 28, 1874 (*A. H. Z.*, 90, 88), chronic poisoning; and *American Journal of Medical Sciences* (O. S.), No. 51,239 (*Z. f. H. Kl.*, 20, 27), which are not incorporated in this study. Since observations on animals are to be rejected, note is merely made here of such an article in *Journal of the American Medical Association*, 1883, 1,265.

Three provings, Nos. 67, 68 and 69, are added to those in the Encyclopædia: Brewer, Hahn. Mo., 1883, 385; W. F. C., and Dr. J. H. Clarke, Cyclopædia of Drug Pathogenesy, I., 372, 373.

In addition to the fifteen provings and five poisonings, two verified observations of the Austrian provers are worth noting here, as they are not included in the chart:—Generally the headache is accompanied by chilliness, and sometimes by a general increase in the temperature of the body. * The headache is relieved by binding something tightly about the head (also prover 67, and, No. 4: > by pressing upon the head).

In order to present a clearer picture, and also to save time and space, many mere repetitions of symptoms are omitted from the chart. One prover, No. 53, noted an immense number of symptoms with great minuteness. These have been summarized because no other prover has quite such a list, and his record, consequently, is not worth copying here in detail.

Of our twenty observers, fourteen have noted effects in the head, as many in the stomach, while only two have made records in either sexual system. One of the female provers had two sexual orgasms one night. She had never had any before. This is, doubtless, congruous with seminal emissions, with and without lascivious dreams, which was reported by both male provers.

In accordance with our rule, to require congruence among twenty-five per cent. of the observers in any one caption, four provers have agreed upon the symptoms summarized in the head and stomach, three each in the mind, sleep, eyes, mouth, throat, abdomen, stool

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and anus, urinary organs, chest and generalities. In the remaining twelve captions symptoms have been preserved in the summary by congruence in two provings.

Where practicable, the potency has been indicated both in the "chart"—or record of provings—and summary, but the effects of different potencies in the same prover have been grouped together because the work had to be done from Allen's Encyclopædia instead of directly from the day-books. A careful study of the potencies in the summary will afford convincing proof to any but those who are blinded by prejudice that the 30th can have sometimes a pathogenetic effect. All through the summary, with the exception of three captions, do we find symptoms of the 30th attributed also to other potencies and to the crude drug, even to toxic doses. Hard hearing and whizzing are the only symptoms there credited to the 30th potency alone. But we are not defending the admission of this potency. It comes in, with the others, on its own merits, to stand or fall by them, subject to the same scrutiny, no more and no less.

One or two of our authorities are evidently composite: No. 4, "M.," a man thirty-six years old (*Oestr. Zeit.*, 2, 1) records one symptom: "*Her* sight vanishes." This must be an error in translation; but No. 54 specifies three of his symptoms to be in: "a sensible girl over twenty years old"; "a girl aged eight," and "a matron of sixty."

As to the doses, four took the crude drug, from one-tenth to two grains; one, one-twenty-fourth grain in solution; three, the 1^x; two each, the 1st, 2d, 3d; three, the 6th, and four, the 30th.

No. 2. —"J.," aged twenty-two, took three doses 1^x trituration (*Oest. Zeit.*, 2, 1).

No. 3.—"H.," took 1^x trituration (*ibid.*).

No. 4.—"M.," 1^x to 30th (*ibid.*).

No. 5.—"P.," a female prover, 1st and 30th (*ibid.*).

No. 6.—"N.," a girl, aged eighteen, 30th (*ibid.*).

No. 7.—"E," a man, aged twenty, 30th (*ibid.*).

No. 8.—"K. M.," a boy, aged seven, 1st and 2d (*ibid.*).

No. 11.—Moll, crystals, from one-half to two grains ("Handb. d. Pharm.").

No 53.—Lembke, twenty drops to a teaspoonful of a solution of one grain to one ounce of water (*N. Z. f. H. K.*, 11, 130).

No. 54.—J. O. Muller, ten drops of 6th dilution (*Z. f. Hom. Aerzte. Oest.*, 1, 45).

No. 55.—Krahmer, increasing doses one-tenth to six-fifths grain for eleven days (*Monograph*, Halle, 1845).

No. 56.—Schachert, one-eighth to one grain daily (Diss., Regimont, 1837, quoted by Krahmer. These reviewed, *A. H. Z.*, 29, 62 and 74).

No. 67.—Reported by E. P. Brewer, one grain twice a day for three days. Had catarrh of mucous membranes (*Hahn. Mo.*, 1883, 385).

No. 68.—J. H. Clarke, 6th (Cyclopædia of Drug Pathogenesy, I, 373).

No. 69.—W. F. C., aged eighteen, 3d, at 11 P. M., for seven evenings. Subject to headaches (Cyclopædia of Drug Pathogenesy, I, 372).

(14). —Toxicological. Bull. de Therap., 1834 (*Oest. Z.*, 2, 1).

(58).—Gamberini, from a pomade (*A. H. Z. Mon. Bl.* 3, 29).

(59).—Poumarede, tox., a solution internally (*Journ. de Chem. Med.*, 1839).

(64).—Dawosky, tox., eight grains of the salt (*Journ. d. Med.*, etc., 1856).

(66).—Scattergood, fatal poisoning of a boy (*Br. M. J.*, 1871).

While the picture presented by our summary is not so devoid of expression and individuality as had been feared, there are a few symptoms, excluded by the rule, which should be borne in mind in order to accentuate the picture with greater detail and to prescribe with greater accuracy. Although not all verified, or even corroborated, specifically by other provers, they indicate a similar action of the drug.

One prover * "would not undertake anything lest he should not succeed." This symptom has been verified clinically, and supplements the bald expressions: Apprehension; anxiety.

Two provers specify weakness of memory; and two, stupefaction. These are manifestly grades of the condition evinced by apathy, mental sluggishness and unconsciousness.

There is vertigo, usually with headache, and defined by one prover as if she were turning in a circle and would fall; it made another walk to the left.

Sleep, which we have placed next to the mental symptoms, also shows depression of the sensorium, although to a less degree. In the evening intensely sleepy, but on retiring remained awake thinking, which absorbed the desire to sleep. Became so engrossed in thought that restlessness and real wakefulness followed. * Sleep disturbed by dreams. These are fantastic, horrifying, bad.

The head feels hot, heavy and dull all night, and he seeks a cool spot on which to lay it. All parts of the head are affected; it is difficult to determine that any one is predominantly so, unless it be the

frontal region. The pains are of quite a variety—bursting, pressing, heavy, drawing, tearing, digging, cutting and sticking.

Here, as everywhere, we are confronted with the important problem : What expressions used by different provers may be considered synonymous?

No. 4 said : * If the pain is felt all over the head it appears to him enlarged ; if the pain is felt only on one side of the head the eye of the affected side appears enlarged. * Sensation as if the head expanded, the bones separating. with increase of temperature. Pain in the head as if it would burst, occasioned by mental labor. Fullness, pushing and heat in the head, > by pressing upon the head. No. 6 had : Fullness and heat in the head at night, with great excitement. No. 67 : Brain seems too large for the skull. Head felt enlarged and weighty.

Are "digging" pains "tearing"? Is "drawing" the same as "pressure"?

Evidently not, because we find the two expressions used by the same prover.

No. 4 says : Frontal headache, dull, drawing, then sticking. * Sticking and afterward digging pain in left frontal and parietal region, extending far as the malar bone. * Constant drawing and digging in left frontal eminence, afterward accompanied with a drawing tearing extending along the whole left arm. * Drawing in streaks or bands over the surface of the brain, apparently in the membranes or sinuses.

No. 53 had : * Pressing in left frontal bone at times more violent, at times like a band over the forehead, < on walking. No. 5 spoke of pain in forehead and vertex as if grasped together. No. 6 : Sensation as if the head were in a vise. Although not identical, these symptoms are so congruous that they may fairly be considered legitimate effects of arg. nitr., especially as most of them have been verified clinically.

What is meant by tumultuous raging? * Digging and tumultuous raging in right cerebral hemisphere until he lost his senses (4.[30]).

Our summary does not do justice to the *eyes*. We know by experience the value of arg. nitr. here ; that it causes, as well as cures, actual inflammation of the conjunctiva, and also accommodative asthenopia. Thus vision may be impaired, first, by accumulation of mucus or tears ; * vanishing of sight ; he is constantly obliged to wipe off the mucus which obstructs his vision.

Second. By spasm of the ciliary muscle ; the letters become blurred before the eyes ; her sight vanishes when reading or writing. The aperture between the lids became narrower ; he had to wink frequently.

(Convulsions occurred in three of the poisoning cases, one of which had convulsions and twitchings; another, wild rolling of the eyes, the pupils dilated and insensible. Convulsions of the facial muscles, the mouth being almost locked.) Sore pain in upper and inner part of right eye when reading.

Third. "He saw as through mist" might be due to tears, to inflammation of the conjunctiva (possibly to keratitis, for which the remedy has proven useful), to asthenopia, as above, and, possibly, to retinitis, but very probably to amblyopia. "Fiery bodies and flashes before her eyes in the morning in the dark" would generally mean irritation of the optic nerve somewhere in its course from retina to brain, and we may look for help from arg. nitr. in cases where the brain is at fault, as we know it irritates and depresses that organ. One prover dreamed of serpents (this has been verified) and also reported: * Gray spots and bodies in the shape of serpents moved before vision. The lamented Professor Liebold reported, some years since, the case of a young man totally blind from cerebral disease who, while perfectly sane, seemed to see everything covered with writhing and twisting snakes. Arg. nitr. at once relieved this symptom, without, however, restoring vision. It may be well to note that the doctor's attention was called to this remedy by finding it mentioned under "tortuous bodies," in Berridge's repertory.†

In our study of arg. nitr. we find two provers report itching, another pricking and a fourth stitches in the eyes. Two spoke of burning; two had aching, while the "pressure" of another and the "sore pain" of a fourth might be classed with this.

The only verified symptom in the *nose* is itching, but there seems no reason to doubt that the drug causes coryza and, most probably, ulcers or pustules within it. One prover noted: Nose obstructed in the room; in the open air, discharge of thin mucus.

The *face* looks sickly, and is the seat of a variety of neuralgic pains, notably infra-orbital—this on the left side in two of the three provers.

In the *mouth* sound teeth are inclined to ache. The only verified symptom there is: * Red, painful tip of tongue; the papillæ erect and prominent. Two other provers had congestion of the papillæ on the left side.

A peculiar effect in the *throat*, with redness and swelling, was white patches, looking just as if the spots had been touched with lunar caustic; one of these provers had taken the 3d dilution, the other the 6th.

† "Ophthalmic Therapeutics." Norton.

The *stomach* is one of the principal foci of action, emphasized particularly by belching. Arg. nitr. should be one of our first thoughts for incarcerated wind in either the stomach or bowels, but principally the former. Besides * violent belchings, we have twisting in stomach, with eructations and shifting of wind. Burning ascending from the stomach. * Constant sense of fullness in the pit of the stomach. Sensation as of a ball ascending from the abdomen into the throat. Warmth between scapulæ and sternum, changing to pressure in epigastrium in two provers, one of whom added, "with frequent tasteless eructations." The former also noted: Constant sensation of fullness (and in another place of faintness) in the præcordia. There is also pain, pressure and burning in the stomach, with much nausea and vomiting.

In the *abdomen* there are a number of pains and pressure and fullness which seem to indicate wind. Seven of the nine provers had borborygmus, and the following symptom has been verified: * Emission of much flatus and relief of symptoms, although only two of five provers mention this relief. One prover had colic before the diarrhœa.

The characteristic diarrhœa is * of green mucus, with noisy emission of flatus. No. 4, who had experienced an *irresistible desire for sugar in the evening, reports: *After eating sugar, a scanty, watery diarrhœa, with flatulent colic and much noisy flatulence during the stool.

We are surprised to find our summary presents such scant indications for gonorrhœa. If we relaxed our twenty-five per cent. rule, and especially if we allowed Hering's and Hahnemann's symptoms, the list would read very differently. Of the provers in our chart two had a mucous discharge from the urethra, only one had *burning during and after micturition. He also reports: * Ulcerative pain in middle of urethra, as if a splinter had been pushed in, and * inability to pass the urine in a projecting stream. * The urethra feels swollen.

The only verified symptom in the respiratory organs and chest is: * Evening cough, which makes the accustomed tobacco smoke intolerable.

The cough is dry, usually from tickling in the larynx; it may be paroxysmal at night. With two provers it threw off small lumps of soap-like mucus from the larynx; in others, the laryngeal expectoration is blood-tinged mucus.

The palpitation is peculiar; a physical examination revealed nothing abnormal about the heart, yet its *action was irregular, sometimes intermitting, with an unpleasant sensation in the chest < when noticing it, and > when moving about. One reports "trembling"

and "anxiety" at the heart without short breath; the former occurred while walking rapidly, but he did not have to stand still, the anxiety was not < by walking fast.

There are a number of pains in the back, sometimes very violent, principally affecting the lumbar and sacral regions; heaviness, pressure, aching as if bruised or sprained, digging, drawing, cutting, etc.

In the arms and legs there are numerous pains, manifestly neuralgic; but the principal symptom is * great debility and weariness in the legs, as after a long foot journey. The drug causes general marked prostration; * trembling and tremulous sensation, as if a severe sickness were coming on; * sensation as if the body expanded, especially the face and head, with increase of temperature.

Convulsions as above described.

The *skin* shows urticarious blotches, hard pimples, semi-fluid vesicles, sore pustules, and, according to two provers, itching in bed at night.

While there is much rise of temperature associated with other symptoms, especially those of the head, two of the provers had well marked paroxysms, agreeing in absence of sweat.

Modalities are not clearly established by this chart. Two report headache > by pressure, and two headache < by motion. The other modalities were not corroborated.

Several symptoms, common to Nos. 55 and 56, are so exactly alike, even as to wording, as to throw suspicion on Dr. Krahmer (No. 55), who in 1845, published a proving, and quoted experiments, published in 1837, by Dr. Shachert. But, upon careful consideration, we have come to the conclusion that the former's investigation was honest, although his symptoms may have been somewhat influenced by suggestion.

SUMMARY.

MIND.—9.

Apprehension.—3: (4, 5, 54.)
Depressed mood—3: (4, 7^{50}, $67^{1\text{-}240\ gr.}$)
Apathy.—3: (2^{1x}, 4^{6}, 67.)
Mental sluggishness.—4: ($4^{2,30}$, 5^{30}, 7^{30}, $67^{1\ gr.}$)
Unconsciousness.—3: ((14), (59), (64).)

SLEEP.—9.

Sleepy in the evening.—3: (4^{30}, 5^{1}, $67^{1\ gr.}$)
Sleeplessness.—3: (2^{1x}, 3^{1}, $67^{1\ gr.}$)
* Fancies and images crowd upon him when about to sleep.—3: (3^{1}, 4^{2}, $67^{1\ gr.}$)

Restless sleep, with tossing.—6: (2^{1x}, $4^{2,3}$, $5^{1,30}$, 7^{30}, 8^{2}, 56.)
Sleep, with dreams.—7: (2, 3^{1}, $4^{2,6,30}$, $5^{1,30}$, 7^{30}, 53, 67.)
Fantastic dreams.—3: (3^{1}, 5^{30}, 53.)

HEAD.—14.

Vertigo,—7: (2^{1}, 4^{30}, 6^{30}, 7^{30}, 11, 67, 68.)
Head feels confused.—4: ($4^{2,6,30}$, 6^{30}, 7^{30}, $67^{1\,gr.}$)
* Heaviness in the head.—4: ($4^{2,30}$, 7, 53, 67.)
Wakes with headache.—4: (3, 4^{2}, 5^{30}, 67.)
* Pressive headache.—7: ($4.^{2,30}$, 5^{30}, 6^{30}, 7^{30}, 53, 54, 68.)
* Heat and fullness in the head.—4: ($4^{2,3}$, 6^{30}, 7, 67.)
Dull frontal headache.—4: (2^{1x}, 4, 56, 67.)
Violent headache.—5: (3, $4^{2,30}$, 53, 55, 67.)
Headache, with chilliness.—3: (5, 6, 54 and Austr. Prov.)
Itching in the scalp.—4: ($4^{1,2}$, 5, 8, 68.)

EYES.—10.

Difficulty in opening the eyes.—3: (4^{2}, 53, 68.)
Congested.—5: (4^{2}, 5^{30}, 54, 68, 69.)
Eyes smart.—4: (4, 67, 68, 69.)
Photophobia.—3: (4^{2}, 67, 68.)
Lachrymation.—3: (4^{2}, 5^{30}, 67.)
Asthenopia.—4: (4, 67, 68, 69.)

EARS.—5.

Whizzing.—2: (5^{30}, 6^{30}.)
Clear ringing.—2: (4^{1}, 5^{30}.)
Obstruction of the ear.—2: (4, 5.)
Hard hearing.—2: (5^{30}, 6^{30}.)
Stitches in the ears.—3: (4^{30}, 53, 68.)

NOSE.—7.

Nose obstructed.—2: (3, $4^{2,30}$.)
Coryza, with sneezing.—4: (4^{30}, 5^{30}, 8^{2}, 68.)
Bloody purulent mucus discharge.—2: (3, 8^{2}.)
Epistaxis.—2: ($4^{2,30}$, 53.)
* Itching in the nose.—3: ($4^{2,30}$, 5^{1}, 8.)
Pain and swelling of right ala nasi.—2: (4^{2}, 8.)

FACE.—8.

* Face pale, bluish.—2: (4^{2}, 6. * Sickly appearance.—1: 2^{1}.)
Infra-orbital neuralgia.—3: (53, 55, 56.)
Tearing in right cheek.—3: (4^{30}, 53, 68.)

MOUTH.—12.

Metallico-styptic taste, like ink.—5: (2, 3^{1}, $4^{1,6}$, 5^{1}, 68.)
Bitter taste.—7: (3^{1}, 4^{30}, 5^{1}, 7^{30}, 53, 55, 56.)
Toothache.—5: (4^{30}, 7^{30}, 53, 68, 69.)
Warmth (or burning) at tip of tongue.—4: (53, 55, 56, 68.)
Tongue painful, papillæ red and prominent (left side—2).—4: (2^{1}, 3, 4^{2}, 5.)
Tongue whitish.—3: (2^{1}, 3^{1}, $4^{6,30}$.)
Ptyalism.—3: (3, $4^{6,30}$, 53.)

THROAT.—9.

* Throat dry.—4: (3^{1}, 6^{30}, 68, 69.)
* Burning.—4: (3^{1}, 4, 56, 69.)
Strangulation.—3: (4^{30}, 6^{30}, 11.)
* Constant hawking.—3: (3^{1}, $4^{2,6,30}$, 55.)
Sore and swollen (as if cauterized,—2).—4: (4, 5^{1}, 68, 69.)
* Sensation on swallowing as if a splinter were sticking in the throat.—3: (4^{2}, 5^{1}, 68.)

STOMACH.—14.

Nausea.—7: ($4^{1,6,30}$, $5^{1,30}$, 6^{30}, 11, $55^{1\ gr.}$, 56, 68.)
Vomiting.—4: (6^{30}, (14), (59), (66)—)
* Belching.—7: (2^{1}, 3^{1}, 4, 5^{30}, 6^{30}, $55^{1\ gr.}$, 68.)
Pressure in stomach.—5: (4^{30}, 6^{30}, 11, 53, $56^{1\ gr.}$.)
* Pain in the stomach.—7: ($4^{6,30}$, 5^{1}, 6^{30}, 54, 68 (14), (59).))
Warmth, burning, in the stomach.—5: (4^{30}, 6^{30}, 11, 56, 68.)

ABDOMEN.—9.

Borborygmus.—7: (2^{1}, 3, 4, 6, 11, 68, 69.)
Pains in either hypochondrium.—4: (3^{1}, $4^{1,30}$, 5^{1}, 8^{1}.)
Pain in the abdomen.—5: (3, 4, 5^{1}, 6, 68.)
Uncomfortable feeling in abdomen.—3: ($4^{1,6}$, 5^{1}, 68.).

STOOL AND ANUS.—10.

* Diarrhœa.—7: (2, 3^{1}, 4^{6}, 5, 6, 53, 56.)
* Mucous stools.—5: (2, 3^{1}, 5, 6^{30}, 53.)
* Green mucous stools.—2: (3^{1}, 6^{30}.)
* D. with noisy flatus.—2: (3^{1}, 4^{6}.)
Emission of flatus.—5: (3^{1}, 4, 8^{2}, 11, 68.)
Constipation.—3: (4, 7, 11.)

URINARY ORGANS.—9.

Urination frequent, copious.—3: (3, 4^{2}, 53.)
Much urination at night.—3: (3^{2}, $8^{4,2}$, 53.)

* Urethra feels swollen.—2: (2^1, 4^2.)
Mucous discharge.—2^1: (3^1, 67.)
* Scanty and rare emission of dark yellow urine.—2: (2 and 7, each after the higher potencies, and on the last days of the proving.)
Uric acid diminished, then entirely disappeared; inorganic salts slightly increased.—2: (55, 56.)

MALE SEXUALS.—2.

Nocturnal emissions.—2: (3^1, 4.)

RESPIRATORY APPARATUS —7.

Dry cough from tickling in the larynx.—4: (3^1, 4^2, 7^{30}, 53, 6^{30}.)
Night cough.—5: (3^1, 4^2, 5^{30}, 6^{30}, 53.)
Cough expels small lumps of mucus from the larynx.—2: (4^6, 7^{30},—6^{30}).
Hoarseness.—2: (4^2, 6^{30}.)

CHEST.—12.

Oppression of chest, with desire to sigh.—3: ($4^{1,30}$, 11, 53.)
Stitches upon the chest.—3: (4^2, 5^1, 68.)
Pains in the chest.—5: (3^2, 4^2, 5^1, 7^{30}, 68.)

HEART AND PULSE.—7.

Palpitation.—7: (2^1, 5^1, 11, 53, 55, 56, 58.)
Palpitation from excitement or sudden exertion.—3: (53, 55, 56.)
* Heart's action irregular, sometimes intermittent, with unpleasant sensation in chest; < attention to it, > moving about.—2: (55, 56.)
Anxiety at the heart.—2: (53, 54.)

NECK AND BACK.—6.

Violent pain in the small of the back.—2: (4^1, 54.—5.)
Pains in lumbar region.—5: (3^1, $4^{1,6}$, 5^1, 53, 68.)
* Very painful heaviness in sacral region.—2: (4^6, 5^1.)

UPPER EXTREMITIES.—5.

Strained pain (tension) in right axilla.—2: (3^1, 4^2.)
Pain through the whole right arm.—2: (4^2, 53.)
Pain in left wrist.—2: (4^2, 53.)
Pains in fingers.—3: ($4^{6,30}$, 53.)

LOWER EXTREMITIES.—7.

* Great debility and weariness in legs, as after a long journey.—3: (2^1, $4^{1,2,6,30}$, 5^1 weariness, 7^{20}, weakness, 68.)

Drawing, tearing in legs.—3: ($4^{1,2,6,30}$, $5^{1,30}$, 53.)
Tearing pain down the thigh.—3: (5^{30}, 53, 68.—4.)
Cramps (drawing) in the calves.—3: (4^{2}, 5^{1}, 53.)
Drawing in right foot.—2: (4^{30}, 53.)
Pains in right knee.—2: ($4^{1,6}$, 53.)

GENERALITIES.—13.

* Tremulous weakness.—4: (2^{1}, 4^{6}, 6, 11.)
Prostration.—4: (3^{1}, 5, 53, 56.)
Malaise.—3: (4^{30}, 68, 69.)
Convulsions.—3: ((14), (64), (66).)

SKIN.—8.

Blotches.—3: (4^{1}, 8, 68.)
Pimples.—3: ($4^{2,30}$, 5^{30}, 7^{30}.)
Painful pimple on upper lip.—2: (4^{2}, 7^{30}.)
Vesicles.—3: (4^{1}, 8, 68.)
Pustules, painful.—2: ($4^{2,6}$, (14).)
Itching; on various parts of the body, < night.—3: ((14), $4^{1,2,30}$, 5^{30}.)

FEVER.—5.

Feels chilly.—4: (2, 4, 5, 54.)
Chilliness, with nausea.—2: (5^{30}, 6.)
Chill in the evening.—2: (2^{1}, 54.)
Fever and chilliness mixed.—2: (4, 5^{30}.)
Fever, with weakness.—2: (4^{2}, 5.)
Paroxysms of chill and heat, without sweat.—2: (5^{30}, 54^{6}.)
Morning sweat.—3: (2^{1}, 4^{2}, 6^{30}.)
Night sweat.—3: (2, 4, 6^{30}.)

"THE MATERIA MEDICA OF THE FUTURE."

By RICHARD HUGHES, M.D.,

England.

I HAVE read with much interest the paper by my friend, Dr. Hayward, which appeared under the above heading in the September number of THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY. I should be glad to be allowed a few words in the same pages on the subject of which it treats.

So far as the paper is an appeal for more monographs like those contained in the "Materia Medica, Physiological and Applied," I entirely go with the author. We cannot have too many of them. Our point of divergence comes when Dr. Hayward looks to a complete

series of such monographs as homœopathy's "Materia Medica of the Future," and would have all our available working power directed to the task of preparing them. It seems to me that such a prospect is a hopeless one. Let the history of the present publication be remembered. It begins with the issue, in 1851, of the "Hahnemann Materia Medica," Part I containing *Kali bichromicum*, by Dr. Drysdale; *Aconite*, by Dr. Dudgeon, and *Arsenic*, by Dr. Black. A number of other medicines were announced as being in preparation. But the years went on, and none of these appeared, till at last the original three were followed by *Uranium*, by Dr. Edward Blake, in 1871, and *Belladonna*, from my own hand, in 1874. In 1882–83, Dr. Black's retirement from practice, and settling in London, gave his undivided energies to the work, and the volume of "Materia Medica, Physiological and Applied," saw the light in 1884, containing revisions of the articles on *Aconite* and *Arsenic*, by their respective authors; *Crotalus*, by Dr. Hayward, and *Digitalis*, *Nux vomica*, and *Plumbum*, by Dr. Black himself—his work on the last two being cut short by his lamented death.

Surely the history of these forty-eight years gives no encouragement to hope for a complete materia medica on such a plan! We have but few workers available for it; and each drug so elaborated takes up a year or more of its arranger's time. We, and the next two generations, should all be in our graves before the series was finished, even if we could secure a continuous editorial supply like that furnished by the Benedictines to their edition of the Fathers, or by the Bollandists to the "Acta Sanctorum." "The elephant's gestation is rare; but she brings forth elephants," is as true here as it is felicitous always; but then it is not a few elephants we need. Our want is a large herd of divers kinds and sizes, and they must all be brought forth in a few years.

Let us see what are the requirements to be supplied. Dr. Hayward enumerates them as follows:

1. The pathogenetic material.

2, 3. The display of these drug effects so that they shall be readily used in practice, and at the same time shall "convey a good idea of the local affinities and general effects of the drugs."

4, 5. A physiological and therapeutic commentary on the above, the latter being illustrated by cases.

6. Reference to "the allopathic and antipathic uses of the drugs."

7. The natural history, pharmacy, chemistry, etc., of the substances treated of.

No exception can be taken to this list; but let us see if there be not some more practicable way of supplying its items.

For No. 1 we have, as Dr. Hayward fully admits, the "Cyclopædia of Drug Pathogenesy." The next part of this work will bring us down to *Phosphorus*, and the complete four volumes will be presented at the International Convention of 1891.

To meet requirements 2 and 3 our author would have the whole material of the "Cyclopædia" worked up again into a schema, for which he maintains that the index (which, of course, it will have) can be no true substitute. I cannot follow him here. If the index be, as we propose, schematic, and not alphabetic; if it be, on the one hand, so full as to serve as a repertory, and, on the other, restricted to practical, and not to literary, purposes, I believe that no function will be left for any separate schema. But for those who think otherwise, Dr. Allen's "Handbook" is at once available. Here is a schematic presentation of the very material which (in an unpurified condition) he has already given us in similar form in his "Encyclopædia of Pure Materia Medica," and which we have set forth in consecutive narrative in our "Cyclopædia of Drug Pathogenesy."

The physiological and therapeutic commentaries, the account of the traditional and current uses of the medicines, and the general information as to the substances so employed, constituting requirements 4 to 7, are surely attempted in such published lectures as Hempel's, Dunham's and my own; and, more briefly, in Dr. Allen's "Handbook" and the manuals of Heinigke, Jousset, Burt and Cowperthwaite. Besides this, every student should possess himself of at least one good treatise on the subject written from an old-school standpoint. I do not deny, however, that the publication of the original narratives (and of much fresh matter) in the "Cyclopædia" has rendered necessary a complete reconsideration of the whole subject of drug action, general and particular; and that a volume embodying this, together with the other information of which we are now speaking, would be a desideratum. Whether it can be furnished, and whether it will prove satisfactory, the future must determine. But of this I feel sure, that its addition to the "Cyclopædia" (with its index) will give us, in a comparatively short time, and manageable form, the complete "Materia Medica" for which Dr. Hayward justly calls.

There is one gap, however, to be filled; and for this I must make another appeal to America. Dr. Hayward has very properly said that Hahnemann's "Materia Medica Pura" must be taken in connection with the "Cyclopædia;" but he should have added "and his 'Chronic Diseases.'" That the former might be so used, we in England have tried to give it an adequate translation; but the lat-

ter yet awaits a rendering which shall be alike correct in substance and worthy in form. The reprinting, as a supplement to the *Medical Advance*, of Hempel's very imperfect version, is a distinctly retrograde step, and shows little honor to the master and his latest work. Will not, I again ask, the homœopathists of America, in their thousands, do what we have accomplished in our hundreds, and give us the "Chronic Diseases" in such a shape as that it may be a fit companion to its predecessor?

BRIGHTON, October 10th, 1889.

ANTIMONIUM CRUDUM.*

COMPARATIVE ANALYSIS ; EFFECTS ON RESPIRATION AND CIRCULATION.

By B. L'B. BAYLIES, M.D.,

Brooklyn.

RESPIRATION.

DEEP sighing respiration, as from fullness of the chest, for several days, in the afternoon, after supper. Dyspnœa, asthma, suffocating asthma in four young men. Suffocating catarrh. Death produced by suffocation in fifteen days, occasioned by a few grains of *antimony*. Violent spasm in the larynx and pharynx, as if the throat were filled with a plug which becomes alternately thicker and thinner.

Of forty medicines mentioned in Lippe's Repertory causing sensation of plug in the throat, twelve have also dyspnœa, viz. : *ant. crud.*, *arn.*, *bell.*, *calc.*, *croc.*, *hep.*, *kali carb.*, *merc.*, *plumb.*, *sabad.*, *sepia* and *sulphur*. Of these, *ant. crud.* alone has spasm of the larynx associated with this peculiar sensation. In the following appears a marked similarity : *Hepar.*—Pressure beneath the larynx immediately after supper, as if something were sticking in the throat; dyspnœa. *Kali carb.*—Sensation as if there were a plug in the throat, and constriction of the larynx in the evening on falling asleep, so that he woke in a fright. *Bell.*—Spasmodic constriction of the throat, and sensation as if some one constricted the pharynx.

Ant. crud. has extreme feebleness of voice, can only speak in a low tone. Compare *angustura, caust., hep., ign., plumb., sec., spong., staph., verat. alb.* Speech and singing not firm, but weak. *Sepia* has inability to sing high notes.

Ant. crud.—Rough voice; low voice as often as he becomes hot (a characteristic). The voice came back by resting himself early in

* Read before the New York State Homœopathic Medical Society, September 17th, 1889.

the morning. Oppression of the chest early on waking; rough feeling in the throat and chest. *Alumina.*—On waking early in the morning rough feeling in the throat and the chest oppressed. *Natr. sulph.*—Oppression of the chest in the morning on waking. *Phos.*—Oppression of the chest in the morning, with palpitation and nausea; after long continued restlessness she awoke with oppression as from a weight upon the chest.

Ant. crud.—Cough early in the morning after rising, in paroxysms. *Euphr.*—Has no cough at night, but cough as soon as he rises from bed; he begins to cough and can hardly breathe until he lies down again.

With *ant. crud.* the first attack is the most violent, the following become weaker and weaker, so that the last attack resembles a mere hacking cough. Dry convulsive cough (in a woman to whom had been given *ant. sulph. aur.*—*Penta-sulphide* of *antimony*—against a cough with much expectoration). *Caps.*, *kreas.*, *natr. mur.*, *sep.*, *scilla* and *verat. alb.* are remarkable for escape of urine with cough.

Ant. crud.—Severe dry cough with a sensation of scratching in the larynx, in a sudden, short attack. (*Zingiber.*—From scratching in the larynx at 1–2 A. M.). Cough with discharge of a viscid, thin phlegm deep out of the chest, early in the morning. Burning, as of fire, in the chest with every cough, with glowing, hot breath from the mouth; burning in the chest with dry cough, and dyspnœa almost to suffocation. For burning in the chest, with cough, compare especially, *ambra.*, *carbo. veg.*, *magn. mur.*, *magn. sulph.* and *spongia.* *Ambra.*—Burning in the chest, and burning, itching titillation from the larynx extending to the abdomen, with cough only at night. *Carbo. veg.*—Fatiguing cough, with dyspnœa and burning in the chest. *Magn. mur.*—Violent burning in the chest when coughing. *Magn. sulph.*—Burning in the chest without cough; dry cough with burning in the pharynx and down to the pit of the stomach. *Spong.*—Dry cough day and night, with burning in the chest as from something hot internally.

PAINS IN THE CHEST.

Pressive pain in the interior of the right mamma in the evening when lying down. Heavy pressive pain sometimes in the chest, sometimes in the back, sometimes in both at the same time. Half pressive, half lancinating pain under the left clavicle, apparently in the air passages, when breathing. Dull stitches in the chest when breathing deeply, first on the right side, under the two first ribs, then under the upper part of the sternum. Stitches in the left side of the chest, when breathing, with a little cough and headache. Sharp

stitches in the left mamma when expiring in a standing posture. Stitches, with a feeling of constrictive pinching in the middle of the chest. Pain as from contusion, or too great effort, in the pectoralis major muscle, early in the morning when rising and a few hours later when extending or lifting the arm, or when pressing upon the part.

The conditions of aggravation of pains in the chest are : outward pressure ; expiration while standing ; lifting the arm ; breathing deeply ; coughing.

CIRCULATION.

Violent palpitation of the heart ; irregular pulse, sometimes a few quick, then three or four slow beats.

The spasmodic affection of the larynx and bronchi, and the irregular pulse and palpitation with the symptoms of gastric disorder excited by *ant. crud.*, suggest a sphere of operation similar to that of lycopodium.

FEVER.

A good deal of chilliness, no heat. Disagreeable feeling of internal chilliness, so that he cannot get warm, returning after the lapse of five weeks. Chilliness, even in a warm room ; constantly icy cold feet—his feet do not get warm before one o'clock at night. Shiverings over the whole back, without thirst ; shiverings over the whole body early in the morning, with heat in the forehead, without thirst. Toward noon, violent chills for an hour, with violent thirst for beer ; then sleep, succeeded by heat and constant thirst. He feels quite hot in consequence of the slightest exercise, especially in the heat of the sun. At night, in bed, he feels hot and is drenched with sweat.

These symptoms indicate the quotidian, double quotidian and tertian types of fever.

The most characteristic guides to the selection of this remedy are the mental, moral and gastric symptoms ; early morning chilliness, internal chilliness, long continuing ice cold feet (*menyanthes*), chill without thirst, or for beer only, at midday, worse in a warm room, followed by sleep then by heat, with irregular pulse and with intense thirst. Great heat at night in bed, with profuse sweat; heat easily excited by the slightest exercise or exposure to the heat of the sun.

E. B. Nash * writes : "I have found *ant. crud.* an excellent remedy in remittent fever of children with the following symptoms : child delirious, drowsy, with nausea ; hot, red face ; tongue very white, and great thirst, especially at night ; does not like to be bathed, is fretful and peevish, does not want to be looked at."

* *American Homœopathist*, III, 161.

HOMŒOPATHY FOR THE DISEASES OF WOMEN.*

By JULIET P. VAN EVERA, M.D.,

New York.

I TAKE this opportunity to add my testimony to establish the fact that the diseases peculiar to women can be cured homœopathically, and that homœopathic treatment *only* can cure some of them. It is my belief that, in the near future, a large per cent. of permanent cures will be made, with a carefully selected drug, whose action is similar to the diseased condition of the patient, taking the totality of symptoms (so far as obtainable) for a guide.

Hysteria was long supposed to be peculiar to women; and though we now believe the seat of this hydra-headed malady is the central nervous system, and many illustrations of it are seen in the male sex, yet habit and the majority of cases lead us to classify hysteria as before. Individuals, of either sex, suffering with hysteria are constantly furnishing proof of the superiority of the similar drug as a curative—certainly, easily, quickly. Do we try to imbue a little hysterical infant with faith in the prescription or the prescriber? or expect it to exert will power? No; we put a few pellets of a similar remedy in potency upon the tongue and witness a speedy cure. Right here let me cite an instance illustrating the influence of a remedy on the nervous system furnished by the brute creation.

A young man owned a remarkably fine bird-dog. They were mutually attached. When the master was obliged to be absent, the dog would become low spirited and refuse food. Days would elapse in this way. As soon as the master reappeared the dog made extravagant demonstrations of delight, and was ready to eat. If, in these attacks of depression, a few pellets of *ignatia* 200th were put upon his tongue the dog would in twenty minutes recover his spirits and begin to eat. With this same drug alone, two ladies have been cured at my hands who were suffering from stricture of the vagina. In both cases I was led to my selection by the mental state. They seemed to be sad and troubled about something, but could not be persuaded to talk. No mechanical interference. Improvement was noticed within three days, and recovery established in a month. That I may not weary your patience, only the most important or deciding symptoms are detailed in the following cases, each case being cured with a single remedy:

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* Read before the Homœopathic Medical Society of the County of New York, June 13th, 1889.

CASE I.—Mrs. B., age twenty-eight, fair, and previously healthy. She became sick with very profuse leucorrhœa, of a bland, milky character. She possesses a mild, sensitive disposition. Cured permanently, with one prescription of *pulsatilla* 200th.

CASE II.—Miss G., age nineteen; light brown hair and dark skin, with a stubborn disposition; very indolent. "It was enough for me to know that she had the *whites*, and had to get out of bed several times every night to urinate." For special reasons, I did not make a speculum examination. Prescribed *sepia*. Cured in five weeks.

CASE III.—Mrs. L. Found, by examination, warty excrescences about the vestibule of the vagina, extending four inches out upon the nates. Specific in nature. The patient was relieved (and excrescences entirely gone) in twenty-eight days under *thuya*.

CASE IV.—A clergyman's wife, age thirty; black eyes and fair skin. With the aid of a speculum I found extensive ulceration of the os uteri, icharous discharge, excoriating the vagina and external parts; face brown with moth, especially the forehead; very dejected, never indulging in a smile. I tried hard to learn the cause, which, to me, is of vital importance. I was finally told that she was in a perfect state of health at the time of her marriage, and that the beginning of present ill health dated back six months; and from her marriage she had *suffered* with an unconquerable ambition to reach the altitude of her husband's grand ideas. She was morbidly jealous of his library, church, and everything else. The husband was distressed, unconscious of his part in the case. To cheer her, the more sparkling wit he gave to his jokes, the more ignorant and stupid she thought herself. Cured with *sepia*.

CASE V.—Mrs. A., age twenty-nine, usually very strong, had not been out of her house in two years; fainted when asked by her physician to allow me to see her; very nervous; could not bear even the clothes of her bed touched. She had been treated (locally) fifteen months by one, and eleven months by another, old school physician. Her left arm was almost useless. She suffered from constipation; and had ulceration of the womb with an offensive leucorrhœa, that caused a burning sensation wherever it touched the skin. She complained most of a "ball of hot iron in the pelvis." Taking the latter symptom for a key-note, I found out of the totality of symptoms enough to warrant a prescription of *kresotum*. Her recovery began at once. In five weeks she went shopping, and walked several blocks. Discharged cured.

We are justified, I believe, in view of the results often obtained from homœopathic medication, as in the foregoing cases, in discouraging the employment of cauterization, local applications, pessaries, and the use of the speculum generally except for the purpose of diagnosis.

ORIGINAL ARTICLE IN SURGERY.

A CONVENIENT METHOD OF DELIVERING THE UTERINE TUMOR IN SUPRA-VAGINAL HYSTERECTOMY.

By H. I. OSTROM, M.D.,
New York.

THE supra-vaginal delivery of a large uterine tumor, or of a small one, this confined within the true pelvis, is sometimes a difficult matter. The abdominal opening may be sufficiently large for the tumor to pass, but the almost impossibility of firmly grasping the smooth, slippery body with the hands, and atmospheric pressure, combine to embarrass this step of hysterectomy. Mr. Tait has suggested lifting the tumor with large corkscrews buried in its substance. This expedient answers well if the growth is solid and sufficiently firm to hold the screws, but if cystic, or at all broken down, the screws are likely to tear out and give rise to troublesome hemorrhage; moreover, this method does not relieve atmospheric pressure.

For the purpose of lifting the tumor out of the abdomen I have recently used a pair of short obstetric forceps, applied as they would be to the child's head in instrumental delivery. In one of my last cases, a fibro-sarcoma, involving the entire uterus, the tumor was small, and lay well behind the pubic arch. Its delivery was effected with remarkable ease by applying the forceps, with their curve corresponding to the axis of the pelvis. The blades allowed sufficient air to pass by the sides of the tumor, and the entire mass could by their aid be guided through the abdominal opening. In adjusting the blades of the forceps it will be necessary to use the forefinger as a guide, otherwise there is danger of including a loop of intestine.

I have also found the obstetric forceps to serve well in holding up the tumor while the pedicle is being examined and the clamp adjusted.

LOCAL ACTION OF THE SECRETION OF THE TOAD UPON THE EYE.—A toad ejected its glandular secretion into the eye of a woman. The result was a moderate irritation of the eyeball, turbidity of the corneal epithelium in slight degree, and impairment of the mobility of all the eye muscles. When moving the eyes in any direction the patient had double vision. In four days she was well. Incited by this case, the author instituted experiments upon animals. He found that a one per cent. solution of dried secretion of the toad produced complete insensibility of the cornea and conjunctiva, which lasted four or five hours; further, the fresh secretion acted in the same way, but caused irritation of the ball and a temporary turbidity of the cornea.—Staderini, in *Ann. di Otta*, 17, XVII. O'C.

EDITORIAL DEPARTMENT.

THE CODE AND CONSCIENCE.

THE demonstration of power by the homœopathic physicians of Pennsylvania, in the legislative contest of last winter, has been stirring afresh the ethical question. At a recent meeting of the Philadelphia County Medical Society, two papers were read on the subject of homœopathy in its relation to the "profession," and these two papers were considered of sufficient importance by our esteemed contemporary, The Medical News, to be published *in extenso* in its issue of October 19th, 1889, and moreover, to be supplemented by a trifling editorial, in which quotations are largely made from our diminutive and plural contemporary, The Journal of Homœopathics. All this attention indicates that the question of homœopathy is assuming ever fresh importance in the eyes of the old school, and this notwithstanding repeated declarations of the decadence of the homœopathic system and its following. Somehow this decadence looms up in more and more disturbing proportions, and the ethical question presses with more insistence for readjustment, as time goes on with its work of demolishment.

The first paper referred to is that of Dr. Edward Jackson, on "Against Sectarianism in Medicine." Dr. Jackson considers that sectarianism is an evil, and that "the medical profession can never afford either to prescribe or proscribe opinions for its members.

Whenever you divide medical practitioners upon a line of dogma, whether that line be to include the believers in a certain doctrine, or to exclude them, you introduce, with all its evils, sectarianism." He moreover confesses that there is "a tendency to narrow the interpretation of the word 'regular' until it shall no longer convey its proper meaning, namely, that the person to whom it is applied has successfully completed a full course of medical study; but merely that he belongs to a certain school or sect in medicine, which differs from other schools or sects mainly as to the importance of certain medical dogmas or doctrines." The writer then proceeds to show that the curriculum of "The Hahnemann Medical College and Hospital of Philadelphia" does not reject the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry. He therefore admits that graduates of this institution must have received a regular education, and, in consequence, we assume that he infers that the graduates of all assumed homœopathic colleges, which, without exception we believe, have similar curricula, must be regularly educated. He finds no other ground for ostracism than those of imposture and false pretense which, he thinks, it is imbecile to support by sweeping accusation *en masse*, but a question to be determined upon individual considerations. "Conscientious convictions should be respected," and as the societies into which these regularly-educated practitioners have banded themselves, make "no profession of an exclusive dogma," and although their experience may have led them in certain directions to absurd conclusions, he cannot find in the history of medicine ground for their exclusion from all professional recognition.

This just but revolutionary paper was followed by some elaborate dialectics by Dr. Solomon Solis-Cohen, very compound in character and hypothetically casuistic. No paraphrase can do justice to Dr. Solomon Solis-Cohen's elaborate dilemmas which, lacking the moral courage of directness and fair representation of an opponent's attitude, attempt to show by a juggle of logical alternatives that, in every case, a homœopathic physician should not be consulted with. We shall not, therefore, attempt to present the argument, or endeavor to confute it, in detail. Suffice it to say, that Dr. Solis-Cohen would lead his read-

ers to infer that unless a physician accepts Hahnemann as a prophet, and his Organon as a Gospel, interpreted as plenary in inspiration and revelation, he has no right to employ the term homœopathy: as Hahnemann defined it, so must it be stamped forever with the infallibility of his every opinion. In other words, this learned Solomon affirms that men cannot make honest use of any word when they do not accept every opinion of its coiner. Proceeding upon this foundation, it is not so difficult to imagine how, by limited and misconceived quotations from the Organon, Dr. Solis-Cohen shows to his own satisfaction that every homœopathic physician of the present day is dishonest if he does not renounce and denounce diagnosis and nosology, reject anatomy, physiology and the other branches of medical science, or attempt anything beside drug-therapeutics as Hahnemann arbitrarily, inflexibly and infallibly commanded.

This brings us face to face with an exceedingly unpleasant portion of our task (to borrow a phrase from Dr. Solomon Solis-Cohen) which is the consideration of the subject of duplicity, a term which applies to methods of argument as well as to medical professions. As Jevons says, "dilemmatic arguments are more often fallacious than not, because it is seldom possible to find instances where two alternatives exhaust all the possible cases." Did Dr. Solomon Solis-Cohen attempt to exhaust all the possible cases in his two alternatives, or did he deliberately exclude, while speciously pretending to include, the main alternative which contains the gist of the controversy? As we understand his position, he assumes that there are but two sets of professing homœopathic physicians: the first, the Hahnemannian devotees, honest, but assumed to exclude everything in medical offices except drug-giving as Hahnemann is claimed to have commanded, and hence making consultation fruitless: the second, homœopathic practitioners who employ the homœopathic principle as an *occasional* guide, dishonest because they profess the *occasional* to be their *universal* guide, and with whom consultation means condoning fraud and imposture. Not stopping to inquire how fairly and truthfully the facts are represented concerning these two classifications, we would at once direct attention to the glaring omission of reference to a third class, the vast majority of homœopathic physicians, who find in the

homœopathic principle their *general* guide in administering drugs, but who do not regard giving drugs as the sole office of the physician, whether homœopathic or otherwise. Moreover, they recognize that drugs may be given for temporary, palliative, antidotal and directly curative purposes, and that all these purposes may enter as conditions into medical services. They make no professions, directly or indirectly, to infallibility and perfection, either in themselves or their art and science. For them the word homœopathy has an etymology as well as a coiner: as a method, it has a modern development as well as a founder: and they have no gospel except that of the rules of science applied alike to judgment of the claims and statements of the Organon and to the investigation of the curative power of drugs, as expressed in the word homœopathic. They have no good reason to fear that their position will be honestly misconstrued by people who take the trouble to inform themselves, or so long as Webster defines homœopathy as follows: "The art of curing founded on resemblances: the theory and its practice that disease is cured (*tuto, cito, et jucunde*) by remedies which produce on a healthy person effects similar to the symptoms of the complaint under which the patient suffers, the remedies being usually administered in minute doses." These are the implications which they accept, construed in the light of their modern literature and in the declarations of their organizations. They know of no rule in conscience or honor which leads them to accept Dr. Solomon Solis-Cohen as an authority in construing English terms, or in fixing the standard of what constitutes their profession. They are not so base and cowardly as to evade the consequences of honest avowal in the name, while they shun the dishonor of deserting the cause, which in their view is of great importance in present and future therapeutics. They entered the homœopathic ranks neither through prejudice nor force of associations, but in spite of them; they honestly investigated and then followed their conscience as against their "trade-interests;" they have learned, by study and experience, the soundness, not of their faith, but of deductions from experiment which make allegiance both a pleasure and a duty; they have but one honorable course—public acknowledgment of the facts as *they* know them, not as they are offensively imputed

without sufficient evidence by envious competitors for favor, who do not dare to make their accusations personal for fear of the consequences of the law of libel and slander. These intelligent men have the moral courage to stay where they are, and they propose to compel respect both for their therapeutic science and their motives, which the laity are promptly helping them to vindicate. And with the laity such insinuators as Dr. Solomon Solis-Cohen can safely be left to reckon.

For the consultation question is the people's question. The people do not know how and why remedies act, but they have a remedy against infringement of their sacred right, which is, that no fine spun point in medical casuistry shall imperil a single human life. They apply the golden rule, and are touched by the parable of the good Samaritan. The spectacle of men, educated under the law, standing equal in professional rights and the community's regard, refusing to help each other in a calling where human life and suffering is concerned, is a biting commentary upon the humanity of view and Christian feeling of the medical profession. The woman in childbirth, the man with the bleeding artery, the consumptive who must decide upon a change of climate, the many conditions of the sick where drugs do not enter into the question of consultation, effectively dispose of the claim that consultation with even the most devout Hahnemannian must necessarily be fruitless, and refusal based upon such a claim is recognized as duplicity without reasoning by process of dilemma. And when wholesale imputations upon honor and honesty are indulged in, it matters not with what circumlocution, who has not the penetration to divine that baseness is prone to impute baseness, and that cowardice skulks behind a code which it has made the lord and master of conscience? "By their fruits ye shall know them," is a standard text for lay judgment; and who that is wise will seek to whip the laity into servility to the "profession," because laymen act upon the principle that "when that which is perfect is come, then that which is in part shall be done away."

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

THE recent meeting in Brooklyn was one of the most successful in the history of this Association.

Its membership, not confined to the medical profession, embraces all parts of this country and Canada, and is steadily increasing. Its objects—the advancement of sanitary science, and the promotion of organizations and measures for the practical application of public hygiene—appeal directly to the interests of every citizen, but the active co-operation of our entire profession is necessary to arouse the laity to a realization of the practical importance of the lessons taught and to stimulate their enforcement in the daily lives of our patients. As Dr. William Thorton Parker, of Newport, R. I., said in in his paper, "The Overshading of our Homes": "When a man begins to take special precautions as to his diet and exercise, having in view his future health rather than his present comfort or tastes, he has in most cases already begun to suffer from the effects of his imprudence, and does not commence a hygienic course of life as a perfectly sound and healthy person. The same is true of a community."

The practical and vital importance of hygienic details in our every-day life—the air in the house, plumbing, kind of food and its method of preparation, our dress and exercise—was forcibly emphasized by a great number and variety of papers with their attendant discussion.

A very valuable and interesting paper by Dr. Salmon, of Washington, pointed out the similarity between Texas fever in cattle, and yellow fever.

In connection with the meeting an interesting free exhibition of various articles, calculated to benefit health, has been opened at the corner of Fulton and Pineapple Streets, which will continue during the afternoons and evenings of November. The committee in charge have made arrangements for a course of free lectures in the Brooklyn Institute, during this month, upon practical hygienic topics.

COMMENTS.

THE SECRET OF SUCCESS.—All men desire to succeed in their chosen business or profession; but there is a vast difference in the strength and power of the *desire*. Some have splendid aspirations, project great schemes of work, but do nothing. They are men of promise;

standing shivering on the bank, they are afraid to plunge in. They remind one of Voltaire's sarcasm on La Harpe—that he was like an oven that was always being heated, but never cooked anything. Others mistake aspirations for inspiration; ambition overreaches the ability and a ludicrous failure ensues. Still others lack self-reliance, have feeble hopes and hunt for moulds for their fibreless plasticity to run in. Limpness is their chief characteristic, and fluidity their central quality. The experience of medical practitioners is not unlike that of other men. Success shall be his at the price—a fixed price and no abatement. Let him who is enlisted for the war expect to meet the foe. Lord Eldon advised young men beginning a professional career "to make up their minds to live like hermits and work like horses." The great secret of success is work—energetic, enthusiastic, persistent work. All men are not giants in intellect. Geniuses are rare. Mediocrity is the rule. But a moderate amount of talent harnessed to an energetic will may accomplish wonders.

The measure of success is the measure of the man. Labor unceasing gives results that dazzle by their splendor. How many there are who might have achieved renown if they had exerted their powers. But the "if" is potential! "If my aunt had been a man she would have been my uncle." What a man does is what he is, and to talk of what he could or might do is folly. The physician has the highest incentives to urge him on to strive for a full success. Let him examine himself and know what it is he wants; he can certainly obtain it. A man who is not a continuous student has no business in the medical profession. He is a stumbling block in the way, a disgrace to medicine and a perpetual menace to his patients. A lofty ideal must be adopted. Want, adversity, discouragements of all sorts must only serve to strengthen the will and spur to harder labor. "Learn to labor and to wait" is golden advice. On this subject Chauncey M. Depew and Sir Andrew Clark have both recently said some suitable words. Said Mr. Depew: "The gifts of men are infinite in character and degree, but the rarest is the faculty for honest work. Persistent and intelligent industry will command recognition. Some men are the first scholars of their class in college and marvels of memory in the law school who are never heard of afterward. They are deficient in gray matter and sense. I sometimes think that there is no limit to what a man can do if the idle hours usually given to waiting for somebody or something, to worthless gossip, to the social glass at the club in the afternoon, which unfits him for work in the evening, and to the fascinating luxury of empty-headedness. were hailed as special gifts of Providence to be treasured and used for study." Dr. Clark says as to success in medicine: "Firstly. I believe that every man's success is within himself and must come out of himself. No true-abiding and just success can come to any man in any other way. Secondly. A man must be seriously in earnest. He must act with singleness of heart and purpose; he must do with all his might and with all his concentration of thought the one thing at the one time that he is called upon to do, and if some of my young friends should say here, 'I cannot do that, I cannot love work,' then I answer that there is a certain remedy, and it is work. Work in spite of yourself

and make the habit of work, and when the habit of work is formed it will be transfigured into the love of work; and, at last, you will not only abhor idleness, but you will have no happiness out of the work which then you are constrained from love to do. Thirdly. The man must be charitable, not censorious—self-effacing, not self-seeking; and he must try at once to think and to do the best for his rivals and antagonists that can be done. Fourthly. The man must believe that labor is life, that successful labor is life and gladness, and that successful labor, with high aims and just objects, will bring to him the fullest, truest, happiest life that can be lived upon the earth."

Diseases to Fit the Case.—The observing and philosophical physician has occasion sometimes to wish that diseases could be distributed to more advantage than they often are. Since disease must be, and all the living must take their share, the benefits of a wise discrimination in the allotment may not be denied. When the disease is made to fit the case the benefit is first of all to the patient, and secondarily to immediate relatives and friends. To the patient because of the disciplinary and restraining power afforded, and to the friends by the relief given. There is nothing that equals in taming qualities a long and exhausting illness. So when our friend, who is irritable, and who goes through life in a somewhat belligerent and clamorous fashion, is prostrated by some malady that reduces him to a state of quiet and continued peacefulness, it is a sign that an all-wise Providence has taken matters in hand. The disease fits. But to give such a one the gout or rheumatism is simply to aggravate the primary trouble. These diseases may be, however, prescribed with great advantage in other cases demanding stimulating treatment. It may even be a question as to the advisability of inoculating certain persons with the appropriate disease to cure obnoxious traits. But the punishment must fit the crime.

An Impudent Attack.—When a writer feels that the power and force of his articles are diminishing; that the once keen edge of his argument is dulled by age; that the interest of his readers begins to flag and that he is in danger of losing some part of his literary reputation he is very apt to descend to personalities to renew a lost attention. When to this is added the stimulus of *odium theologicum*, malice is discerned, and a disposition to scurvy wit discovered. The June number of the *Forum* affords a conspicuous example. In an article on "Cheap Academic Degrees," the writer indulges in half-veiled personalities that if not absolutely malicious are certainly most impudent. The allegation that a member of the governing board of one of our leading universities paid his doctor by the bestowal of an honorary degree, if not inspired by zeal for truth, may have found its origin in *odium theologicum*—the refuge and cherished possession of narrow minds. As for the attack upon the eminent and justly distinguished surgeon who received the degree, it may be left in the obscurity where it has fallen. Mud like that is better left alone. We leave to a few of our "regular" contemporaries the task of scraping it from the gutter and spreading it on their pages—so great is the power still of *odium medicum*.

THE WORLD'S FAIR.—The question of a World's Fair is not without its special interest to the medical profession. In a general way, if the fair benefits the community, it benefits the doctor, but his especial interest lies in the fact that it will afford opportunity for the profession to demonstrate its learning and advancement. The allopaths will be well represented. They have many men of public spirit in their ranks. What does the homœopathic profession propose to do? Have we any advance to show? And have we any men of public spirit among us? The opportunity is rapidly coming to us. Is it to pass unheeded or is it to be seized and made the most of?

BOOK REVIEWS.

A HAND-BOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS. By TIMOTHY FIELD ALLEN, A.M., M.D., LL.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College and Hospital, etc. Philadelphia: F. E. Boericke, 1889. Royal quarto, pp. 1,165.

The phrases which we find in the preface of this work—"a condensed volume for ready reference," "a working hand-book"—best express the purpose and accomplishment of the author. It is the necessary outgrowth of the Cyclopædia, and is perhaps a greater work than its predecessor, involving more of critical judgment and more discriminating generalization. It is the Encyclopædia, recast in a single volume, revised and brought up to date, and put into form for daily use. Hahnemann's schematic arrangement is followed as before, but with greater saliency and an eye single to the convenience of the working practitioner, who needs to economize time while searching for the most curative remedy. To the admirable detail of symptomatology, emphasized in clever variety of type according to the importance of symptoms, are appended terse summaries of clinical uses confirmed by the experience of the school. These clinical sections, following in order after the pathogenesis of each region of the body, fairly cover the therapeutic range of our drugs. The author does not doubt but that these clinical summaries have many faults of omission and admission, but the sifting is judicious, though not beyond amendment, and the succinctness of statement beyond praise. 1,154 remedies are presented.

To assert that the volume must supplant every other homœopathic work on Materia Medica would be extravagant. Undergraduates will still require less comprehensive text-books, and more advanced systematic study will need to go to the large cyclopædias, the narratives of provers, etc. And yet it may be said that the school has no other work which combines so many uses to the ordinary practitioner. With a good repertory it will prove the most constant companion in daily office study of puzzling cases; and we believe that if used it will do more to re-awaken individual interest in materia medica study than any other work we have. Dr. Allen's position on the materia medica question has so frequently been presented to our readers in his own words that explanation of it is not needed. Suffice it to say,

it is that the experience of the school teaches that the Hahnemannian method of cataloguing symptoms is the most available for practical application to individual cases: that our materia medica, though imperfect, must be accepted mainly as it is on ordinary terms of credence for practical use, and that, so accepted, it is our most reliable resource in the cure of disease. But he says, in his preface: "We acknowledge the lack of accuracy in observation, the failure of confirmation required for scientific accuracy: we are cognizant of the absolute necessity of rebuilding the whole symptomatology from the very foundation, but during the years, or rather, generations which will elapse till this be done, we must cure the sick as best we may, and use sometimes doubtful material to accomplish our results. During this interim we must endeavor to keep separate the *probably* pure pathogenesis and the merely clinical history of each drug, for by doing this our pathogenesis will undergo a slow regeneration, good observations will replace the bad and our therapeutics will rest upon an ever increasingly strong foundation." He further believes that after making due allowances, "there remains a good and true pathogenesis sufficient for a working materia medica and capable of justifying itself by unfailing results when put to the test of homœopathic therapeutics." In accordance with these views, he has constructed a handbook which embraces comprehensively the materia medica as now generally accepted, omitting such material as seemed doubtful by reason of inutility or unreliability, notably the Lacs, Syphilinum, etc., the provings of Mure and Houatt.

To make the best use of our present materia medica, and to purify it through new experiments made more accurate by the cautious and confirmatory methods of scientific investigation, these are the two main duties that rest upon the homœopathic school; and to both of these ends Dr. Allen's new working book will, if we mistake not, add a new inspiration and stimulus.

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By DR. H. SCHMIDT-RIMPLER, Professor of Ophthalmology and Director of Ophthalmological Clinic in Marburg. Translated from the Third German Revised Edition. Edited by D. B. ST. JOHN ROOSA, M.D., LL.D. Illustrated with 183 wood-cuts and three colored plates. William Wood & Company, New York; pp. 571.

The translation of such a work as this is of the greatest benefit to those who are not familiar with German, for in none of our English works on ophthalmology can we find the subject so well covered in so little space as has been done in this work; the author seems to have to a wonderful degree the faculty of saying in a few clear and comprehensive words all that many writers could say in double the space. The general arrangement of the work is perhaps the first noticeable peculiarity, and while in reality of no practical difference, it seems like commencing at the end of the book and reading forward; for, following the general remarks on examination and treatment of the eye, part first is taken up with the study of the errors in refraction and accommodation, amblyopia and amaurosis; then in part second

we find ophthalmoscopy, diseases of the optic nerve, retina, choroid and vitreous; while part third is devoted to the study of glaucoma, diseases of the lens, conjunctiva, cornea, sclera, iris and ciliary body, and finally in part four we find the diseases of the ocular muscles, orbit, eyelids and lachrymal organs. In the middle of the work, between parts second and third, are three colored plates, containing eighteen illustrations of the fundus oculi; the seventeen showing pathological conditions are fully as good as the average colored illustrations; but the one showing the normal fundus we should consider to be very misleading to the student, as the macula lutea has far more the appearance of an extensive hemorrhage at that point than of the normal yellow spot. The text is well illustrated with woodcuts, which are all clear and excellent in themselves; but one very essential feature we find omitted, and that is an explanation or description of a few of the cuts, notably Figs. 134 and 135, showing the appearances of the conjunctiva in blennorrhœa and trachoma. Then on page 361, in giving the differential diagnoses of these two diseases, the author is made to say, "Blennorrhœa is distinguished from acute granulations (trachoma) by the fact that even in the initial stage of the *former* (italics ours), in which the granulations are not yet very distinct, the inflammatory symptoms are much less violent and the secretion is not so profuse." This error is probably the result of hurried proof-reading (evidences of which can be seen elsewhere in the volume), for by substituting the word *latter* for *former* the text is at once straightened out and the diagnosis made clear. These points, while trivial to the ophthalmologist, are very misleading to the student, and should not have crept into a work of this character.

In the chapter devoted to insufficiencies of the ocular muscles mention is only made of one form of weakness, that of the internal rectus. We believe in the light of recent investigations that this, with the other varieties of heterophoria, could well have received more full and detailed attention, and the slur of the editor (in the foot-note on page 529) upon those who have studied and investigated this subject during the past few years' researches and advances seems to us uncalled for.

But, as it is always an easy matter to find isolated points for criticism in all works, we will say of the work as a whole that it is most excellent; the style is attractive, and the clearness of expression renders it interesting from beginning to end, and we believe the work is destined to become *the* text-book on ophthalmology. The work is handsomely printed on beautiful paper and is a credit to the publishing house from which it emanates. A. B. N.

ELECTRICITY IN THE DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS. By G. Betton Massey, M.D. Philadelphia: F. A. Davis.

In this book the author does not deal properly with electrophysics. He advises connecting the whole battery up for intensity and then using a rheostat to regulate the strength of the current. He strongly recommends the use of the incandescent electric light

current controlled in this manner. Another peculiar feature of the book is that he disagrees with all of the best authorities in regard to the different actions of the faradic coil when composed of wire of different sizes and lengths.

The practical part of the book contains nothing new. It is simply a review of the writings of Apostoli, Englemann and others, which have already appeared in various journals, with a few cases added from the author's case book. While some of the subjects are treated fully and in a very comprehensive manner, we cannot but feel that in a book devoted entirely to the subject of gynæcology the author should have devoted more time and space to the treatment of some of the diseases for which electricity is useful; for instance, cellulitis, endometritis and metritis. These subjects are handled in such a way that the reader cannot get a comprehensive idea of their treatment.

The literary part of the book is good and the reader is not wearied by unnecessary details.

ELECTRICITY AND THE METHODS OF ITS EMPLOYMENT IN REMOVING SUPERFLUOUS HAIRS AND OTHER FACIAL BLEMISHES. By PLYM S. HAYES, A.M., M.D. Chicago: W. T. Keener.

This little book is divided into six chapters. The first, entitled "The Statement of the Case," is devoted to the principles of electrolysis. The second, entitled the "Histology of the Skin and Hair," shows original research on the part of the author and is illustrated by a few original drawings. The third chapter, on "The Necessary Apparatus," simply describes the battery and accessories necessary for the removal of hairs. The fourth chapter, on the "Mode of Operating," is very complete, giving all of the various steps of the operation for the removal of hairs. The fifth chapter is devoted to "Port Wine Marks, Moles, etc.," and is incomplete. Chapter sixth is entitled "Dont's." In this short chapter the author warns the beginner against many of the common errors which he is liable to fall into. We would say to those who contemplate the removing of hairs by electrolysis, get this book and study it carefully, as it will be a great help. But, for electro-surgical operations, we would advise the study of some other work that is more complete on that subject.

W. H. K.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Arnica.—Cure of Traumatic (Septic?) Fever. Dr. W. A. Wakeley, of Auburn, N. Y., reports the following, and states that a fatal prognosis had been made by an allopathic physician. W. F., aged thirty-three, stepped on an old tack in the carpet, wounding the great toe. On the evening of the third day after the accident he had a severe rigor, followed by high temperature, and in the night he became delirious. At noon, on the following day, March 12th, 1889, I was called to see him, and found the foot much swollen, inguinal glands indurated, course of lymphatics distinctly marked on surface, temperature 105½, patient delirious at intervals, face flushed, extremely thirsty, restless and frightened, and so sore and suffering from such pain that he could not move, and would permit no examination, nor the approach of any one to bed, without *screaming*. Felt as though pounded all over. Arnica 3x was prescribed, with little faith, I confess; poultice applied over suppurating wound in toe, and milk diet ordered. Was surprised the next morning to find patient improved in every way, temperature 101½, and soreness and pain greatly lessened. This improvement was rapid up to March 15th, and then patient sat up. March 21st he returned to work without any apparent trouble.

Arnica.—Cure of Sciatica. From Dr. W. A. Wakeley, Auburn, N. Y. A. C., aged sixty-four, consulted me during a severe attack of sciatica, to which he had been subject. He had the usual severe pain extending from hip to knee and occasionally "shooting" to foot, but in addition the limb felt bruised and beaten, and he was unable to bear even the pressure of clothing on it. "Felt just as it had once when kicked by a horse." Arnica 3x was prescribed on May 21st (the day I saw him), and on May 23d I met him in the street, surprised to find his sciatica (of six weeks' standing) entirely gone, as well as the soreness, etc., attending it.

Arnica in Cardiac Dropsy. From Dr. W. A. Wakeley, Auburn, N. Y. J. B., aged sixty-nine, cardiac dilatation, hydrothorax and general anasarca, accompanied by the inevitable and distressing dyspnœa. The lower extremities were enormously distended and œdematous, and so sore that the touch of the finger caused severe pain. Felt bruised and beaten; "ought to be black and blue," as he expressed it. I determined to try arnica, to relieve the soreness if possible, and prescribed it as before in the 3x. I was pleased to find the "bloat" gradually lessen by copious urination, until, at the end of a week, the limbs had regained their normal size, the dyspnœa was gone, and no soreness or pain as before. Patient was able to lie down and sleep, and be out-of-doors—things he had not ventured upon for some time.

Podophyllum.—A cure by one dose. From Dr. St. Clair Smith, New York. Dr. —— consulted me for a condition of ill health which had come upon him each summer for several years, and for which he had tried various modes of treatment without avail. He was pallid, and complained of great lassitude, with disinclination for any exertion—physical or mental. The least physical exertion tired him out. His tongue was covered with a thick yellowish fur which looked like a layer of thick felt or chamois skin, breath exceedingly heavy and bad, no appetite, an abund-

ance of gas in stomach and bowels, with frequent belching of bad tasting gas without relief. Constant diarrhœa, stools thin, not watery nor copious, about the consistency of condensed milk or thick cream and about the color of flour gruel or pap, with a most atrocious odor. They were passed without pain, but were preceded by a feeling of uneasiness and heat in the bowels. They came on at irregular intervals, were aggravated after eating, and were apt to be more troublesome in the early part of the day. He complained of dull headache, often in the back part of his head and neck. During these attacks, which he told me came on every summer, he lost flesh, and at the time he consulted me his muscles and skin had a soft, flabby feel. There was no marked jaundice, but only a pale, sallow appearance of skin, and no evidence of obstruction of the bile ducts, nor enlargement of the liver. Evidently there was disturbance of the biliary functions, as shown by the condition of the stools, head, lassitude, etc. He could take only the blandest kind of food, and even that distressed him. It occurred to me that this was a good opportunity to try a high potency, and I gave him one dose on his tongue of *podoph.* 200 and a few powders of sac. lac., and asked him to report in two or three days. He came to me three days later and reported himself as well; said that he was much better the next morning and had continued to improve ever since, and had not felt so well in weeks. His bowels were natural, appetite had returned—in fact, he felt well. I advised him not to take any more medicine, to which he readily assented. This was at the least ten years ago and he has never had a return of the trouble. I see him frequently and he often refers to it. He can eat anything he wants to without discomfort, and can even drink beer, something he had never been able to do before. In fact, beer would always bring on one of his attacks formerly. Shortly after the cure he began to grow fat and has weighed fifteen or twenty pounds heavier ever since. He is not a believer in potencies—in fact, is a skeptic concerning homœopathy—but he believes that *podoph.* 200 cured him of his old trouble.

REPORTS OF SOCIETIES AND HOSPITALS.

HOMŒOPATHIC MEDICAL SOCIETY, COUNTY OF NEW YORK.

REGULAR meeting of the Homœopathic Medical Society of the County of New York, May 9th, President H. M. Dearborn in the chair.

Drs. Paul Allen, Thos. M. Dillingham and Jas. L. Hiller were duly elected new members.

S. F. Wilcox, Chairman of the Committee on Surgery, reported the following papers: "Drainage of the Pericardium," F. E. Doughty; "Supra-pubic Lithotomy," S. F. Wilcox; "Vicissitudes of Laparotomy," Wm. Tod Helmuth.

H. I. Ostrom presented two specimens of uteri removed for fibroid degeneration, the patients making a good recovery.

Discussion on Dr. Doughty's paper:

Dr. Wilcox said he had never seen any surgery of the heart, but Dr. Doughty's reference to the use of cocaine for local anæsthesia, and the hesitancy in using ether in such a case, reminded him of a case under his

own observation in which he had made use of cocaine locally, previous to puncturing the pleura for effusion, and where the heart was so weak that its pulsations could scarcely be detected. While ether might possibly have been given, he was afraid to use it. Immediately after the injection of a small quantity of cocaine the child went into a collapsed state, with cold sweat, almost pulseless, and with breathing so obstructed that death seemed imminent. After a great deal of difficulty she was relieved, and then the ether-spray was resorted to and the incision made without difficulty. He thought it dangerous to inject cocaine in cases where there is a weak heart, and when afraid to use the ether as an anæsthetic by inhalation, its spray will answer every purpose if only an incision or puncture is to be made.

Dr. Doughty said that the case confirmed what had been claimed—that the operation was a safe one. Of course the puncturing or incising of the sac was only a palliative measure unless followed up with the injection of some astringent fluid, so as to produce adhesive inflammation, the same as in hydrocele. This had been successfully accomplished, although cases had occurred where an undue amount of inflammation had been excited and the patient had died. It is undoubtedly a field in surgery worthy of experiment. The strength of the fluid had not yet been determined, but iodine seems to answer best. Dr. Roberts had suggested pure carbolic acid liquefied, to be used as in hydrocele. In regard to the patient referred to, he was doubtful if she would survive the operation, but as Dr. Schley was positive that there was no other organic trouble except the heart, and the state of the temperature suggested purulent effusion, the operation was undertaken, since nothing else held forth any prospect of relief. It was now fourteen days since the operation, and there were no signs of any reaccumulation. In the case quoted in the paper, and disallowed by Trousseau as one of pericardicentesis, it was shown that the pleural cavity had been entered instead of the pericardial sac. He would have had the same doubt in his case if he had not been able to distinctly see the heart-walls through the incision.

Discussion on Dr. Wilcox's paper:

Dr. Doughty was surprised to hear that statistics were still against this operation. He had not looked at them for some time, but his impression was that they were in its favor. In regard to suturing the bladder, it was glibly talked about, but if you take an individual suffering with prostatic troubles, and who has, in consequence, a calculus, such a one is apt to be stout, and it is a difficult matter to introduce sutures into the bladder wall and not go through the mucous membrane, on account of the depth of the wound. He thought that the experience of to-day was rather against the introduction of the suture. That the operation should be so fatal, as stated by the doctor, was a surprise to him. He had operated in seven cases without a death, and without any complications, with the exception of one case, where he removed a uric-acid stone, weighing over three and one-half ounces, and here the recovery had been tedious. He wished to say a word in relation to the solvent action of nitric acid. A great deal has been said about the solvent treatment of calculi, and while one would not expect to obtain very much from such a mode of treatment upon the harder concretions, either by the introduction of chemical agents into the bladder, or their exhibition by the mouth, and thus passing through the kidneys, yet in the softer varieties we might suppose that an acid solution would attack them and not produce, perhaps, any injurious effect upon the mucosa. A case which he had last year, however, demonstrates that even the strongest solution that the bladder will tolerate, a solution of five, or even more, drops of the C. P. acid to the ounce, will not stop the formation of a calculus or incrustation. This injection was used morning and night, a

quart at a time, yet the tubes (for permanent drainage) became rapidly encrusted with phosphatic deposits. The physician in charge of the case put these tubes in a stronger solution in a glass for twenty-four hours, and apparently without any effect in dissolving the incrustations, nor did the injection prevent the re-formation of a calculus.

Thos. Dillingham asked if any portion of the prostate was removed in the case reported, and if not, why not?

Dr. Wilcox said that the only purpose was to effect permanent drainage of the bladder through the supra-pubic opening. The operation was long and severe, and it did not seem best to do anything more than to remove the stone. In regard to the use of the suture, he thought it was only advised in the case of children, and not in adults, since the child's bladder was less likely to be diseased. In regard to statistics, they were those reported by Dittel some five years ago, and, with the exception of the median operation, the supra-pubic had the highest mortality. In an article in the "Annals of Surgery," in reference to the removal of an enlarged prostate, this method was shown to give a large mortality, but why he could not say.

Discussion on Dr. Helmuth's paper:

B. G. Clarke referred to the case of a lady under his care for painful menstruation, in whom the attacks were growing less, but who suffers intensely with this sexual excitement, as referred to in the paper, and even indulgence gives no relief. After treatment for some time without result, dilatation of the cervical canal was advised and performed under ether, and then a plug inserted, the patient remaining in bed for ten days. She menstruated five days after removing the plug, and with complete relief, the flow continuing for seven days, where previously it had been only a day and a half. No sexual excitement present at that time. Three periods have elapsed since then, and without the abnormal sexual excitement.

Dr. Wilcox referred to a case under his care, that of a widow, who has a fibroid tumor of the uterus, and who never suffered with sexual excitement until this tumor appeared. Since then the hemorrhages have increased, and she has the most dreadful sensations of sexual excitement, and is very much worried over it, both in a moral and physical sense. It was evident that a large uterus might give rise to this sensation, as well as a very small or rudimentary one.

Dr. Clarke asked if pressure upon the os would not cause the same condition whether from constriction or from the pressure of a fibroid tumor.

Dr. Wilcox said this patient had a small os, as he could only introduce a small probe with difficulty.

Dr. Doughty said that he had operated, over a year ago, in one case where there was a prolapsed ovary, which was large and tender, and it, with the other ovary and appendages, was removed. Menstruation ceased temporarily, but later returned regularly, and excessive and painful, the patient complaining a good deal of *pain*. It was not until a recent period that he had discovered that these sensations of pain were really sexual excitement. She was almost bedridden, because the slightest motion would bring on this sexual excitement, with orgasm. On account of the continuous menstruation, and its excess, he thought there might be trouble in the interior of the uterus, and the cervical canal was dilated so that he could pass his finger into it, and with strong abdominal pressure reach the top of the uterus. It was about three inches in depth, and nothing was discovered but a slight endometritis fungosa. The curette was freely used, followed by repeated applications of Churchill's iodine, with but little relief. He then determined to destroy the clitoris with the Paquelin cautery, having seen benefit therefrom in a former case, but its thorough destruction failed to produce any benefit in this case, and the patient is almost driven to suicide.

Dr. Gwynn said that the patient spoken of in the paper had had the most careful attention of many leading surgeons, and on several occasions the uterine canal had been dilated, but at the time of the operation the uterus did not appear much larger than the upper part of his thumb, a small, hardened nodule. Since the operation, several weeks ago, the relief has been perfect, but in the past week the paroxysms have in a measure returned. Nothing had been done at the operation except to make the exploratory incision, and the breaking up of many strong adhesions. Now motion or the chafing of the clothing brings on the old trouble. The clitoris is very much hypertrophied, and later on its amputation may be attempted.

W. H. King said that two cases had been sent to him lately on account of this condition of excessive sexual excitement, to be treated with electricity. One was twenty-eight, the other thirty-five years of age, and neither one had ever menstruated. Examination failed to reveal any uterus—in each case the vagina seemed to end in a blind sac. He refused to treat them, and sent them back to their physicians.

On motion, the report of the Committee on Resolutions in memory of Dr. Fred. S. Fulton was adopted, Dr. E. H. Porter, Chairman, making introductory remarks.

RECORD OF MEDICAL PROGRESS.

SENNA.—Dr. A. W. Macfarlane, in *The Lancet*, points out that the action of the senna pods differs greatly from that of the leaves.

MECHANICAL TREATMENT OF AMENORRHŒA.—Mr. Alexander Dake writes to *The Lancet* (September 21st), recommending a uterine stem of spiral wire, which the patient can wear while going about as usual.

THE DISINFECTION OF TYPHOID AND CHOLERA DEJECTIONS.—E. Pfuhl (*Zeit. f. Hygiene*, 97–104, 1889) asserts, as a result of experiments in disinfection, that it is sufficient to treat the dejections of cholera and typhoid fever with milk of lime until, after thorough mixing, every portion of the mass has a pronounced alkaline reaction to litmus paper.—*Wien. Med. Wochensch.*, No. 36, 1889. O'C.

PULSATILLA IN TREATMENT OF EPIDIDYMITIS.—Mr. Robert J. Carter writes to *The Lancet* (August 3d, 1889) that for some time past patients at the Male Lock Hospital with gonorrhœal epididymitis have been treated by the internal administration of pulsatilla, five to thirty minims of the tincture being given every four hours. From the results obtained he concludes that pulsatilla is "not even a useful adjunct to the treatment of epididymitis."

THE COCAINE HABIT.—Mr. Arthur P. Luff, in *The Lancet* of September 21st, gives account of the case of a man who consulted him for a feeling of inaptitude for work, mental indecision, occasional palpitation of heart and dyspeptic symptoms; and who had been using cocaine in five per cent. solution as an appliction to nasal mucous membrane—with brush—for three years. A discontinuance of drug, and abdominal (cannon ball) massage for constipation, effected a cure.

PROGNOSIS OF CIRRHOSIS OF THE LIVER.—Semnola claims that the progress of the disease depends entirely on the daily quantity of urea excreted. He teaches that an increase allows a more favorable prognosis than a diminution. The quantity, he holds, corresponds with the functional activity of the hepatic cells, the extent of nitrogenous metabolism being proportionate to the number of normally acting hepatic cells. For treatment he recommends an exclusively milk diet.—*The Lancet.*

DANGERS OF CARBOLIC ACID.—The following letter of Dr. Theodore Billroth, of Vienna, has been published: "I have lately seen four cases, in which fingers which had suffered a most insignificant injury became gangrenous through the uncalled-for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly; we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning, and so may even prove fatal. It is useful only in the hands of a skillful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."—*The Lancet*, August 31st, 1889.

POISONING BY ANTIPYRINE.—Brieger reports in *Therapeutische Monatshefte*, August, 1889, the following: A married woman, aged twenty-eight, subject to severe hemorrhages and attacks of migraine, took for a severe headache at 7.30 A. M. thirty grains of antipyrine, and not being entirely relieved in an hour, took then fifteen grains more. About 9 A. M. she felt a sudden nausea, vomited, and everything became black before her eyes. Her condition gradually grew worse. Brieger saw her first at 10.45 A. M. Her face, lips, nails, and all the visible mucous membranes, were deeply cyanotic; arms and legs pale and cool; twitchings on the whole body, with the exception of the head; pulse very weak; heart's action excited; feeling of great anxiety; pupils somewhat dilated, with very sluggish reaction. Stimulants brought her out of danger in two hours, but for several days there was great weakness. The headache, which had indeed disappeared after the second dose, returned after the vomiting. O'C.

CREOLIN INJECTIONS IN DYSENTERY.—Dr. Sosovski has found large enemeta of dilute creolin very useful in dysentery. He employed a one-half per cent. solution, injected into the bowels twice, or sometimes three or four times daily—the quantity used being about five pints. The patients did not experience any burning sensation or abdominal pain. The treatment was employed in sixteen cases, not one of which proved fatal, though a considerable number of patients succumbed to the disease during the same epidemic. In two cases the disease was arrested after the second enema; in nine cases the bloody stools ceased on the third day, in two on the fifth day, in one on the sixth and in one on the ninth. The remaining case, though more obstinate, recovered completely. In addition to these, two children under a year old were treated successfully by means of creolin enemata. Another Russian physician, Dr. Kolokoloff, has used a one per cent. solution in a number of cases of adults with complete success. - *The Lancet.*

A CASE OF POISONING BY COFFEE.—Dr. W. Weinberg, of Stuttgart, reports, *Therapeutische Monatshefte*, May, 1889, the case of a man, aged forty, who was not in the habit of taking coffee. At nine A.M., having been drinking the night before, he prepared some strong black coffee and took three large cups of it. About 10.30 he broke out in a profuse sweat, had severe palpitation of the heart with constriction of the chest, became unable to work, and ran about believing that he was about to die. W. saw him at noon, and was struck by the twitching of the facial muscles and trembling of the whole body, especially noticeable in the arms and fingers. The extremities were cool and covered with a cold sweat. Pulse accelerated, 120, tense but regular. Heart's impulse visible and palpable through the chest wall, but broadened so as not to be localized with exactness. Subcutaneous injection of morphine being given, in two hours the patient was quieter, but tremor continued. He did not sleep until midnight. On the next morning there was still some tremor of the fingers, the heart being normal. No vomiting or increase of urine. O'C.

GLANDERS IN A HUMAN SUBJECT CURED BY A COURSE OF MERCURIAL INUNCTION.—Gold reports, in *Berliner Klinische Wochenschrift*, No. 30, 1889, the case of a peasant, aged thirty, who had been sick for eight days with pains and weakness of the limbs, heaviness in the head, dyspnœa and cough. When seen by the reporter the temperature was 102 degrees Fahrenheit; pulse 100, full and hard; appetite poor. In the two preceding days abscesses, some of the size of a hen's egg, had developed upon the extremities; no syphilis nor disease of internal organs. Bacteriological examination and culture demonstrated the presence of the bacillus of glanders in the pus of one abscess. On account of the analogy between glanders and syphilis the author prescribed a course of mercurial inunction (twice a day inunction, two grams of ungt. ciner. fort.), with careful attention to the mouth, supporting diet, baths, etc. The abscesses were opened and treated antiseptically. After three months' treatment (sixty-eight inunctions), two succeeding months being under observation of Dr. Gold, the patient was cured, and has remained well. This is the only case out of twenty-five of this disease that Gold has cured. O'C.

LOCAL TREATMENT OF DIPHTHERIA.—Proceeding from the view that diphtheria is primarily a local disease, the importance of early detachment of false membrane from the tonsils and pharynx is being again strenuously insisted on. Dr. Gancher is a firm advocate for this measure, the advantage of which has recently been insisted on by Dr. De Cresantignes (*La France Médicale*, Nos. 90 et seq.) It is important, however, to detach the membrane with great care, so as to avoid excoriation and injury. This may be done by employing a "brush" formed by absorbent wool placed over the end of a rod, and this again covered by a layer of thick dry flannel. The latter adheres to the false membrane, which it can detach without risk of particles being set free in the mouth; and a fresh "brush" should be employed on each attempt. This is followed up by the application of strong carbolic acid (ten parts) and camphor (thirty parts) solution, which is of course highly caustic, but which, Dr. De Cresantignes states, is well borne. He remarks that Roux and Verson, as well as Chantemesse and Vidal, have shown that carbolic acid and camphor are the best preparations to prevent the development of Kleb's bacillus. He considers irrigations as quite ineffectual for detaching membrane of recent formation, but they are most useful in cleansing the naso-oral passages.—*The Lancet*, August 17th, 1889.

CASES TREATED BY HYPNOTISM AND SUGGESTION—Dr. Tukey writes in the *Brit. Med. Journal* of August 24th. "The power to hypnotise does not seem to belong to one person more than another. . . . The induction of the hypnotic state is of course merely preliminary to the treatment by suggestion." The histories of ten cases of various disorders are reported and the following concluding notes are appended: "1. The treatment of sleeplessness by suggestion is one of the triumphs of the system, and when this symptom occurs in almost any disease, it can nearly always be removed . . . 2. The same remarks apply to chronic constipation and diarrhœa . . . 3. The success in this case [Paroxysmal sneezing] seems to point to its use in hay-fever, at least when of a purely neurotic type . . . 4. The physicians practicing hypnotism make a strong point of its success in nocturnal enuresis . . . It is of great importance to make the patient promise not to wet the bed. 5. I have here given a case of functional dysmenorrhœa only, yet it is certain that when painful menstruation depends upon a well defined pathological condition it may be affected beneficially by suggestion. . . . 6. Locomotor ataxia, relief of pain. 7. In rheumatic torticollis, lumbago and sciatica, hypnotic suggestion acts very satisfactorily. . . . 8. It appears as if hypnotism will prove a most useful auxiliary in the lying-in-room. .

. . 9. In the treatment of writers' cramp, brilliant results have been attained by hypnotic treatment. . . . 10. The treatment of dipsomania and the morphia habit by suggestion opens up quite a new field. . . . The Rev. Arthur Tooth, of Croyden, tells me that he is getting most gratifying results in his institution for dipsomaniacs from the systematic use of hypnotism.

A PLAN FOR RELIEF OF WHOOPING-COUGH SPASM.—Dr. Naegeli publishes in the *Correspondenz blätter für Schweizer Aerzte*, a paper on pertussis, in which he holds, that as spasm of the glottis makes inspiration impossible, tonic convulsions of all laryngeal muscles follow, all muscles of the throat, and at last those of the face also share in the attack. Trismus is almost always present during the acme of the convulsion, although the tongue generally protrudes. As soon as it is possible to open the rimaglottidis again so far as to admit of sufficient air for respiration, all sensation of choking and congestion with their sequelæ disappear. Heilberg was first to observe that the raising of the upper jaw is the best method of making the larynx admit air, and he recommended a plan, which Kappeler had mentioned before him and which he has modified and described as follows: Standing in front of the child the nurse lays hold, with the index or middle fingers, of the ascending ramus of the lower jaw in front of the ear; places both thumbs against the chin, and by strong but gentle traction and pressure moves the lower jaw forward and downward. If the mouth is a little open the jaw may be fixed by placing the thumb or index finger alone behind the lower anterior incisors and grasping the chin with the rest of the hand, performing traction as above. In all these cases the left hand rests on the forehead of the patient and performs counter-traction. If the nurse is behind the patient, she may place both thumbs close above the angles of the jaw, the index finger on the zygomatic arch, and the rest of the fingers on the chin, pushing forward and downward. As soon as the upper jaw is raised the child must be told to draw a deep breath. The plan may be adopted even if the patient is asleep.—*The Lancet*, Aug. 17, 1889.

A PROCEDURE FOR THE ABOLITION OF THE SUFFOCATIVE SPASM IN WHOOPING-COUGH.—Naegeli employs a method based upon the similarity of the condition to the asphyxia in narcosis and Kappeler's experimental studies. As pertussis is a general infectious disease due to a coccus or bacillus as yet undiscovered, there is, so far, no specific remedy for it. Its localization in the larynx, characterized by reflex neuroses of the superior laryngeal nerve, makes treatment symptomatic for the most striking symptom, the suffocative paroxysm. If the latter could be eliminated the power of the disease would be broken, for every attack of coughing is an injury to the mucous membrane of the larynx, and the latter becomes anew the basis of the succeeding paroxysm. The method followed in several cases by the most brilliant success is a modification of the Howard-Heilberg's procedure for raising the epiglottis, as the lower jaw is not only drawn forward, but is also strongly depressed. As soon as this is perfectly done the cough and spasm cease at once. It has been done to two children of the author at least 500 times, and during day or night. Any person of fair intelligence can perform it. There are two variations of the method—from before or from behind. In the first the two fore and middle fingers of the operator embrace the ascending ramui of the patient's lower jaw, in front of the ear, the thumbs are placed upon the patient's chin, and with strong pressure, yet without violence, the lower jaw is both depressed and drawn forward. The patient's mouth being thus somewhat opened, the two forefingers of the operator are placed in the neighborhood of the eye tooth on each side, and the jaw is thus fixed. If the mouth is already open, as is usually the case during the cough, both thumbs or fore-

fingers are placed in the latter position within the mouth, the other fingers upon the body of the lower jaw, and the latter depressed forward and downward. In the second position the operator stands behind the patient, and, changing fingers, produces the same depression and protrusion of the lower jaw. The method being used, the attack of suffocation or of violent cough is simply aborted, the patients' rest at night is scarcely broken. They fall asleep at once as soon as the epiglottis is raised by the procedure.—*Therap. Monatsbl.*, September, 1889. O'C.

ERUPTION PRODUCED BY RHEUM.—Litten reports the following: A workingman, aged forty-five, took, under direction of his physician, infusion of rhubarb. In a few hours he was taken sick with chills; increased temperature, pains in the limbs, and an exanthem appeared which involved the whole skin, including the scalp, as well as the visible mucous membranes (of the mouth, the lips, throat and eyelids). After the exanthem had developed, the general symptoms mentioned disappeared and did not return. The exanthem consisted in part of hemorrhagic spots, in places round, in others irregularly outlined, of differing sizes and distributed over the whole body; they varied from the size of a bean to that of the palm of the hand, or greater; the color was from a bright red to brown, but never showed the well known color shades due to effused blood, as in hemorrhages or bruises. Besides the foregoing, there are pustular, pemphigus-like eruptions. These were of different sizes and distributed over the whole body, as well as on the mucous membranes of the mouth, throat and eyelids. In many places they were confluent, so that enormous patches, like pemphigus foliaceus, were present. In other places the skin was as if smeared with soap, and could be drawn into fine folds by gently drawing the hand over it. The enormously swollen lips were covered with pustules and bloody crusts. The tongue had a fuliginous coating, and was cracked and crusted. From the urethra there were repeated profuse hemorrhages. In spite of this picture of severe illness the patient said he felt well, and excepting the local affection, had no pain. The retinæ were free of hemorrhages. The skin trouble healed after two weeks, leaving no scars.

No other cause was possible for this outbreak except the infusion of rheum, and it was not due to some accidental adulteration, as was proven by a second experiment with the drug obtained from another pharmacy; moreover, the trouble had appeared in this man three times immediately after the use of rheum. In all the instances the urine was normal, but had the well-known icterus coloring, and turned red by the addition of alkali.—*Berlin. Klin. Wochensch.*, No. 33, 1889. O'C.

TREATMENT OF SCROFULOUS GLANDS.—Mr. Frederick Treves, in *The Lancet* of September 21st, writes under the above caption. He takes for granted that "all scrofulous manifestations are due to the tubercular process." The general treatment he considers to be of great importance. Long residence at the sea coast—especially at those places where "acres of sea-weed lie exposed to the sun at low tide." The winter should be passed in a warmer climate. The patients should be clothed from neck to feet in wool. The diet he does not deem important and of remedies he says "there is little beyond the well worn circle of iron, arsenic, quinine and cod liver oil." The local treatment he considers under four heads. First. The treatment of any peripheral disturbance whence the affected glands derive their lymph vessels. It is of little avail to attempt cure of a glandular inflammation which is maintained by the existing lesion of a more remote organ. As Mr. Treves says, "To blindly paint a gland with iodine while the eczema of the scalp which primarily induced it is left to flourish, is to waste a valuable drug." Second. "The gland should be protected from all irritation and from fluctuations in temperature." Iodine is considered to be harmful in nearly all cases. The

apparent good effects of ointments are ascribed rather to the rubbing than to the unguent. Third. Rest is the most important local measure, a wood collar being advised in cases of cervical adenoma. Fourth. Of operative methods of interference the author prefers clean excision, and in the early stage. He gives details of operation in which he notes that incision should follow as far as possible the natural folds in skin of neck; that the gland should be cut out; that all bleeding should be thoroughly arrested; that the wound should not be washed by too strong antiseptic solution; that no drainage tube should be used if it can possibly be dispensed with; that the part should be dressed with sponge only, with pressure sufficient to obliterate cavity; and that the neck should be kept absolutely rigid for at least ten days. The last two propositions, namely, pressure and rigidity, are not possible if the patient has enlarged tonsils. The paper concludes with the words, "For no measure which has been employed for the treatment of the strumous neck can such excellent results be claimed as attend upon the simple excision of the glands. Considering the grave complications attending the disease, the tedious path it follows, and the disfigurement it leaves, it may be permitted to regard this operation as not the least of the improvements in modern surgery."

VERTEBRAL ACHE IN THE FORM OF A GASTRALGIA.—Dr. Max Buch, in *Centralbl. f. Nervenheilk*, 1889. We knew already for some time a gastralgia on a nervous basis, without anatomical changes, and most authors blame the stomach for it, but I found that the seat of nervous cardialgia in most of these cases is not the stomach, but the pain in the epigastrium is only a part of a well characterized symptom-complex emanating from the sympatheticus. The most important and pathognomonic symptom is a more or less great sensitiveness to pressure of the anterior surface of the vertebral column, when the pressure is exerted through the abdominal wall, while on either side of the vertebral column pressure causes no pain. In the horizontal position and with the legs drawn up, especially in multipara, the posterior wall of the abdomen is very easily touched. In forty cases of the cardialgia I could demonstrate that it is not the stomach which is sensitive to pressure, and even in some cases pressure on the stomach alone gave relief, while a pressure on the vertebral column in the umbilical region caused a pain radiating into the epigastrium, exactly corresponding to the spontaneous one. The vertebral ache may extend over the whole lumbar vertebral column, even to the promontorium and certain parts may be more sensitive to pressure than other ones. In the same manner the spontaneous pain may extend over the whole vertebral column, and the patient may, during an exacerbation of the gastralgia, complain of pain going sideways of the sternum to the clavicles. In most of these cases I succeeded in producing these pains by pressure on certain points of the abdominal vertebral column. In fact, this vertebral ache, like any true neuralgia, loves, on pressure of certain points, to radiate to distant points, and there is a kind of correspondence between certain points. Thus by pressing about an inch above the navel the patient complains of a pain in the region of the symphysis sacro-iliaca, or a little above the sacrum near the lumbar vertebral column, while a pressure an inch below the navel radiates to the pit of the stomach and the lower part of the sternum, and it is especially this latter pain which is so often mistaken for gastralgia. In some cases the pressure pain radiates into the left hypochondrium up to the heart, sometimes with the sensation as if the heart were compressed. A woman of middle age felt, by pressure in the umbilical region, a pain on the vertex corresponding to the clavus hystericus; in a man with supraorbital neuralgia, pressure on the same point called forth the neuralgic pain. In a few cases pressure on the processus spinosi was very sensibly felt. Other accompanying symptoms, frequently

present, are in relation to the stomach: nausea, eructations, acid eructations, bulimia with faintishness; stool mostly normal or constipation, more rarely a tendency to diarrhœa; and still more rarely diarrhœa alternating with constipation. Some patients complained of painful pulsations in the abdominal aorta. There is a general tendency to neuralgiæ, as in the intercostal nerves with a pressure-point between processus ensiformis and seventh rib, or pressure sensitiveness of the nerves of the lower abdominal plexus, finally migraine. Such a vertebral ache is only one of the symptoms of a general neurasthenia, as in chlorosis or uterine affections, or it may be independent of any other affection. As its anatomical basis may be considered the plexus of the sympatheticus, which, in the abdominal cavity, lie closely upon the vertebræ, especially the plexus aorticus abdominalis, and the plexus hypogastrici. The aortic plexus lies on the abdominal aorta between the origin of the upper and lower mesentric artery. The plexus hypogastricus superior lies at the lower end of the abdominal aorta, below the promontorium are the plexus hypogastrici inferiores and the sacral plexus.

In all such neurasthenic cases antipyrin subcutaneously applied, followed by massage, in order to aid its diffusion, can be recommended. Mild hydropathic measures, even in winter, and plenty fresh air, and the Scottish douche promise the best results. Massage ought not to be neglected, as by looking for the painful points the pressure relieved also the pain.—S. L. *Bismuth Subnitrate*, two hundred, has been found curative for attacks of the conditions described above, when the patient felt the pains as starting from the dorsal spinal region, radiating forward and settling at the epigastrium. O'C.

CHLORALAMIDE—A NEW HYPNOTIC.—Accounts of the action of a new hypnotic are being received by the foreign journals. According to the statement of Von Mering, chloralamide is a combination product ot chloral anhydride C Cl_3 CHO, and formamide CHO, NH_2, and has the formula, C Cl_3 CH $<^{OH}_{NHCHO}$. It is in colorless crystals, soluble in nine parts of water and one and one-half parts of ninety-six per cent. alcohol. It has a mild, weakly bitter taste, with no burning. Its watery solution, which should be made at a temperature not exceeding 140 degrees F., is permanent. Neither the alcoholic nor the watery solution is changed by the addition of silver nitrate, and weak acids have no effect upon it, but it is decomposed rapidly by caustic alkalies, and only slowly by alkaline carbonates and bicarbonates. Hence the drug should not be prescribed in alkaline, but in weakly acid solutions. The full adult sleep-producing dose is, according to Von Mering, three grams (forty-five grains). The drug has been tested physiologically upon six medical students in Bonn, the resulting action being practically the same in all: the sleep following lasted about two hours longer than the ordinary sleep, and the provers awakened refreshed. No disagreeable symptoms were observed, excepting slight headache.

It was used in fifteen patients, five suffering from nervous affection, three with heart trouble, two with phthisis, two with anæmia, one with arthritis deformans, one with syphilis and one with lead poisoning.

It had no influence on the urine nor upon the circulation. In other respects the results varied. The dose varied from fifteen to sixty grains, and it was noted that after a single dose of fifteen grains a direct favorable action was attained, while larger doses in other cases were completely without result. According to Von Mering chloralamide is not indicated in sleeplessness in which a high degree of pain is present, but rather in conditions of nervous excitement, neurasthenia, phthisis, spinal cord affections, heart trouble, etc. In one case, a hysterical woman not complaining of any pain, forty-five grains were without influence, while in a

case of trigeminal neuralgia, in which the pains were severe, fifteen grains were sufficient to produce sleep. In cases of phthisis it sometimes helps, sometimes not. In the two cases of anæmia it acted excellently, even in weak doses. Equally favorable results followed its use in the three cases of arthritis deformans, lead poisoning and syphilis, small doses of fifteen to thirty grains acting promptly. In two of the cases of heart trouble favorable results followed doses of thirty grains; non-occurrence of sleep in the third case was probably due to some circumstance apart from the cardiac affection.

That chloralamide can have an unfavorable influence upon the organism cannot be denied. In one case (sciatica) violent vertigo appeared after taking the drug, and continued the whole day. So in another case (sciatica) the patient felt, after taking the remedy, as if "wild." But it must be noted that the same symptom appears in a greater degree after the use of sulphonal. In other patients complaint has been made of temporary headache, and even healthy persons using the drug, in control experiments, have experienced a slight headache shortly after taking it. Habituation to the use of the remedy has not been observed, for in different cases the favorable action of the drug was attained even after weakening the dose.—*Berlin. Klin. Wochensch.*, No. 33, 1889.

Kny, of Strassburg, after extensive laboratory experiments with chloral-formamide, the correct name of chloralamide, employed it therapeutically in thirty-one cases. He chose such cases of sleeplessness as in his experience are favorably influenced by chloral hydrate, and found the results good. The sleep-producing action of the drug is not so energetic as that of chloral hydrate, three grams of the former being only as effective as two of the latter, and somewhat slower. Complaints of dulness of the head and bad taste, which follow the use of chloral, were not observed, nor any irritating influence upon the mucous membranes. The greatest advantage possessed by the new drug over chloral is that even in deep narcosis the circulation is not injuriously affected; the heart's impulse is strong and the blood pressure remains at about the normal. Even in weakly persons with mitral insufficiency, as well as in one case of aortic insufficiency of high degree, no bad influence could be observed even after large doses (forty-five to sixty grains); on the contrary, these patients slept uninterruptedly for from six to eight hours. No vascular paralysis has been observed under its use; no reddening of the skin or exanthem, as frequently occurs with chloral; or subjective sensation of heat. Kny considers the rationale of the gentler action of this drug to be probably the following: First. Chloralamide is decomposed slowly by the free alkali of the circulating blood into chloral (hydrate) and formamide, so that there is only a small amount of the former at any time acting. Second. The formamide, like all the bodies of the NH_2 group, has a stimulant action upon the circulatory centre of the medulla, and thus raises the blood pressure. He recommends the drug in sleeplessness consequent upon nervous irritative conditions of the lighter grades, as given in the first abstract. Experiments with chloralacetamide upon animals and man have been unfavorable.—*Therap. Monatshefte*, August, 1889. O'C.

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence" should be sent to 161 West Seventy-first Street.

DURING the last eighty years 8,000,000 people have died of phthisis in France.

FEMALE practitioners in Russia are forbidden to attend adults of the male sex.

THE government of Germany has refused to allow any more medical colleges to be organized, as they have come to the conclusion that there are enough in that country.

PERSONAL.—Governor Fleming, of Florida, has appointed Dr. T. J. Williamson, of Eustis, and Dr. R. H. Stout and Dr. C. W. Johnson, of this city, members of the State Board of Homœopathic Medical Examiners.

OFFICIAL INVESTIGATION.—It is stated that the chemists of the United States Agricultural Department are about to begin the work of investigating the various artificial foods and infants' foods now on the market.

A SAD ACCIDENT.—The youngest child of Dr. and Mrs. Fisher was found drowned in the river near San Antonio on September 27th. THE NORTH AMERICAN extends to Dr. and Mrs. Fisher its sincere sympathy in their great bereavement.

VERY CHEAP.—In some of the street cars in New York may be seen the advertisement of an association which guarantees to furnish to its patrons the best medical attendance for forty cents a month, and that all prescriptions for its subscribers will be filled by leading druggists for twenty cents each. The unfortunate patrons of this enterprise may find that this cheap service is the dearest in the end.

A DISGRUNTLED COLLEGE.—Two young men, graduates of the New Jersey College of Medicine, recently attempted to register in Hudson County, New Jersey, as practicing physicians. The Board of Health refused to allow them to do so. The college is a new concern and these men were its first graduates. The Hudson County Board of Health decided that the college had no right to grant diplomas.

ANOTHER CURE FOR SEASICKNESS.—The regulation of breathing in seasickness is warmly recommended by several practitioners who claim considerable experience and assert that "the cure is infallible in all cases that persist in carrying it out." Briefly stated the method is this: The sufferers, seated together, are "timed" in their breathing. The respirations are made exactly twenty per minute. An hour's treatment is said to be sufficient.

THE MISSISSIPPI SOCIETY.—The formation of new homœopathic medical societies in the South is a good sign. It is in that section that the new school is weakest in numbers, and the work of energetic organizations is especially needed, therefore the news of the formation of a State Society in Mississippi is very welcome. The Society is regularly incorporated, and the officers are: President, Eugene H. Guilbert; Vice-President, H. J. Coleman; Secretary and Treasurer, J. C. French. The annual meetings occur on the second Wednesdays of April in each year.

BOGUS DIPLOMAS.—Since the days of the notorious Buchanan mills for the manufacture and sale of bogus diplomas in medicine have not flourished. But there has just been discovered in the States of Vermont and New Hampshire a condition of affairs that deserves attention. Two fraudulent institutions in Vermont and one in New Hampshire were found, having no actual existence save on paper, from which diplomas might be procured upon the payment of a requisite amount of money. Such "bogus diploma mills" are possible in States where the laws governing the incorporation of educational institutions are lax. It is doubtful in this case if the punishment can be made to fit the crime.

AN IMPORTANT CIRCULAR.—The circular recently issued by the Legislative Committee of the Homœopathic State Society deserves more than passing notice by the profession. The appeal for contributions is sustained by the excellent record already made and the important work at hand to be done. Every homœopathic physician in the State should send some contribution. It is a matter of direct personal interest to every homœopath that the work of the Committee be successfully maintained. The

establishment of the single board, controlled by a majority of allopathic members, would bring about the gradual obliteration of the new school. This flank movement of the allopaths must be, and can be, combated successfully. But to do it funds are needed. Subscribe liberally, and at once.

THE KEMMLER CASE.—Judge Day has filed his decision in the Kemmler case. It will be remembered that this was a habeas-corpus proceeding to test the constitutionality of the electrical execution law. The Judge decides that the law is constitutional, and remands the prisoner to the custody of Warden Dunsten, at Auburn Prison, for execution. After stating his views very fully, the Court says: "Applying, then, these principles to the present case the questions are, whether the prisoner has overcome the presumption that the statute of 1888, in regard to the infliction of the death penalty, provides a cruel and unusual, and, therefore, unconstitutional punishment, and that a force of electricity sufficient to kill any human subject with celerity and certainty, when scientifically applied, cannot be generated. In my judgment, these questions must be answered negatively."

THE DECLINE OF HOMŒOPATHY.—The allopaths have again buried homœopathy—this time in Austria. It is true that homœopathy is not increasing very rapidly in that heterogeneous empire, but that is because of state restrictions. It is, however, far from being dead. The size of the corpse, probably, is what deters the regulars from digging a grave for homœopathy in Illinois and Michigan. In 1840 Illinois had one practitioner of homœopathy to 476,000 people, while in the year 1889 there is a homœopathic physician to every 5,400. Michigan, which had in 1840 only one physician of the "new school" in the State, has now one to every 3,300. When our "regular" friends get through rejoicing over the condition of affairs in Austria we recommend them to at once proceed to bury homœopathy in the West.

RATHER STRANGE.—Quite recently some gentlemen engaged in certain surgical and bacteriological experiments applied to the Mayor of New York for dogs from the pound. The matter obtained some mention in the daily press, and the *New York Medical Journal*, under the head of "The Rarity of Christian Charity," prints some letters that were written to one of these experimenters by people who probably claim to be Christians. The following is a fair sample: "Only the most *damnable* fiend cloaked in human form ever lifted the knife in *vivisection*. May the *curse* of an all-merciful God rest upon you! Laugh, sneer; such as you do. But may every agony your hellish minds and hand inflict be trebled upon yourself in this world and the one to come—and upon all like you. May your death-bed be such a scene of horror that all will forsake you. May God's curse be upon you!"

AMERICAN PUBLIC HEALTH ASSOCIATION.—The recent session of the Health Association in Brooklyn will be remembered as a most successful one. The gathering at the Brooklyn Institute, where the meetings were held, was representative in its character. Those present were all deeply interested in the subjects to be considered and many eminent physicians and sanitarians were in attendance. Among the subjects considered were, "Disinfectants," "Clothing in Its Relation to Hygiene," "Overshading," "The Dwellings of the Poor," "The Disposal of the Dead," and "The Disposal of Garbage." The exhibition in connection with the meeting was exceedingly interesting and instructive. Three stories of a large building were filled with exhibits from manufacturers of things to wear, to eat, and of household utility, all with health in view. Homœopathic physicians especially should be interested in the work of this Society and should give it their support.

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ORIGINAL ARTICLES IN MEDICINE.

THE TREATMENT OF CROUPOUS PNEUMONIA.

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New York.

SINCE the time of Hippocrates, few diseases have presented more interesting considerations for the physician than croupous pneumonia. Its etiology is still clouded in mystery; its pathology presents a variety of aspects unequaled by that of any other disease, while its treatment to any except the followers of the homœopathic law has been as varied as it has been unsatisfactory. Within the past few months our friends of the so-called regular school have admitted that their treatment of pneumonia is fifty per cent. worse to-day than fifty years ago, when venesection held full sway, and their use of drugs was the same then as to-day, empirical, and in their despair they have advised a return to the heroic treatment of ancient times, entirely ignoring their work of half a century. Certainly such complete failure is not inspiring, and until they accept *similia similibus curantur* as their guide and strive to emulate their peers, failure and disappointment are most likely to be their continued experience. Specific medication has not thus far always been proven best, but occasionally we see results which bid us hope at least for the infallible.

The homœopathic treatment of pneumonia during the past fifty years has not retrograded but advanced, so that to-day we do not dread its onset, but meet it, having perfect confidence in the power of drugs not only to check, but, in the majority of cases, completely abort the whole inflammatory process.

In this paper I shall not consider the etiological or pathological conditions of pneumonia, but endeavor to present something of interest in the treatment of 104 consecutive cases from private practice, extending over a period of five years. A history of five cases in detail will best illustrate the power of one drug I wish especially to emphasize, viz., *iodine.* The remainder, in tabulated form, will show, first, the age of the patient; second, the location of inflammation; third, the maximum temperature; fourth, the duration of fever after commencing treatment, and fifth, medicines prescribed producing curative results.

CASE I.—February 4th, 1883. Lucy K., aged four, complained yesterday of feeling cold; through the night she was restless and feverish; this morning had a severe attack of vomiting. Seven A. M., temperature, 104⅘ deg.; great thirst; severe pain in the right side, which is aggravated by a dry, hacking cough; prescribed *aconite* 2x and *byronia* 2x in alternation every half hour. At eleven A. M., in consultation with Dr. J. W. Dowling; temperature, 105 deg.; respiration, 52; crepitant rales in inferior lobes; slight dullness on percussion; pain in side severe; frequent, dry, hacking cough; no expectoration. *Aconite* and *bryonia* continued every half hour; flax-seed poultice applied over region of inflammation and patient allowed milk and water *ad libitum* as nourishment. Nine P. M., no change in any respect; same treatment continued through the night.

February 5th, eight A. M.—Passed a very restless night; cough still dry and painful; temp., 105⅘ deg.; respiration, 54; prescribed *iodine θ*, thirty drops in one gobletful of water, teaspoonful every fifteen minutes; patient not allowed to sleep over one hour without medicine; poultice applied every three hours as hot as can be borne; continue milk and water diet. Nine P. M., temp., 104 deg.; respiration, 50; pain in the side less; cough not as dry; still no expectoration; slept at intervals during the day, but only a few minutes each time; thirst still great; drank three glasses of milk and about one of water. Continued same treatment through the night.

February 6th, nine A. M.—Temp., 101⅘ deg.; respiration, 41; cough loose; pain in side nearly gone; slept about three hours during the night; thirst diminished; feels hungry; *iodine* continued every half hour while awake; poultice applied three times a day, and allowed two soft boiled eggs on toast in addition to previous diet.

February 7th, ten A. M.—Temp. normal; respiration, 26; cough loose; no pain; feels hungry; slept most of the night; prescribed *sulphur θ* every hour; discontinued poultice and allowed liberal diet.

February 8th, nine A. M.—Patient feels well as ever, except weakness; scarcely any cough; discontinued medicine and discharged.

CASE II.—November 13th, 1884. Richard C., age nineteen, was taken with a violent chill at three A. M.; sharp stitching pain in the right side; dry, hacking cough. 7.30 A. M., temp., 104⅘ deg.; crepitant rales in middle lobe of right lung; expectoration fully one-half blood; great pain on deep inspiration; respiration, 43; ordered hot

flax-seed poultices to the right side, covered by oiled silk; changed every three hours; prescribed *iodine θ*, thirty drops in one glass of water, one teaspoonful to be given every fifteen minutes; milk and water as nourishment. Five P. M., temp., 103⅕ deg.; respiration, 44; dullness over right middle lobe; cough still very painful; expectoration rust colored; pain only relieved when poultice is first applied; great thirst; no desire for sleep; restless; ordered same treatment continued through the night; patient not allowed to sleep over half an hour without medicine.

November 14th, nine A. M.—Temp., 101⅘ deg.; respiration, 31; pain in side much better; cough loose; expectoration light brown; slept at intervals when not disturbed to take medicine; drank about three pints of milk during the night; same treatment continued. 9.30 P. M., temp., 100⅕ deg.; respiration, 28; ordered medicine to be given every half hour through the night while awake.

November 15th, 10.30 A. M.—Temp., normal; respiration, 24; cough loose; no pain; slept most of the night; appetite strong; prescribed *sulphur θ* every two hours; discharged.

Case III.—September 17th, 1887. Frank G., aged forty-one. Was called at 9.30 P. M. While walking in Central Park during the forenoon patient felt chilly; at seven P. M. a violent chill came on and continued until my visit; temp., 101 deg.; respiration, 36; pulse, 100; severe lumbar pain and intense headache; physical exploration negative; prescribed *aconite* 1x every half hour; left a fifteen-grain powder of *antipyrine* for the intense pain in the head, to be taken at one A. M. if required.

September 18th, eight A. M.—Chills ceased after second dose of *aconite; antipyrine* was taken at one A. M., which relieved the headache entirely in about twenty minutes; temp. normal, which is likely due to the *antipyrine;* pulse, 108; very weak; respiration, 34; pain in lumbar region no better; auscultation reveals a hoarse, harsh sound over right lower lobe; no dullness on percussion; prescribed *aconite* and *bryonia* alternately every half hour. Nine P. M., very restless and nervous all day; temp., 103⅕ deg.; pulse, 150; respiration, 50; dry, hacking cough; expectoration rust colored; lumbar pain increased; dullness over the entire right lower lobe; crepitant rales prominent; prescribed *iodine θ*, thirty drops in a gobletful of water, one teaspoonful given every fifteen minutes; nothing except milk and water allowed as nourishment.

September 19th, 8.30 A. M.—Feels much better; pain in back entirely gone; temp., 101⅕ deg.; respiration, 33; pulse, 118; cough loose; expectoration still rust colored; treatment continued.

September 20th.—Temp., normal; pulse, 92; respiration, 28; slept most of the night; cough less and very loose; appetite returned; *sulphur θ* given every three hours for one day; discharged.

Case IV.—November 3d, 1885, Mary F., aged eighty-eight, was taken with a severe chill five days since, followed by sharp stitching pains in the right side; cough dry, thirst intense. Not being in circumstances which would warrant her in sending for a physician, the disease took its own course until this morning, when, while attending another

patient in the same house, I was requested, out of charity, to see the subject of this sketch. Thermometer registered 104⅘ deg.; respirations, 53; severe pain in the right side; crepitant rales in the right lower lobe; dullness extending over entire lower lobe; expectoration rust colored; extremely weak; prescribed *iodine θ* thirty drops in a gobletful of water, one teaspoonful every fifteen minutes; flax-seed poultice applied to the inflamed lung, covered by oiled silk, changed every three hours; milk and white of eggs raw as nourishment.

November 4th, eleven A. M.—Having no desire to sleep, the medicine was given the patient, as ordered, through the day and night; temp., 102⅘ deg.; cough quite loose; expectoration still rust colored and difficult to raise; respiration, 46; pain in side slightly relieved, while poultice continued hot. She took three glasses of milk with the whites of three eggs; still very weak. *Iodine* continued every fifteen minutes while awake, not to be disturbed if asleep; no change in diet.

November 5th, nine A. M.—Slept about two hours during the day and most of the night, except when awakened by the cough, which is quite loose; rust color has entirely disappeared from the sputum; pain in the side much better; temp, 99 deg.; respiration, 31; feels much better in every respect except the extreme weakness; has a desire for meat; prescribed *sulphur θ* five drops in half a goblet of water, one teaspoonful every hour; allowed a liberal diet; discontinued poultice.

November 6th, ten A. M.—Temp. normal; pain entirely disappeared from the side; considerable cough, but loose, free expectoration; slept well all night; feels much stronger. *Sulphur* continued every three hours for three days.

November 9th—No cough since last night; appetite good. Discharged.

Case V.—April 13th, 1886, Frank W., aged seven, was taken suddenly ill with a severe chill two days since, followed by fever; parents did not think it serious enough for medical aid until this morning at eight o'clock; temp., 104⅘ deg.; respiration, 48; pulse, 144; cough, dry; extreme thirst; delirium during sleep; restless; crepitant rales and dullness on percussion over inferior lobes. *Iodine θ* twenty drops to one gobletful of water, one teaspoonful every fifteen minutes without intermission.

April 14th, seven A. M.—Had a very restless night; cough not quite as dry; temp., 104 deg.; respiration, 56; pulse, 150; drank one pint of milk during the twenty-four hours. *Iodine θ* thirty drops to one glass of water; teaspoonful every fifteen minutes. 3.30 P. M., feels much better; cough quite loose, but no expectoration; temp., 103⅛ deg.; respiration, 64; pulse, 151. Same treatment continued through the night; not allowed to sleep more than one hour without medicine.

April 15th, 9.45 A. M.—Slept most of the night, except when awakened for medicine; temp., 101⅛ deg.; respiration, 48; pulse, 120; cough, loose. *Iodine* continued every half hour while awake.

April 16th—Slept nearly all night; temp., pulse and respiration normal; cough, slight. *Sulphur*, one dose every three hours, to be continued two days. Discharged.

The balance of the 104 cases undetailed are presented in the following

TABULATED RECORD OF NINETY-NINE CASES OF CROUPOUS PNEUMONIA.

CASE.	AGE.	LOCATION OF INFLAMMATION.	MAXIMUM TEMPERATURE.	DURATION OF FEVER AFTER COMMENCING TREATMENT.	MEDICINES PRESCRIBED PRODUCING CURATIVE RESULTS.
1	3	Right upper lobe.	103 1/5 degrees.	2 days.	*Iodine.*
2	19	Left inferior "	104 "	3 "	*Phos.*
3	42	Left upper "	103 "	4 "	*Sang.*
4	10	Right inferior "	104 2/5 "	2 "	*Iodine.*
5	7	Inferior lobes.	104 2/5 "	3 "	"
6	3	Right upper lobe.	102 1/5 "	1 "	"
7	7	" " "	104 "	2 "	"
8	6	Left inferior "	105 2/5 "	5 "	*Bryonia.*
9	13	Right " "	103 2/5 "	2 "	*Iodine.*
10	13	" " "	105 "	3 "	"
11	13	" " "	105 2/5 "	2 "	"
12	10	Inferior lobes.	106 "	3 "	"
13	42	" "	103 3/5 "	4 "	"
14	63	Left inferior lobe.	103 "	4 "	*Phos.*
15	2	Right " "	103 "	2 "	*Iodine.*
16	2	" " "	103 1/5 "	3 "	"
17	18	Right middle "	103 2/5 "	2 "	"
18	6	Right inferior "	104 "	3 "	"
19	3	Right upper "	103 "	2 "	"
20	7	Left inferior "	103 "	3 "	*Phos.*
21	9	" " "	103 2/5 "	4 "	*Bry.*
22	71	Inferior lobes.	105 2/5 "	8 "	*Phos.*
23	4	Right inferior lobe.	102 "	2 "	*Iodine.*
24	5	Right upper "	102 1/5 "	2 "	"
25	2	Right inferior "	103 "	2 "	"
26	14	Left " "	103 4/5 "	5 "	*Sang.*
27	6	" " "	103 1/5 "	3 "	"
28	7	Left upper "	103 2/5 "	2 "	*Phos.*
29	11	Inferior lobes.	105 1/5 "	3 "	*Iodine.*
30	37	Right upper lobe.	104 "	3 "	"
31	3	" " "	104 "	4 "	"
32	11	Right inferior "	105 1/5 "	3 "	"
33	14	" " "	103 "	2 "	"
34	4	Left " "	104 "	5 "	*Phos.*
35	3	Right " "	103 3/5 "	2 "	*Iodine.*
36	12	Left upper "	102 4/5 "	4 "	*Sang.*
37	57	Right inferior "	104 "	2 "	*Iodine.*
38	8	" " "	104 "	2 "	"
39	8	" " "	100 1/5 "	1 "	"
40	8	Inferior lobes.	105 2/5 "	3 "	"
41	2	Right inferior lobe.	102 "	1 "	"
42	4	Inferior lobes.	105 3/5 "	7 "	"
43	21	Right middle lobe.	105 "	4 "	"
44	6	Right upper "	103 "	2 "	"
45	3	Left inferior "	103 "	4 "	*Phos.*
46	2	Right " "	101 "	1 "	*Iodine.*
47	2	Inferior lobes.	102 4/5 "	2 "	"
48	13	Right inferior and middle lobe.	104 "	3 "	"
49	28	" " lobe.	103 3/5 "	2 "	"

CASE.	AGE.	LOCATION OF INFLAMMATION.	MAXIMUM TEMPERATURE.	DURATION OF FEVER AFTER COMMENCING TREATMENT.	MEDICINES PRESCRIBED PRODUCING CURATIVE RESULTS.
50	3	Right inferior lobe.	102 degrees.	1 day.	*Iodine.*
51	3	" " "	104 "	4 days.	"
52	5	" " "	102⅝ "	2 "	"
53	3	" " "	102⅝ "	2 "	"
54	4	" " "	103 "	2 "	"
55	5	" " "	103 "	3 "	"
56	39	Inferior lobes.	103⅜ "	3 "	"
57	10	Right upper lobe.	102 "	2 "	"
58	3	Inferior lobes.	106 "	3 "	"
59	12	" "	105 "	10 "	"
60	8	Right inferior lobe.	103⅜ "	2 "	"
61	2	" " "	103 "	2 "	"
62	3	" " "	103½ "	2 "	"
63	4	" " "	103⅜ "	4 "	"
64	17	Left " "	104 "	5 "	*Sang.*
65	17	Right " "	104⅛ "	3 "	*Iodine.*
66	11	Left " "	103⅜ "	3 "	*Phos.*
67	11	Right upper "	102⅜ "	4 "	*Iodine.*
68	4	" " "	104 "	3 "	"
69	5	Right inferior "	104 "	2 "	"
70	4	" " "	103⅛ "	2 "	"
71	23	Right whole lung.	106 "	4 "	"
72	7	Right inferior lobe.	105 "	3 "	"
73	4	" " "	102 "	1 "	"
74	4	" " "	103 "	2 "	"
75	13	Left " "	104⅜ "	3 "	*Phos.*
76	14	" " "	104 "	4 "	*Bry.*
77	19	Left upper "	102 "	3 "	*Phos.*
78	3	Right inferior "	100⅛ "	1 "	*Iodine.*
79	2	" " "	104 "	2 "	"
80	6	Right, middle and inferior lobes.	104⅜ "	3 "	"
81	3	Right inferior lobe.	102 "	2 "	"
82	7	Inferior lobes.	105⅜ "	3 "	"
83	23	Right inferior and middle lobes.	105 "	4 "	"
84	21	Left inferior lobe.	102⅜ "	2 "	*Phos.*
85	10	" " "	104 "	4 "	*Sang.*
86	2	Right " "	103 "	2 "	*Iodine.*
87	9	" " "	103 "	3 "	"
88	47	Right upper and middle lobes.	105 "	3 "	"
89	5	Right upper lobe.	103⅜ "	2 "	"
90	5	Right inferior "	103½ "	2 "	"
91	14	Inferior lobes.	104⅜ "	3 "	"
92	9	Right inferior lobe.	100⅛ "	1 "	"
93	2	Left " "	102⅜ "	4 "	*Bry.*
94	77	Right " "	104 "	3 "	*Iodine.*
95	3	" " "	103⅜ "	2 "	"
96	16	Inferior lobes.	104 "	3 "	"
97	4	" "	102⅘ "	2 "	"
98	3	Left inferior lobe.	104 "	3 "	*Phos.*
99	53	Right " "	104⅜ "	4 "	*Iodine.*

Of the 104 cases, eighty-one have been under fifteen years of age, five have been over fifty; the youngest was two years of age, the oldest eighty-eight; sixty-seven of the pulmonary inflammations have been

in the right lung, twenty-one in the left, and seventeen have been double; the highest temperature was 106 deg., the lowest febrile temperature 100⅘ deg.; the shortest duration of fever after commencing treatment was one day, the longest ten days. The sixty-seven right lung inflammations were without exception cured by *iodine*. Sixteen of the seventeen cases of double pneumonias were cured by *iodine;* the one by *phos*. Of the left lung inflammations, twelve were cured by *phos*., six by *sang*. and four by *bry*. Two of the 104 cases have had second attacks; in the first instance both were of the right lung and cured by *iodine;* in the second case both attacks were of the left lung, and although *iodine* was given a full trial, it had not the slightest effect. Fresh air, upon which our regular school friends have placed so much reliance, has not been an important factor in the treatment of these cases any more than that of any other disease; a great many of them being dispensary patients, who live in close, ill-ventilated rooms, have responded to the power of medicines quite as well as those in the higher walks of life, with all the comforts and nursing that money could command. To the majority of these patients, with or without pain, without distinction, have been applied flax-seed poultices, but during the past two years I have discarded them entirely, except where severe pain has been a prominent symptom. I do not think poulticing has any influence beyond temporary relief of the pain. Alcoholic stimulants have not been allowed in a single case, having always held the belief that the secondary effect of *alcohol* not only weakens the patient but retards resolution.

A veterinary surgeon to whom I advised a trial of *iodine* gave it in a severe case of pneumonia in a horse with the most decided and immediate relief. Recently Dr. H. M. Dearborn told me he had given *iodine* to one of his horses in the first stage of pneumonia with very prompt and satisfactory results. I confidently believe that in the pleuro-pneumonia of cattle *iodine* would be found a potent remedy to check the course of that dreaded disease.

ON BATHING AND DRINK.

By W. Y. COWL, M.D.,
Berlin, Germany.

THE cleansing of the tissues, which we effect by the use of drink, and by washing the surface of the integuments, may be considered, with reference to preventive medicine, to be a matter of equal importance with the selection of the food.

Our knowledge of the causation of some of the most fatal epidemic diseases has already wakened us to the dangers often lurking in

drinking water, and increased the respect paid to its provision; but upon a nearer consideration of the matter we realize that the prevention of an occasional chance of infection cannot be of equal importance with the constant influence upon the organism of the watery fluid imbibed, both in respect of its quantity and quality. For instance, the amount of excretory matter in the urine, which is sufficiently indicated by its specific gravity, may be taken in health to be a measure of the relative amount of such matter in the tissues; as disproportions between the relative constitution of the blood, the lymph, the tissue-fluid and the kidney secretion rapidly disappear.

When, then, a healthy individual, other circumstances remaining the same, brings more water into the organism within a given length of time than before, the blood, lymph and fixed tissues will become freer of waste products. There will, in fact, be an increased riddance of them, which we can relatively measure by the specific gravity of the urine.

That when much fluid is drunk, the urine, *cæteribus paribus*, becomes of a lower specific gravity, barely requires the statement; but the conclusion for which there appears no doubt, that within healthful limits the amount in general of excretable matter in the organism rises and falls inversely with the amount of water passing through the kidneys, is not so usually perceived, or at least not so practically given evidence of. There is, indeed, in warm weather, and especially in a dry climate, a much greater transpiration of water by the skin and air passages, but to simplify the matter we assume these factors, as well as the amount and quality of daily exertion, to remain constant.

There is still to be regarded, however, the condition of sleep, wherein, while a large part of the organic activity ceases, and fluid is not imbibed, urine is nevertheless continually secreted, and in accordance with the conditions altogether, a falling off of the quantity and specific gravity from hour to hour is to be observed. This inactive condition of the organism forms thus an apparent contradiction to the general rule, that the more urine the cleaner the tissues; but considering the lessened production of effete matter, it is rather a confirmation of the fact that the cleaner the tissues the less the momentary need of urinary secretion.

The injurious influence, on the one hand, of the waste organic products when retained to a marked degree in the organism, is recognized and evident in cases of Bright's disease, and increases in proportion to the retention, whilst the irritating nature of a concentrated urine upon exposed tissue, on the other hand, is well known, both

from the pain and congestion which it will call forth. We have then a certain probability that a state of uncleanliness of the tissues, which is indicated by a more than moderate specific gravity of the urine, carries with it an impairment of the various organic functions of the individual, and even in its lighter degrees probably takes the edge off our spirits and capabilities such as we are conscious of after a sound and healthy sleep.

In respect to the influence of the quality of drink, we may instance the presence of lime in water, which may be said to stand unquestioned as the cause of the extraordinary stature and general nutrition of various peoples.

Other considerations, however, than the mere washing out of the tissues, or the happy furnishment of inorganic material to the organism, are to be weighed in estimating the effects of variations in the quantity of the fluid drunk. It is very evident that liquid absorbed by the stomach and intestines must, by the shortest route, first pass through the capillary vessels of the liver, lungs and kidneys, before reaching the tubules of the latter organ, whereby, disregarding for the moment those portions that pass a greater or lesser number of times through the vessels of the systemic circulation before reaching the kidneys, it is clear that any considerable increase in the amount of fluid imbibed by an individual must tax the heart in corresponding measure with additional work. It is, indeed, self-evident that, to use a homely illustration, the cleaner the water in the tub be kept, the more work to be done at the pump.

But the more energy the heart devotes to furthering water from the stomach to the kidneys, that is, from the chief organ of absorption to and through the three great organs of excretion, the less it has left for sending blood to the muscles and brain; for which fact, indeed, we have a familiar illustration in the besodden condition of the excessive beer-drinker. Regarding the heart for the moment, then, as an automatic pump, depending for its power and resulting quantum of work upon the quality and pressure of blood in the aorta, and supposing the latter to be constant, we may say, that outside of the needs of general nutrition, its energy is divided between cleansing the organism and supporting the exercise of its prime functions, namely, the activities of the muscular and nervous systems, and reach thereby the further conclusion that the properly maintained proportion between them, in the presence of sufficient nourishment, will yield the best condition of health.

The question that is presented to the practitioner, however, is not how can one maintain the best condition of health, but how in a

given case under the existing conditions of work and habitation can the executive ability of the individual be bettered or maintained and illness or disease be avoided.

Now, we have already noted the depurative effects of sleep, that is, of sound sleep, and ascribing to them a part of the refreshment and increased capability that is the healthy experience of every morning, the conclusion will be warranted that the better the depuration of the organism is carried on during the waking hours, the greater, during that time, will its capabilities remain, whilst, unless the individual strains himself to the borders of over-exertion, the less the need of sleep and the greater the ability of the tissues to ward off exciting causes of disease.

That a bad habit of body is the chief predisposing cause of disease is, in general, self-evident, but the converse thereof, namely, that, be the organism in good working condition, then the ordinary attacks upon it from without will be of comparatively little effect, seems still quite neglected by the dominant school of medicine; for whilst predisposing causes of disease are seldom adverted to in current literature, the exciting causes are now receiving an enormous attention.

But to recur to the question of the amount of fluid to be used by the organism, we have seen that by increasing its amount it may be in our power to secure a better condition of health, an avoidance of disease, a greater and better capacity for work and a lessened need of sleep, but only up to a certain point, and, indeed, up to the point where the gain from increased depuration of the organism becomes offset by the lessened heart energy remaining for what we have called the prime functions of the individual.

This boundary line between the preservation of cleanliness of the tissues and the exercise of their activities, owing to the variety and stringency of some of the factors concerned, is bound, however, to remain an individual matter; for it depends not only upon drink and sleep, but upon the quantity and quality of work to be executed, and the relative power and endurance of the heart. It therefore does not allow itself to be generally laid down. That, nevertheless, the proportioning of these factors can in many cases be bettered, is not difficult to perceive, and viewing the matter simply from a physical point of view, such improvement will hang mainly upon the most easily changed factor, namely, the drink.

Where an increase, then, in the amount of water passed through the organism does not diminish the amount of useful activity, nor by excess provoke a weakness of heart action, we may look for a lessened need of sleep, a better quality of work, and an improved

condition of body that will manifest itself to the advantage of the individual, both in the execution of ordinary exertion and of the occasional efforts, which are so generally followed by over-fatigue, and so often by illness.

That physical influences are of marked effect upon the functions of the heart requires no statement, and they lie, as, indeed, need scarcely be said, outside the subject of the present paper.

It is, however, worthy of mention that a method of improving the condition of the heart and circulation in disease, founded upon a physical basis and designed chiefly to meet the cases, frequent in Europe, in which, upon a diminution of the fluid ingested, there results an immediate increase rather than a decrease of the amount of urine excreted, together with a relief of the over-distended vessels, seems to be considered by Professor Oertel, of Munich, the originator himself, to owe part of its success to the physical influences attendant upon the additional regimen imposed.*

ON NERVOUS DYSPEPSIA.

By DR. J. DECKER, Munich.

TRANSLATED, WITH FULL ADDITION, BY S. LILIENTHAL, M.D.,
San Francisco.

IT is not so very long ago when physicians differentiated in gastric affections only gastric catarrh, ulcus and carcinoma. Leube was the first one who described nervous dyspepsia, a disease where, though digestion seems to be normal, still there are many symptoms of dyspepsia originating in the nervous system, and where anatomically no lesion can be detected. In relation to the subjective symptoms such patients complain mostly of eructations and a sensation of pressure and fullness in the stomach. Eructations, mostly without taste or smell, sometimes acid, are mostly accompanied with sensations of pressure and tension in the gastric region. Even a healthy stomach tries after imbibing gaseous beverages or after a heavy meal to eliminate the superfluous gas by ructus. Such a superfluity of gas is the rule in nervous dyspepsia, and the walls of the stomach become distended and tense, and the stomach contracts to eject the gases. As the pylorus has a more powerful sphincter than the cardia, the contraction of the former pushes the gases far more upward than

* Zusætze u. Erläuterungen zur Allg. Therap. d. Kreislaufs-Störungen, Leipzig, 1886. S. 57 Ueher Terraincurorte. See also Die diätatisch mechanische Behandlung chronischer Herymuskelerkrankungen (Klin. Zeit u. Streitfragen Bd. III, Heft 1 u. 2.) Wien, 1889. S. 28.

downward. The distension of the gastric walls may reach such a degree that the patient cannot bear anything tight around the waist, often with the sensation as of a heavy stone oppressing the stomach. It is doubtful whether the accumulation of gases is the sole cause of this sensation of oppression, and whether a hyperæsthesia of the gastric nerves is not as much to blame, especially as it often disappears after the use of food or alcohol. By reflex from the gastric nerves some patients complain of a sensation of a globus, a kind of pressure and anguish in the chest, either at the same spot of the œsophagus or changing places here and there.

As soon as the stomach becomes distended with gases, a pressure upward upon the diaphragm must follow; hence the heart is pushed toward the left lung, and compressing both organs, causing dyspepsia and palpitations. Often our patients complain of pain in the stomach, independent of the food they take, as it is just as often felt on an empty stomach; still the pain becomes aggravated by acids and fats. How little the quality of the food influences the hyperæsthesia of the gastric nerves may be learned from the cases, where the most easily digested food, even a swallow of water, produces excruciating pains, not only in the stomach but also in the cardiac region, in the abdomen, and radiating toward the back, and as this pain is often accompanied by vomiting of the little food taken, the patient eats less and less, thus emaciates, loses strength, becomes unable to attend to his duties, and mental and physical depression going hand in hand, the picture of marasmus is more and more developed.

Pyrosis is a well known symptom of gastric catarrh, in consequence of the products of fermentation and decomposition caused by the disturbed digestion; but in nervous dyspepsia digestion is normal, and pyrosis must arise either through hypersensibility of the peripheric gastric nerves in consequence of a too abundant secretion of muriatic acid (hyperacidity), or from a too sensitive reaction of the gastric nerves, even when the acidity of the gastric juices is normal or subnormal. This hypersensitiveness of the gastric nerves in their relation to the muriatic acid may, with the pyrosis, also cause severe cardialgia, with migraine and frequent vomiting of extremely acid masses (Gastroxynsis of Rosenbach). Loss of appetite is also a symptom found in gastric catarrh and in nervous dyspepsia, or the very opposite may be observed, a bulimia or hyperorexia, hardly ever relieved by taking food. This sensation of hunger begins with a feeling of emptiness, and when no food is taken faintness sets in, or even a full syncope. It also happens that bulimy alternates with anorexia. Such patients are very apt to carry something to eat, be it a cracker or

a piece of bread, in their pocket, in order to satisfy that momentary emptiness, and at night they keep some food on their table, as cold meats, eggs, etc.

Insomnia is often another symptom, reducing the strength of the patient, or we may meet too much sleepiness, which troubles them even more than the imsomnia. Others complain of yawning, dizziness, alteration in taste and loss of taste. Agoraphobia is often an accompaniment of nervous dyspepsia. Diarrhœa or constipation may be present, and a habitual constipation may even be the cause of the nervous troubles.

Differential Diagnosis.—While in gastric catarrh the sensation of pressure and fullness is immediately felt after eating, and is most severe at the acme of digestion, patients suffering from nervous dyspepsia may feel it when the stomach is quite empty, and it disappears when taking food; or it may set in after eating, and lasts for several hours, and may not reappear for weeks or months. To-day the most digestible food causes an attack, and at another time a heavy meal is well borne. A patient with gastric catarrh is extremely careful with his diet at all times. Emotions and mental exertions may aggravate a nervous dyspepsia.

Eructations in nervous dyspepsia are mostly without taste or smell, while in gastric catarrh they are mostly acid, and sometimes with foul breath. Vomiting is rather rare in the former, while in gastric catarrh it is the rule. Leube believes in washing out the stomach, seven hours after the meal, for diagnostic purposes. When the water returns clear, it is considered a symptom of normal digestive power, hence of nervous dyspepsia, but when the water brings up remnants of food, it hints more strongly to gastric catarrh, though exceptions are noted in both cases.

In relation to ætiology nervous dyspeptics hardly ever accuse dietary mistakes or other gastric or intestinal noxæ as the cause of their noxæ. Being neurasthenics, often with a hereditary disposition and of an emotional character, they are less able to withstand the turmoil and worry of our age. According to Burkart, a hyperæsthesia of some plexus of the abdominal sympatheticus and of the nerves coming from the dorsal vertebræ is characteristic for neurasthenia gastrica, as plexus hypogastricus superior, plexus cœliacus or solaris, plexus aorticus, which may render them sensitive to pressure.

Nervous dyspepsia must also be considered in some cases as a reflex neurosis. We know that cerebral and spinal irritations show their marks in the stomach, and still more frequently intestinal or sexual irritations are to blame for it. Chronic inflammations and mal-

positions of the uterus may produce this gastric neurasthesia, and by rectifying the former, the latter disappears.

Sometimes a diagnosis can only be verified by the benefit or failure witnessed from therapeutical measures. Leube proposes here a strict diet, where, when gastric catarrh is present, an amelioration should take place in one or two weeks, while it would only aggravate a nervous dyspepsia. When the diagnosis between ulcus and gastric neurasthenia cannot be made out, rest in bed for two weeks with milk diet and hot poultices on the stomach will relieve an ulcus, but aggravate a nervous dyspepsia. Often such patients are sent for a trial to Carlsbad, which works well whenever pathological changes are present in the mucous membrane of the stomach; they improve under the necessary diet and the use of the springs, but they return rather worse from the trial, and improve when going to the sea-shore or inhale pure mountain air. Electrical treatment, general and local massage, hydrotherapia, Weir-Mitchell's rest cure, are the chief measures, and good results may be expected from the Scottish douche, where the patient is exposed to a heavy douche, alternately of hot and cold water, for a few seconds, the whole procedure lasting a few minutes. By this thermic contrast a local hyperæmia is produced, which invigorates the relaxed tonus of the stomach.

Before closing, a few words about chronic constipation, where patients so often complain of fullness and heaviness in the stomach and abdomen inappetency, coated tongue, bloatedness after eating, foul breath, etc., and sublata causa tollit effectus.—*Münch. Med. Wochenschr.*, 23, 89.

In the B. M. W. 22, Prof. Dehio, of Dorpat, publishes an article on "Singultus, or Reflex Neurosis." He relates the case of a neurasthenic patient, where, in the course of a sub-acute gastro-enteritis, obstinate singultus set in after dilating the stomach with CO_2, which was relieved for two months, and then the old state returned, and it took a long while before patient was able to leave the hospital. Dehio opposes the prevailing idea to consider singultus as only a spasm of the diaphragm, as in many cases the muscles of the thorax are simultaneously affected, and there is, more or less, a sudden closure of the glottis, inhibiting the excessive inspiratory expansion of the thorax. We deal here not only with a diaphragmatic clonus, but with a co-ordinate typical action of many muscles, innervated by diverse cerebral and spinal nerves, showing that the cause of this spasm is not a mere local affection of the diaphragm or of the nervi phrenici, but it must arise from a co-ordinating centre governing the combined muscular action. *Might we not relegate the seat of the disturbance into the medulla oblongata and con-*

sider singultus a motory neurosis? Often it is caused by reflex from a gastric or abdominal catarrh, and the irritations emanating from the affected organs failed to find in the medulla oblongata the normal resistance to sound action, and they went wildly into motory zones. This we meet often in cases of irritable weakness, giving us here a prevailing bulbar neurasthenia, needing only an occasion to break forth. Obstinate and intractable cases of singultus have been described after trauma, contusions and inflammations of the diaphragm or of the intestines, after rupture of the intestines, cholerine, orcarider, prostatic affections, pneumonia, and certainly most frequently in acute and chronic gastric affections, and in singultus of hysterical patients the irritation probably arises in the brain. By curing the neurasthenia we are in a better state to remove also all the incidental reflex neuroses.

Symptoms of nervous dyspepsia: Eructations, mostly without taste or smell, exceptionally acid; (2) sensation of pressure and tension in the gastric region; (3) distension of the stomach by flatus, so that patient cannot bear anything tight around the waist; (4) hyperæsthesia of the nerves of the stomach, > by alcohol or food; (5) stobus rising upward; (6) sensation of a stone or heavy load in stomach; (7) præcordial anguish at one spot or radiating; (8) dyspnœa and palpitations from pressure upward of the diaphragm; (9) pain in stomach, < by acids and fats; (10) gastric pains radiating downward and backward; (11) pains from light food, while heavy food is at other times easily digested; (12) vomiting of all food off and on; (13) emaciation and marasmus; (14) inappetency or bulimia; (15) diarrhœa or constipation; (16) insomnia or somnolency.

ERUCTATIONS RELIEVE:—*Arg. nitr., baryt., diosc., cocc., graph., kal. carb., lach., lyc., natr. mur., nux v., ol. anis., phos., seneg., ratanh., sep., tart. emet. Without taste:—Acon., agar., aloes, ammon. carb, arg. nitr., asar., arn., ars., baryt., bell., bry., calad., carb. veg., caust., chel., chin., cocc., colch., con., cycl., iod., ipec., iris., kali brom., kal. bichr, lach., lac can., magn. phos., magn. sulph., mez., natr. mur., oleand., oxal. ac., phos., plat., ran. scel., rhus, sabin., sulph., tab., tart. emet., ver. alb. Acid (sour) eructations:—Acet. ac., aloes, ambr., amm. carb., asar., baryt., bell., bry., carb. veg., caust., diosc., gels., iod., kal. carb., magn. carb., natr. mur., nitr. ac., nux v., petr., phos., phos. ac., sep., sil., sinap. alb., sulph., sulph. ac., tab., zinc.*

SENSATION OF PRESSURE AND TENSION IN GASTRIC REGION:—*Ars., bell., calc., coc., con., hell., ipec., lyc., nux mos., nux v., op., ratan., sab. Fullness, oppressing breathing:—Natr. sulph., nux. mos., prun. Ten-*

sion:—Acon., asaf., bry., carb. veg., clem., cham., crot., kal. carb., magn. mur., nux vom., ran. scel., stann., staph., tart. emet.

SENSITIVENESS OF STOMACH :—*Amm. c., aran., ars., baryt., carb. veg., caust., cocc., colch., crot., hep., lach., lyc., magn. carb., natr. mur., nux vom., oleum anic., sulph. ac., sulph., tereb., ver. alb.*

SENSATION OF A STONE IN STOMACH :—*Agar., baryt., brom., bry., cham., cocc., gent., natr. mur., nux vom., op., sep., sil., sulph. ac.*

PRÆCORDIAL ANGUISH :—*Ars., caust., cham., cic., cocc., coff., cupr., guaj., jatropha, laur., nux v., pœm., plumb., sec., stram., tener., ver. alb.*

< FROM ACIDS :—*Aloes, ant. crud., ars., bell., ferr., ip., lach., natr. mur., nux vom., phos. ac., phos., sep., staph., sulph.* < *from fat food:—Ars., asaf., carb. veg., colch., ip., magn. mur., natr. mur., nitr., ac., puls., sep., sulph., tart. emet., thuja.*

STOMACH PAINS > AFTER EATING :—*Fagopyrum, lyc., nux vom., petr.*

The changeability of the symptoms shows the neurasthenic character of the disease, and we acknowledge that in most of the cases treated by one *argentum nitricum*, 30th to 200th cured more cases than any other remedy, and *natrum mur.* was another one of my favorites in gastric neurasthenia. We read, under the *nitrate of silver*, of faint feeling in the præcordia and irregular beating of heart, of great prostration and precocious senility; nervous, spasmodic dyspepsia; sharp, stinging pains soon after taking food, with copious, tasteless eructations; the stomach seems as if it would burst with wind, with great desire to belch, which is accomplished with difficulty, when the air rushes out with great violence, or vomiting of stringy, glairy mucus; moral downheartedness.

Asafœtida.—Globus hystericus; agonizing tightness of chest, as if he could not breathe; gastralgia, with great accumulation of gas; pressing upward, nose downward, < while sitting, > from motion or open air; burning in stomach and œsophagus; pulsations in pit of stomach, with faint feeling; desire for stimulants; physical and mental oversensitiveness with the neurasthenia.

Baryta carb.—Sensation of weakness in stomach, disappearing after eating, pain and pressure at the stomach, as from a stone, > by eructations; gnawing pains at stomach, not < by pressure.

Bismuth.—Distress extends from stomach through to spine, with burning in spine opposite epigastrium; headache alternating with or attended with gastralgia.

Carbo veg.—Loss of vital power; excessive flatulency from atonic state, with tendency to diarrhœa, < after alcohol or high living; repugnance to fat, fish, oysters, vinegar; cannot bear any pressure around waist; vertigo and faintness during and after meals.

Chininum arsen.—Pressure in solar plexus extending to back, where spine is painfully sensitive to the touch ; painful weariness all over, hands and feet icy cold ; awakens from sleep exhausted and bathed in sweat ; præcordial, terrible anguish, palpitations.

Cocculus.—Convulsive irritability, with paralytic weakness from loss of sleep, mental overexertion, and still too restless to keep quiet ; confused feeling in head after eating or drinking ; acid taste, with aversion to acids ; extreme aversion to food, though hungry.

Hepar.—Atonic dyspepsia, hunger, > by eating, but food causes feeling of fullness ; he cannot bear any pressure upon epigastrium ; flatulence up and downward ; gastralgia in spite of most carefully regulated diet.

Ignatia.—Nervous dyspepsia with great prostration ; feeling of weakness and sinking at epigastrium, momentarily relieved by eating ; empty retching > by eating ; flatulence with globus ; dyspnœa and palpitations.

Lachesis.—Weak digestion from vicious habits, with constant eructations ; all food disagrees ; stomach hard and distended ; gnawing pains > by eating, but pains return as soon as stomach is empty ; pale, sunken face; vertigo; cannot bear pressure around waist.

Magnesia carb.—Acid dyspepsia ; extreme bloatedness ; constrictive pain in stomach, with inability to raise wind ; hunger, but knows not for what, with nausea.

Natrum mur.—Back feels as if broken, legs weak and trembling, < mornings ; asthenia and anæmia, with emaciation and marasmus, particularly about neck ; distress in pit of stomach ; > by tightening clothing (fluor. ac.) ; feels hungry, but food has no taste and heartburn after eating ; intermittent palpitations, with anguish and faintishness.

Nux vom.—Increased sensitiveness to external impressions ; antiperistalsis ; convulsive jerking ; heart feels tired, with tendency to faint ; atony of ganglionic nerves.

Phosphorus.—Irritable weakness ; every trifling exertion causes pain in back ; burning in small spots, > by rubbing ; palpitations ; insomnia from internal heat and cardiac anguish ; empty, gone feeling in whole abdominal cavity ; regurgitation of food by mouthfuls, without nausea.

Pulsatilla.—Erratic pains in head and chest, with the gastric symptoms ; general fatigue, with heavy, tired feeling, not > by rest ; defective animal heat with diminished motility ; sensation like a stone in stomach, with difficulty of breathing, especially after a meal ; great flatulence, > by loosening clothing, < by greasy food.

Ratanhia.—Atonic dyspepsia, no appetite, but constant desire to eat; bloatedness of stomach, > by emission of flatus; constrictive pains in stomach, going off by flatus; languor and prostration, with weariness of whole body.

Sepia.—Excessive sensitiveness to pain; depressed, anxious feeling of helplessness; headache and face-ache with gastric pains; heartburn extending from stomach to throat; pain in stomach after the simplest kind of food; congestion of pelvic organs.

Silicea.—Canine hunger, with nervous, irritable persons; desire for cold food; burning in stomach and æsophagus; spinal weakness, but > after moderate exercise.

Sulphur.—Sinking, empty, exhausted feeling at all times, without any desire for food; pain of pressure and heaviness in stomach after eating ever so little; regurgitation of food.

Tabacum.—Cardiac dyspepsia, capricious appetite or none; sticking in pit of stomach through to back; intermittence of heart beats; suffocative feelings; collapse.

Zincum.—Aching in pit of stomach, not much increased by pressure; heartburn and nausea, with fidgety feet; great greediness when eating from canine hunger.

Hints, and nothing but hints, we tried to give, so that he who seeks may find the remedy for any pathological state, under whatever name it may be found in text-books or journals. Why our materia medica is not satisfactory to so many physicians of our school, why the constant cry of a scientific basis for it and for a sifting of the wheat from the tares, is clear enough; we want to go one better on the old school, who have no therapeutics worth mentioning. Once I was young, now I am old; let us old fogies go our old-fashioned ways, according as it was handed down to us from Hahnemann and his early disciples. To heal the patient thoroughly is the highest aim of the physician, and do not deprive us of the totality of our old materia medica.

SOME OBSERVATIONS IN ANGINA PECTORIS.*

By J. MONTFORT SCHLEY, M.D.,
New York.

DR. BROADBENT, of London, in his presidential address before the Clinical Society, tells us of a conversation held with one of the most successful barristers of that great metropolis. The Doctor was inquiring of his friend and patient how he could account for his great

* Read before the New York State Homœopathic Medical Society, at Rochester, September 18th, 1889.

success in his profession. The man of law replied that he had observed that three things were essential for a barrister: First. Good animal spirits Second. Good animal spirits, and Third. Good animal spirits. Turning to his own profession, Dr. Broadbent claims that these prerogatives may all be included under the one head of accurate diagnosis, and it goes, without further comment, that his position has been won among the first and foremost clinicians upon this motto. Preventive medicine, and careful, painstaking diagnoses, among the old school, occupy the minds of the best and most active workers. With us this plateau is not as much cultivated as it should be. Many of us neglect it from indifference; many are self-satisfied (and they are mostly to be pitied) with the knowledge already obtained; many never would put their indolent bodies and brains to great exertion to acquire more, and many think symptoms will fill in the gap where the thread becomes tangled and broken, and the diagnosis cannot be definitely followed. If any of us here could, through patient study on the living, through a few carefully performed autopsies, through thoughtful study, throw any light, no matter how slight it be, upon the cause or nature (pathology) or successful treatment of the fearful malady, angina pectoris, honor will come to him, to this Society and to the medical profession at large.

We find so many divergent theories as to this one small trouble—causing this indescribable agony—affecting the same parts in the same way, commencing and ending in the same sudden manner, that it seems ludicrous that we must acknowledge our inability to follow reasoning to a safe harbor. Many authorities claim for this malady a neuralgic base. If it be neuralgia, it is the only form that I know of potent enough in its element to bring about complete and absolute disorganizing influences sufficient to cause death.

Tic douloureux and sciatica, two of the most distressing forms of neuralgia known to us, have never—*per se*—in their first, second or third attacks killed any one. Who among us have witnessed such a death?

To claim angina pectoris to be a neuralgia, pure and simple, is saying nothing. Its onset, its peculiar squeezing, intense, unbearable grip, certainly is characteristic of nerve lesions. Beyond and back of this all there must be some condition of the heart's ganglia, its nutrition, etc., that has eluded our search. In angina pectoris there seem to me two distinct classes: one may correspond in its severity, its nature, etc., to the petit mal of epilepsy; the other form of angina pectoris—more serious, severe, and terminating sooner or later, in all probability, fatally—to the grand mal or worse types of epilepsy.

The first division we meet in young persons below thirty; the second division in those over forty. The younger the patient, the less liability there is of any serious organic heart trouble and the more readily are they relieved. Such persons seldom, if ever, die in a paroxysm.

Trousseau cites a case coming under his observation, where the child was not over fourteen years of age.

Were not many of these cases, occurring in the young, well authenticated and vouched for by men, whose reputation and name we honor and esteem, a small suspicion might creep into our minds of a possible error in diagnosis.

These anginas, as they occur at puberty or a little further along in life, before we reach the second division, stand out in bold relief from those met at a time when the springs of life have commenced to run down in two noticeable ways: first, in their curability; second, in their evanescant character. I have never seen a case of angina pectoris under forty.

When we meet it at sixty and beyond we have to deal with a malady which varies as much from its more youthful kin as does the placid ocean compare with another time when it is lashed into a fury by a north-east gale. The latter brings destruction and misery, the former leaves no marks of violence.

Some observations, however, made recently by Messrs. Gley and Germain See, of Paris, Schmey and Kronecker, of Germany, may when more thoroughly elaborated, prove of some service in the study of this interesting subject. Their studies, carried on independently of each other, gave about the following results:

"The experiments were made mostly on curarized dogs, the two vago-sympathetic nerves being sometimes divided and sometimes left intact, artificial respiration being carried on.

"Two views are held by physiologists concerning the mechanism of the regular pulsation of the heart. Some have claimed it to be a purely muscular—mechanical—process carried on without the aid of nerve force, at least as far as its rhythmical action was concerned. Some, and these are perhaps in the majority, contend that the rhythm is under a nervous control.

"A frog's heart, removed from the body and made free of its surroundings, continues to beat for a short while—hence the supposition that its regulating ganglia reside in the substance of the heart itself. The ganglia situated, in most part, in the sinus, are not supposed to originate the cardiac pulsations, but simply to regulate them, giving to the heart that peculiar rhythmical action characteristic of its muscular movements.

"The experimenters just cited claim that the location of the co-ordinating centre in the heart of the dog, at least, is at the point of union of the upper and middle thirds of the anterior inter-ventricular sinus. No note is made of a corresponding point on the posterior wall, but in all probability it exists.

"It was shown that a needle thrust into the heart at the point indicated provoked immediately very energetic contractions of the ventricles, which were, however, wholly irregular, becoming rapidly weaker, and finally terminating in mere tremulous oscillations. These soon ceased, the ventricles became distended, while the auricles continued to beat rhythmically. When this rapid action of the ventricles occurred, the arterial pulse could not be traced, the blood pressure ceased to exist, and what is most important, it was impossible to re-establish the ventricular contraction.

"This effect was, however, observed only three times in fourteen experiments, and the authors regarded this as showing that this anatomical centre is either indefinitely located as yet, or else that it is very limited in its area.

"Decided tremulous movements of the ventricles were also produced by electrical stimulation of this co-ordinating (supposed) centre. And here faradization was applied indiscriminately to the upper, middle or lower third, or even to any attainable part of the ventricular walls.

"It seemed to matter little in these electric experiments whether the pneumogastric nerves had previously been paralyzed by atropine, divided or left intact.

"These results, the experimenters thought, were not conclusive as to the existence of a co-ordinating centre for the muscular movements of the heart. The fact, however, that a lesion of the heart at the point above indicated excited ataxic movements of the ventricular walls could not be gainsaid, and this would certainly point to the presence of a group of nerve cells in this situation.

"The question, however, still remains unsolved as to the functional nature of this centre.

"Stimulation of this group of cells (or ganglia) may excite such violent contractions of the cardiac muscles as speedily to destroy its irritability, so that it was incapable of recovering its normal functions.

"These researches may have a practical bearing upon our subject that cannot be overestimated. M. See claims that angina pectoris is due to a narrowing or closing of the nutrient arteries of the heart wall. He demonstrated that the injection of an inert powder into the coro-

nary arteries, or the ligature of one of them, is followed by tremulous movements, apparently identical with those excited by electrical irritation or injury with a needle.

"It is permitted us from the foregoing to conclude that irritation of this collection of cells, following a possible obliteration of the coronary artery, may transform the ventricular contractions, already disturbed, into the above-described oscillations, quickly proving fatal. However this may be, it seems reasonable to believe with the authors that much light may be thrown in the future upon the mechanism of angina pectoris by a careful study and increased knowledge of all the facts relating to this vital ganglion or group of nerve cells lying in the interventricular sinus.—*Medical Record.*"

If the assertion of Germain See be correct as to the cause of angina pectoris, this condition in the young must be lacking, for, in my experience, among children with enormous dilated hearts, where the walls must of necessity be poorly nourished, no condition approaching that found later on in life has ever been witnessed.

In the young there is the acute paroxysmal pain minus a something necessary to bring about a fatal ending. It seems reserved for the aged to develop that state essential for a typical angina, ending in sudden death; and here we must sharply define, clinically, between a neurosis—plus an unknown state—and paralysis of the entire heart, due to deficient nutrition and nerve force.

There are some conditions liable to be mistaken for angina pectoris, of which I will but speak *en passant:* pericarditis; fatty degeneration; simple hypertrophy (left-sided), conjoined with a cirrhotic kidney; pleurodynia, thoracic and cervical; brachial neuralgias and aneurism of the aorta, accompanied with sternal pains.

When we may, with safety, exclude either of these conditions before making a diagnosis of angina, we are more apt to deal with this malady satisfactorily.

There is a condition of paroxysmal distress in the cardiac region, included, even by Trousseau, under angina, which it seems to me is misunderstood.

We find such a complex of symptoms in cardiac complications of renal disease. It may be a remote or ill defined index of chronic uræmia.

Such patients suffer from an intense, painfully squeezing pain at the lower third of sternum, mainly upon exercising on a level or going up-stairs. This distress is local and does not seem to radiate down the brachial nerves. These sufferers, on the appearance of the pain, come to a sudden halt, and are perforce restrained from further

exertion until the pain ceases. Such conditions may be allied to angina and are met in those over sixty, but in the three cases noted by myself, none of them died in a paroxysm. When this malady was brought prominently before the medical profession, *de novo*, by Heberden, Urichmann tells us that an individual need only complain of anxiety, and of a sense of constriction about the chest, even of impeded breathing, for its being immediately ascribed to angina pectoris. This snap diagnosis continued to be made for twenty-five years after his dissertation.

Trousseau tells us that when the disease manifests itself for the first time the paroxysms are transient, lasting scarcely a minute or two; but, when it is of old date, the attacks may last several hours, and even several days, with exacerbations, leaving a sensation of numbness in the regions which have been the seat of pain. An individual may have only one attack of angina pectoris and be rid of it forever. Such cases are rare. In the majority of instances several paroxysms follow one another at more or less distant intervals, after years, twelve, six or three months or weeks, the intervals becoming shorter in proportion as the lesion which gives rise to this complaint makes progress. From what has been stated of its coexistence with organic lesions (and that they happen most frequently), in perhaps the majority of instances, it evidently follows that angina pectoris is a most serious complaint, as being a symptom of diseases which sooner or later terminate in death. Although from its nature, idiopathic, rheumatic or gouty angina pectoris admits of a less severe prognosis, this should, in all cases, be extremely reserved. The idiopathic form is that one where we can detect no organic disease, either of the heart or blood vessels, and which rests upon a functional or organic nervous disturbance. The disease may terminate fatally soon after its first paroxysms, or the patient may live many years, whether the attack recur at nearer intervals and increase in intensity, as they are so apt when symptomatic of a cardiac affection, or as the expression of epilepsy (Trousseau), or whether they recur at distant intervals only, decreasing in intensity or persisting to a less degree.

The disease is often curable when not under the dependence of an appreciable cause, or is due to rheumatic or gouty changes; and this happy result may be especially expected when the patient is young, and still more when the seizures have been of moderate intensity. When it is hereditary it is almost unavoidably fatal.

In closing, permit me to draw your attention to a remedy used in France by Docteurs Henri Huchard and A. Rolin with much success

in angina pectoris, and it is also said in organic heart disease, *i. e., iodide of sodium.* This preparation was chosen in preference to the *iod. of potassium* on account of its non-irritating quality on the kidney, heart muscle (?) and digestive tract. Four to twenty grains daily were administered. I have used it in several (six) cases of angina pectoris dependent upon organic heart trouble, with the most gratifying results.

I wish you would give it a trial and report results.

THE TREATMENT OF ATROPHIC RHINITIS BY THE CHEMICAL GALVANO-CAUSTIC.

By H. H. CRIPPEN, M.D.,
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IT is hardly possible, after all that has been written on Apostoli's method of treating fibroid tumors of the uterus, that there should be any who are not familiar with the term "chemical galvano-caustic." Yet there may be a few who do not understand this term, and others who ask why "caustic" and not "cautery"?

To the first it is to be answered that we intend by this therapeutic agent to produce alterations in the nutritive processes of the tissues, and this through the *double action* effected by a galvanic current of high intensity.

First, then, there is the purely local action. If at one pole, placed on the skin of the fore-arm, for instance, the resistance be so lessened as to permit the current to pass readily, and if the opposite pole, which we place in our case on the mucous membrane of the nose, be of bare metal, there will result at this last pole a local action in direct proportion to the strength of the galvanic current which is used. As in electrolysis, the tissues of the mucous membrane in immediate contact with this electrode are decomposed—that is, the contained water and salts suffer analytic action, the bases and acids are set free, producing, according to their nature, a greater or less caustic action on the surrounding parts. In this last, this subsequent action, lies the distinctive difference between electrolysis and the method of which we speak; that is to say, electrolysis consists *solely* of analytical action, while the chemical galvano-caustic adds to this secondary syntheses of caustic nature; hence the term. In our work here, however, we are concerned chiefly with the second action of a galvanic current of high intensity when applied in the way indicated, what I consider its most important effect—that is, its *trophic action*—by which, through the influence over the nerves, the vessels and the

lymphatics of the submucous tissues, modifications of nutrition are instituted.

These trophic effects occur, not, like the caustic action, at the points of entrance and exit of the current, but in the interpolar circuit, and to the greatest degree in that portion of the interpolar circuit where the greatest density of current pertains. This condition of greatest density it will be seen is established by using, over that portion of the mucous membrane where the action of the current is desired, a bare metal electrode of very small surface compared with the area of the cutaneous electrode. These trophic effects do not become immediately visible, but manifest themselves by a continued influence over nutrition, and may be directed, by proper selection of current strength and polarity, to the correction of perversions of nutrition, either in deficiency or in excess, and thus to act upon an atrophy or a hypertrophy by establishing an equilibrium of nutrition.

To my second interrogator, who asks why "caustic" and not "cautery," it is to be replied that by the action of the thermic galvano-cautery the tissues are cauterized by means of an agent exterior to the body, the galvanic current which heats the wire is entirely foreign to the body; while in the chemical galvano-caustic the current traverses the body, and the caustic substance is chemically evolved out of the products of the decomposition produced by the galvanic action.*

Essential to the success of this method of treatment are :

1. An apparatus for generating an electric current.
2. Accessories to this apparatus.
3. Milli-ampere meter.
4. Cutaneous electrode.
5. Nasal electrode.

Several means of obtaining electric currents have been proposed ; among them, besides the ordinary galvanic battery, are utilizing the current from the wire of an incandescent light system (not alternating) and the use of a dynamo in the physician's office.

a. Current from electric light circuits.—This method is practical to only those few physicians who are so situated as to be within reach of an electric lighting plant of the Edison, United States or Swan system, and besides requires such expensive accessories in the way of a resistance box and rheostat as to subject it to many disadvantages.

b. The current from a dynamo in a physician's office.—(McIntosh, of Chicago, manufactures a "Medical Dynamo" designed expressly

*See also *The Journal of Ophthalmology and Otology and Laryngology*, Vol. I, Part 2, p. 146.

for the use of the physician.) For chemical galvano-caustic purposes this machine furnishes a maximum of one ampere with an electromotive force of 200 volts. It is a beautifully made dynamo, really an ornament to an office, and the current can be evenly increased or diminished (without a rheostat) in less gradation than the hundredth of a volt; but, on the other hand, the disadvantages are great. It is a very expensive machine, and requires additional expenditure for a water motor or an engine of some variety to operate it. Furthermore, it produces a humming sound, like all dynamos or electric motors, which, though slight, is disagreeable to nervous patients. If it be placed in a distant room to obviate this disadvantage, we again meet another objection in the additional expense of a resistance box and rheostat, the same as in the electric light current.

The most practical means of furnishing an electric current for this purpose is, then, in spite of all endeavors toward improvement, the galvanic battery. It is useless to consume time in discussing the variety of cell that should be used; the preferences for this or that variety of cell depend upon personal experience. It is sufficient to intimate that a battery is needed which, with an external resistance of 3,000 ohms, will furnish a maximum of seventy-five milli-amperes during a ten-minute sitting. Although we never use more than fifty milli-amperes in applications to the mucous membrane of the nose, yet, provided with this maximum strength of current, we have a force in reserve for accidents.

2. *Accessories.*—The resistance box and rheostat have been mentioned, in connection with the current from a dynamo, but for use with a battery consisting of cells connected in series a selector, for placing one cell after another in the circuit, is to be preferred. Besides the selector no other accessories are required except the rheophores or conducting cords.

3. *The milli-ampere meter.*—Without a milli-ampere meter (also called an ammeter) to measure the strength of the current we are left to conjecture how much of the galvanic force we are employing, and with mere conjecture for a guide it is useless to expect any constancy of results. The writer has been using lately the "Dead-beat" milli-ampere meter of Waite and Bartlett, an instrument graduated from one-tenth to 500 milli-amperes. This is, however, an expensive instrument, and for the use of the general practitioner I can recommend a cheaper instrument which they have lately introduced, an ammeter graduated from one to 250 milli-amperes.

4. *Cutaneous electrode.*—Several varieties of cutaneous electrodes are used for the galvano-caustic treatment, all depending on the same

principle—that is, the lessening of the resistance of the skin to the passage of the galvanic current. I have used all the varieties from a simple flat plate of metal covered with moist, absorbent cotton to Apostoli's clay electrode. For general use it is sufficient to have a soft metal plate covered by a thin layer of absorbent cotton wet with a saline solution. (This variety of electrode, it must be remembered, is only adapted for the currents used here, fifteen to thirty milli-amperes, as above these figures the current will redden the skin, and even blister it if extreme care be not taken.) As we apply the cutaneous electrode to the fore-arm in this instance, it is necessary to have the metal plate so thin and malleable that it can easily be adapted to the curves of the part. This form of electrode, as I have said, is adapted to the use of the general practitioner, but I am now engaged in perfecting an instrument modeled after the one used by Dr. Martin, of Chicago. This form of electrode will consist of a concave plate four inches in length and two inches in width, so constructed as to hold about one-half a pint of water. This is covered on the cutaneous side by a membrane which holds the fluid in the concavity of the electrode. Through the top the water or saline solution may be replenished without removing the membrane. When the membranous side of this electrode is applied to the fore-arm, it adapts itself to the irregularities of the skin, it moistens the skin and distributes the current evenly over a large surface, so that we can use a high intensity without creating pain or eschar.

5. *Nasal electrode.*—For use in this method of galvanic treatment I advise that all electrodes for application to the mucous membrane of the nose be constructed of platinum, for the reason that if at any time we desire to use the positive pole there will be no danger from oxidation during the passage of the current. Although we apply the negative pole almost entirely in atrophic rhinitis, and so might use copper electrodes without danger of oxidation, yet it is far cheaper to have a set of platinum instruments on which one can rely for any purpose whatever. All these nasal electrodes must be insulated at the portion touching the skin about the anterior nares.

The shape of the electrode must correspond to the size and to the form of that portion of the nasal mucous membrane to which it is to be applied. A number of shapes will be desirable; some terminating in small bulbs or olive tips for treating small areas, and others (as in Fig. 1) with larger surface for more extensive areas. The instrument in the illustration is one of my own design, intended to cover a large or small surface as desired. This end is accomplished by slipping a piece of rubber tubing over the distal extremity; by varying the size

and place of this insulation we can apply at will to a large or small surface.

Lastly, an operating chair will be found a necessary adjunct in maintaining the patient's head immovable, and also in affording a rest during the sitting.

With this description of the instruments and accessories required for the galvano-caustic treatment of atrophic rhinitis we are ready to proceed to the operation. It is unnecessary to speak of the diagnosis of the disease, as the only object of this paper is to describe the application of this new proceeding. We will suppose, therefore, that we are in the presence of a case of atrophic rhinitis.

First of all, examine your battery, rheophores, milli-ampere meter and electrodes to see that they are in perfect working order. To do this it is only necessary to connect all these in circuit; this done, the indicator of the ammeter will show the condition of the current. Dispose all your instruments within easy reach, so that without stirring from the patient one hand may manage them.

Clear the mucous membrane of the nose from all crusts and mucus; determine the part to which you design to apply the electrode, and carefully wipe away all mucus.

Place your patient in the operating-chair by the side of the battery, with the head resting comfortably and firmly against the head-rest. We are now ready to place the electrodes.

The cutaneous electrode will be placed first, preferably on the fore-arm. The arm of the patient is made to rest comfortably on the arm of the operating-chair, and the electrode must be exactly adapted to the skin of the part. Before placing this electrode in position, attach to it the conducting cord from the positive pole of the battery. Two ways of fixing this electrode may be adopted; either it may be fastened in place by an elastic band passing over the electrode and around the fore-arm, or the patient may be instructed to use the opposite hand to hold it firmly, and with considerable pressure, on the part.

To place the nasal electrode requires even more care. Use your head mirror with its reflected light, so that the electrode may be exactly adapted to that portion of the mucous membrane on which it is intended to act. In using thin plate electrodes the enlargement resulting from the atrophy of the parts will sometimes allow one to use a packing of pellets of absorbent cotton to sustain the plate in the desired place. Having placed the electrode in the nose, attach to it the conducting cord from the negative pole of the battery,* the milli-

* The negative pole is denutritive; in its action it tends to soften the tissues and excite the obstructed and perverted circulation of the atrophic forms of diseases of the mucous membrane.

ampere having been previously intervened between this rheophore and the battery. After making connection between the rheophore and electrode, bring the former up in front of the face, over the head, and fasten it by passing it behind the head, between this and back of the chair. In this way one can make the electrode more steady, and avoid any pulling on the instrument from the weight of the cord.

If all these preliminaries have been carefully attended to we can proceed to the application of the current. The ammeter being watched on one side, and attention being given to the patient's sensations on the other, one cell after another is added to the current until the required strength is reached. At first patients may only be able to stand five, ten or fifteen milli-amperes, but at subsequent treatments the current may be increased. The close of an operation requires the same care as the beginning ; the cells must be thrown out of the current one by one, and shock from a sudden break in the current must be as carefully avoided as in the commencement or during an operation.

After the operation no precautions are necessary ; there are none of those grave accidents to be feared as after bloody operations or after the use of the galvano-cautery.

The strength of the current will depend, to a certain degree, upon the extent of the atrophic processes, and this is one of the points where experience is invaluable ; for much depends on the judgment of the operator in deciding the point to which the strength of the current should be carried. Generally speaking, the best results will be attained at twenty to thirty milli-amperes of current.

The time of action of the current must be ten minutes ; occasionally there is an advantage in prolonging the sitting, but if allowed to exceed fifteen minutes there is some danger of creating a serious disintegration of tissue.

This treatment for atrophic rhinitis must extend over a considerable length of time ; two or three times a week will be required at first, for a week or two ; then once a week for a month or more. After this the patient should be kept under observation for a year at least, and any tendency to recurrence of the symptoms treated by a few sittings.

Finally, let me remind you that it is not professed that we can *cure* atrophic rhinitis, that we can restore *integrity* to the nasal mucous membrane ; but I do feel that this treatment has given a satisfaction in its results in this most rebellious disease that has not been attained before.

ORIGINAL ARTICLE IN SURGERY.

THE RADICAL CURE OF HERNIA, WITH THE REPORT OF THREE RATHER UNUSUAL CASES.*

By WILLIAM B. VAN LENNEP, A.M., M.D.,
Philadelphia.

DURING the past few years the attention of every surgeon has been directed to the subject of the radical cure of hernia. With me this has been due not only to the numerous contributions on the subject in the medical journals, but also to the fact that I have met with a number of cases requiring operation. It is not with the majority of these cases that I propose to deal in this paper, patients in whom the indications for operation are clear, nay, imperative; that is to say, strangulations with consequent intestinal obstruction, etc. Here the only question is whether, after the urgent condition is relieved, an attempt should be made to prevent recurrence. It is undoubtedly our duty to do this whenever practicable. There is another and a numerous class of patients, concerning whom I must confess to a certain amount of hesitation when the rather delicate question of recommending operative interference arises—patients of different ages, afflicted with hernia, and wearing trusses which cause more or less discomfort. A critical reader of current literature is led to suspect that operative measures have, perhaps, been sometimes carried too far by men anxious to obtain statistical tables in support of one or another method. Every new procedure has this tendency, and after oscillating between the extremes finally finds its true place. The ultimate result will undoubtedly be to increase the sphere of operative interference, but within certain definite bounds and by means of certain definite methods. So anxious have I been to avoid going to this extreme—for I, too, must acknowledge the same tendency mentally—that I may have allowed patients to go unoperated, because they were kept moderately comfortable with a well fitting truss, one that retained the rupture, who have passed into the hands of others to swell their list of "radical cures." It seems to me that the conscientious surgeon should propound to himself two questions before recommending operative measures:

(1) Is the "radical cure" I offer to this patient really a cure, and what certainty is there of a non-recurrence of the trouble, or to what degree will the condition be bettered?

(2) Does the danger of an operation overbalance the possible dangers and inconveniences of the palliative measures now used?

* Read before the Homœopathic Medical Club of Germantown, Philadelphia.

As to the first question, the percentage of permanent cures varies; for, while great advances have been made, the ideal operation has not yet been agreed upon by the necessary majority. Probably, one operation will never be agreed upon, but different details will be applied according to the peculiarities of the case. Macewen * has as good a record as any, having met with but one relapse in eighty-one cases, so far as he was able to trace them. McBurney † knows of but one relapse in forty cases. In judging of results, however, the element of time is all important, relapses undoubtedly occurring after the two or three years' limit set by some. Barker ‡ considers even four or five years too short a time to determine a radical cure. Banks, ‡ whose writings have a frankness and lack of bias that are convincing, gives over sixty per cent. of cures in the three-fourths of his moderate-sized herniæ which he had been able to trace. A little less than twenty per cent. were "improved," and this, as he justly states, is not to be forgotten in judging of results; if a hernia is but partly reducible or imperfectly retained, it is certainly improved when a truss can safely, completely and comfortably accomplish its object. He advises, however, that after every "radical cure" a light truss be worn. This is certainly not a *cure*, as, to my mind, one of the principal desiderata is to do away with this, the main *inconvenience* of palliative treatment. The majority of operators deprecate the subsequent use of the truss, which they consider has a tendency to cause absorption of the retaining cicatrix.

It appears that the radical operation is more apt to be successful in cases of strangulation (Leisrink). Probably a certain degree of inflammation is present which produces firm plastic sealing. With this observation in mind, as well as Senn's experiments, ‖ which show that serous surfaces unite more quickly and firmly when previously scarified, I have, on two occasions (non-strangulated, of course), scratched the peritoneum where it is to be sewed or ligated in excising the sac. The advantage of this procedure is, of course, in doubt, although the ruptures have not yet recurred.

As to the question of danger, the mortality rate is certainly encouraging. Two per cent. from ten to forty years of age, and from this down to one per cent. or less, are variously given. Macewen, Barker, Ball and Franks § gave a combined record of 168 cases (non-strangulated) without a death. Banks' mortality was about three per cent.

* *British Medical Journal*, December 10th, 1887.
† *New York Medical Record*, March 23d, 1889.
‡ London *Lancet*, January 5th, 1889.
‖ "Annals of Surgery," Vol. VII, pp. 368–375.
§ *British Medical Journal*, December, 1887.

in moderate sized, non-strangulated hermiæ, and twenty-five per cent. in enormous ones.* McBurney † had but one death in his forty cases, and this he does not attribute to the operation. Most of the reports so far have been those of men skilled in operative work and antiseptic technique, and experienced in this particular line. Fatal cases, too, are not usually reported, and the operation for radical cure is, of necessity, one that is and will be performed everywhere, so that the mortality rate should be considered as higher. This will probably be continuously lowered as the operation is more generally applied, just as was the case with the high operation for stone.

The opinion of writers differs as to the extent to which operative interference should be carried. Spanton ‡ claims that in children it is as much indicated as those for club foot, hare lip, cleft palate, etc., and that the dangers are no greater. Weir ‖ cautions against the tendency to indiscriminate operating, and says he does not remember ever having seen a case of strangulation following the use of a well fitting truss. Banks § considers the discomforts of a well acting truss exaggerated and asserts that this will cure the great majority of ruptures in children. In point of fact, in his list of 106 cases there are but four under the age of ten years, and one of these was strangulated. Bryant and Owen ¶ deprecate the operation in children for the same reason, unless the rupture cannot be retained. De Garmo's ** articles show the extreme in the direction of conservatism. In 1,203 herniæ one-fourth were "cured" by reduction and the truss—*i. e.*, did not protrude for six months or more after the truss was removed; over one-third were "improved"—*i. e.*, could wear a lighter truss were comfortable and out of danger; one-third were "retained"—*i. e.*, held in place, but recurred if the truss was removed. The time element, in his "cures," is, of course, too short, but some, he states, have remained cured for several years. A number of his cases were incarcerated, the adhesions between the omentum and sac being broken up by patient and repeated manipulation. In others the gut was comfortably retained, although the omentum could not be reduced. These were inguinal herniæ; but Banks says that when the omentum cannot be reduced in a femoral hernia, operation is indicated because there is constant danger of strangulation. Although unwilling to go as far

* London *Lancet*, January 5th, 1889.
† Loc. cit.
‡ *Transactions of the International Medical Congress*, 1887.
‖ *New York Medical Journal*, Vol. I, pp. 68 and 80, 1888.
§ *British Medical Journal*, December, 1887.
¶ London *Lancet*, January 5th, 1889.
** *New York Medical Journal*, January 21st and March 3d, 1888.

as De Garmo's articles would lead us by inference, there is one important lesson to be learned from them—that the surgeon should thoroughly understand the mechanical treatment of hernia. Patient and intelligent taxis can undoubtedly reduce many incarcerations, and the fitting of a truss should be as much studied as the steps of the different operations. We are too apt to relegate the whole matter to a truss maker, usually our favorite instrument maker, and give it no farther thought. This is emphasized when the statistics of this writer are compared with those of the London Truss Society (Spanton)—*i. e.*, about four and one-half per cent. of cures. J. D. Bryant* does not think that a truss can cure any simple, reducible hernia, and that it must consequently always be worn during any unusual efforts. Also that mechanical appliances do not produce "the so-called cures" by inflammatory adhesions in the sac, but by a retraction and obliteration of the latter from its resiliency.

We must not, however, make too light of the successes in the direction of operation. The percentage of cures is far above the choicest statistics of mechanical measures; besides, these measures, if not soon successful, leave the patient in iminent danger of strangulation, and this at times when far from skilled surgical aid. Even when such aid is near, the mortality from operation is probably at least fifteen per cent., and enough ruptured patients ultimately require kelotomy for strangulation to make the death rate worth noting. On the other hand, the mortality of the radical operation has been shown to be small, and bids fair to decrease continuously. A well fitting and even "comfortable" truss incapacitates patients for certain walks in life to which they aspire or are compelled to turn; for example, those who desire to enter the army and navy, or go into athletics; those obliged to follow active vocations, laborers, etc., and even women with the child bearing period before them. I must confess that once surgical opinion has decided upon *the* operation or operations adapted to the varying conditions found; when this guarantees a cure in so far, at least, as it can be promised in the ordinary deformities we daily meet with; when it is such that the average surgeon can undertake it with the same assurance of success he has in operations for hare lip, cleft palate, club foot, bow legs, knock knee, etc.; when its originator will not be able to say of every failure that it was not done as he did it (Macewen); I, for one, shall be inclined to advocate cutting in almost every rupture. For the present, however, I am constrained to follow a middle course; if a hernia is completely reducible and well retained it should be left alone. The ques-

* *New York Medical Record*, November 9th, 1889.

tion of comfort is largely dependent on the fitting of the truss and to a less degree upon habit. Complete reduction can often be accomplished after repeated, patient manipulation. The intelligence of the individual, the walk in life, and the occupation, are facts to be borne in mind. This applies not only to adults, but to the future of children; in the young a cure or marked improvement often result, even though the truss cause temporary inconvenience. In considering operative interference, extreme age, infirmities and intercurrent disease must first be eliminated. Then, if the hernia be incarcerated, if it cannot be retained, or is on the increase; if it interferes with the daily work or duties, even prospectively; if it causes excessive discomfort after the faithful and intelligent use of mechanical measures; if the testicle is becoming affected by the truss, I think we are justified, nay, bound to operate. I have but little doubt that, as some claim, the medical mind is being educated to a point where ruptures will be more generally operated, just as it has taken years to realize the importance of early operation in cases of strangulation.

As already stated, the question of the operative treatment of hernia is still to a certain extent *sub judice.* Its history, while extensive, consists largely of developmental repetitions. In the cautery and caustics of the ancients, in their golden and royal stitch, in the epidemic of castration during the last century, and, still later, in the use of the seton, we see foreshadowed, in a rough way, the more modern procedures. Their object, even though faulty in principle and imperfectly applied, was to obliterate the sac and approximate the walls of the canal, and it was long ago recognized that the presence of the cord was an obstacle to complete closure. This has not yet been entirely overcome. I was much impressed with the ease with which obliteration of the canal could be effected after removal of the cord in a case I recently operated. There was strangulation of a knuckle of gut by the neck of the sac, in front of which lay an undescended testicle. The hernia had been reduced *en bloc* within the internal ring. Castration was done, the testicle in such cases, as is well known, being useless, besides causing, in this instance, constant discomfort. The canal was then accurately and firmly closed without difficulty.

Of more recent date are the subcutaneous ligature (John Wood), and irritating injections of iodine into the sac (Pancoast), or of oak bark into the surrounding tissues (Heaton, Warren, Keetley). The last method is still practiced by its advocates in selected cases, and injections of alcohol are similarly used by some in Europe. Since the beginning of the antiseptic era, and more particularly since expe-

rience has done away with the dread of the peritoneum, the tendency has been to give up the groping element and carry out the different steps under the guidance of the eye; in other words, herniæ have been treated by dissection. That opening the peritoneum is still considered a source of danger is shown by the statement of Thomas Bryant,* that it quadruples the risk. It appears to me that he refers to children, although he has been quoted as applying the statements to adults as well.

Next to careful asepsis, complete closure of the sac to shut off the peritoneal cavity from subsequent infection has helped more than anything else to reduce the mortality after kelotomies. Weir† quotes statistics to show that, while antiseptic precautions diminished the death-rate after operations for strangulation only about eight per cent. (Schmidt), these, combined with early interference, and especially closure of the abdominal opening, brought it down over twenty-five per cent. (Banks, Leisrink, Anderegg). Many operators were satisfied with this and devoted their attention to closing the external ring, leaving a peritoneal pouch behind to invite recurrence.

Probably the most important step toward successful cure was the complete obliteration of the sac, the restoration of a perfectly smooth peritoneal surface on the inside. Some writers consider this all-sufficient (Anderegg, Banks). However this may be, one thing is certain, no matter what is superimposed, if a peritoneal pouch exists and a hernia enters it, nothing in the shape of tissue can stop its advance. The sac is generally freed up to or within the internal ring, but in case it is large or firmly attached, Barker‡ divides it at the external ring and leaves the fundus in place. It is then treated in a variety of ways :

First. It is excised after ligature of the neck (Czerny, Nussbaum, Banks, McBurney, etc.)

Second. It is excised and the peritoneum carefully drawn together with sutures (Marcy and others).

Third. It is twisted until any pouch is obliterated, and the parietal peritoneum is thrown into a series of stellate folds (Ball, Stoker).

Fourth. It is folded on itself a number of times by stitches and applied inside the internal ring as a pad or buttress (Macewen).

Fifth. It is ligated at the external ring, the ends of the ligature being left long, and the stump carried up inside the internal ring. The threads are passed through the edges of the latter to close it when they are tied (Barker).

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* London *Lancet*, Vol. I, p. 19, 1889.

† *New York Medical Journal*, January 21st, 1888.

‡ *British Medical Journal*, December 3d, 1887.

Sixth. It is woven across, inside the ring, through slits made on either side of the aperture (J. D. Bryant).

Seventh. The sac and omentum are included in a puckering string stitch, and the mass fastened inside the ring (Warren).

The aim in all is obliteration of the peritoneum pouch, leaving a smooth surface or making a buttress or a plug.

The question concerning which there has been the greatest difference of opinion is the treatment of the canal or "hole" that remains. The different methods may be divided into two classes:

First. To close, more or less completely, the different structures by suture—*i. e.*, an attempt to restore the normal condition.

Second. To allow or oblige the wound to heal by granulation—*i. e.*, to interpose a mass of scar tissue as a bulwark against protrusion.

It would be impossible, as well as unnecessary, to review all the different methods proposed; I shall, therefore, briefly run over a few of those most practiced, as types of each class.

Macewen,* after treating the sac as already described, draws together the conjoined tendon, Poupart's ligament, and the muscular aponeuroses. This closes the canal and tends to restore its valve-like formation. He uses chromicized gut, sutures the outer wound and drains with chicken bone. I have applied this method in one case, an oblique, inguinal, strangulated hernia with a medium sized, strong sac. There was some suppuration and discharge of a couple of iron-dyed sutures, used instead of the chromicized catgut, which I have found unreliable as we obtain it here. The result was good, and no recurrence has taken place as yet, nearly two years. On another occasion, after splitting the canal and twisting the sac, I closed the former in the same way. This method has given Macewen the best results on record. He states that he has applied the principle of the folded sac to other than oblique inguinal herniæ, but gives no details of the subsequent steps, so far as I know.

Riesel,† to insure complete excision of the sac and suture of the ring, split up the canal to the internal orifice, and then, if necessary, cut off enough of the anterior wall to close it on uniting the edges. This is a most valuable procedure, both for removing the sac and closing the canal. In fact, theoretically at least, it seems the ideal. I have tried it, with slight modifications, in five cases (three strangulated), and the one relapse so far has been along the cicatrix of the drain at the outer end. The hernia is direct and has not entered the canal.

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* "Annals of Surgery," August, 1886.

† *Deutsche Mediz. Woch.*, 1887, p. 449.

Maydl, I understand, is practicing and teaching a modification of the Czerny-Riesel method; he cuts a groove into which he sews the cord and then tightly closes the canal and wound.

Considerable discussion has arisen concerning the advisability of closing the rings, and different methods and different substances have been used to accomplish this. It has been argued that it is useless to try to bring about union of two thin fibrous edges which have to be drawn together with considerable tension. On the other hand, it is claimed that, while complete closure may not be obtained, the sutures will prevent protrusion until healing is complete. Furthermore, those who use stable sutures (silk and wire) think that when aseptic they act as permanent supports. It has been also objected that a canal nature intended to keep patulous can never be closed; that the distortion cannot be corrected and the valve-like formation restored; and that it is impossible to permanently draw the conjoined tendon toward Poupart's ligament. Therefore, it has been proposed to build up a wall of scar tissue, which shall plug the canal and the openings. This was practiced by Banks and others in femoral and large herniæ, suture of the opening preventing protrusion temporarily. Another and more systematic method of accomplishing the same object, one that bids fair to become very popular, is that proposed by McBurney.* His aim is to build this cicatricial wall from the peritoneum up, and he substitutes a recumbent posture for about six weeks, or throughout healing, for the supporting sutures. It differs from that of Riesel in the treatment of the canal and the ring. The conjoined tendon, the aponeurosis of the external oblique and the skin are united with sutures on one side, and Poupart's ligament and the skin on the other, the skin of both sides being deeply inverted. The wound is thus kept open and packed throughout with iodoform gauze up to the subperitoneal connective tissue. Healing from the very bottom is insured with a large and firm cicatrix. This method has, undoubtedly, given its originator excellent results, one relapse in forty cases, as already stated. J. D. Bryant, however, has met with one relapse in five cases. If further experience shows the retentive power of the cicatrix to be permanent, this method has much to commend it, and from its simplicity may become *the* operation. It seems to me that, after all, success here is largely due to obliteration of the sac, and if failures occur they will be due to the formation of a pouch from contraction of the scar. Warren † speaks of infolding the tissues at the site of the ring to produce a raised cicatrix pointing inward, and this

* *New York Medical Journal*, January 21st. 1888.

† *Journal American Medical Association*, November 2d, 1889.

applies here; the cicatricial tissue starts from the peritoneum and contracts in every direction, therefore tending to draw this membrane toward it. This may be the secret of Macewen's success, for the buttress will change, at most, to a smooth peritoneal surface when drawn in by cicatricial contraction.

I have not had a method of my own to advocate and follow, and hence my experience lacks value as a support to any particular procedure. For the same reason I have varied the technique according as something that appeared to me of value was published, and have endeavored, more particularly, to individualize my cases, and apply one or another method or step that seemed best adapted to the conditions found. In a medium sized hernia with a sac that can be readily separated, I should prefer to treat it as recommended by Macewen; if there is room to make slits on each side of the ring, Bryant's weaving process may be worthy of trial; if the sac is firm but small, twisting will answer, but if thin, ligation is better. On the other hand, when it is very easily torn, as I have found in one case (*Hahnemannian Monthly*, July, 1889), the opening may not only have to be sutured, but some portions of the sac utilized in closing the peritoneum. If the sac is firmly adherent I would prefer Barker's plan, leaving the greater portion in place and treating the neck as appeared most appropriate. I have on three occasions applied the principles of McBurney's method in femoral * and once in inguinal hernia with gratifying results. Previously I had three times closed the cavity layer by layer, with one relapse and one death (all strangulated). In one large, strangulated, umbilical hernia I drew together the mouth of the sac on the level of the peritoneum with a puckering-string stitch; folded, reduced and fastened it inside to the abdominal wall as a buttress and plug. A few sutures, passed from one knife-like edge of the fibrous opening to the other, served to prevent protrusion. The large cavity was then packed with iodoform gauze, the edges being deeply inverted. In inguinal herniæ of moderate size, where there is a *canal*, my experience has led me to prefer what is practically the method of Riesel. The sac is treated according to the indications mentioned, and the canal tightly closed by sewing down layer after layer, the edges having been trimmed to diminish its size. The two sides are either drawn together or a strip of gauze is packed between them. If the internal ring is large, it is sutured, and the wound either accurately closed or a strip of gauze packed down at the outer end.

* Two of these have been reported: *Hahnemannian Monthly*, July and October, 1889.

Various methods of dressing have been recommended. To me the scrotum and groin have always been bugbears in this respect. Marcy extols iodoform collodion. I am very fond of this or photoxyllin (Wahl),* which are admirably adapted to hermetically seal a wound in this dangerous locality, and do not preclude the use of drainage or packing at one end. This can, of course, only be applied where the closed method is practiced. The difficulty of dressing this region has been noted by others; Gerster† advises that in children, after occlusion of the sac and canal, the external wound be packed. He has found that otherwise contamination invariably prevents primary union. In the open wound method the dressing used by McBurney is probably the safest. He applies, over the gauze and cotton, a spica of plaster of Paris, which he shellacs in children.

The following cases, three in number, a brief account of which I append, are of interest principally from the peculiarities they presented. Of course they are of too recent date (three to four months) to be classed as cured, and I would protest against the value of the many reports of so-called radical operations, a few weeks or months old, as bearing upon the question of ultimate cure.

Case I.—H. K., aged twenty-three years, consulted me last winter for a large hydrocele. The groin and scrotum had been swollen ever since childhood. He had been tapped several times, and the walls of the sac were much thickened and opaque, transmitting no light. Above this was a hernia which could only be partially reduced, the adherent portion being, in all probability, omentum. It was increasing in size, and but imperfectly controlled by a truss which caused pain and annoyance. After tapping twice I advised operation for radical cure of the hydrocele (Volkmann's or excision of the sac), with the understanding that the hernia should also be treated at the same time, if I saw fit.

Operation, August 9th, 1889, at the Hahnemann Hospital, with the usual antiseptic precautions. On incising and emptying the hydrocele sac, I found at its apex a teat of omentum. This evidently shut off the scrotal cavity from that of the hernia, as the finger could readily push it up, invaginating one sac into the other, and reach the internal ring through the much dilated inguinal canal. The incision was carried upward and outward beyond the internal ring and the canal split throughout its whole extent. The sac contained a large piece of omentum adherent at the point mentioned. This was tied off in sections and the stump tucked back into the abdominal cavity. The sac was then dissected up to and within the internal ring, ligated with heavy catgut and excised. It was found very difficult to separate it from the cord, with which it was very intimately connected,

* *Centralbl. fur Chirurgie*, 1887, p. 571.

† *New York Medical Journal*, January 21st, 1888.

and the adherent portions were therefore cut off and left in place. The internal ring was drawn together by a cobbler's stitch of heavy catgut, pushing the cord upward (Marcy), and the two flaps trimmed off and stitched down layer by layer to the bottom of the canal. The wound was then closed by drawing the two sides together obliquely, so as to leave a pucker at the outer end for drainage (Franks). The hydrocele sac was excised and the scrotal wound lightly sutured with free drainage. So tightly had the inguinal canal been closed that the venous oozing from the testicle was quite free and persistent. No harm resulted. Iodoform dressings completed the operation. Healing was uneventful, barring a troublesome cystitis which developed after catheterization for retention. He is now at work, on his feet and lifting most of the time; wears no truss and presents no sign of recurrence, the scar being very firm.

I am inclined to think the hydrocele and hernia were congenital or nearly so, the separation of the two sacs being a subsequent development produced by the omental plug. Such a separation can certainly take place, although I do not remember ever having seen it described. The division was midway between the external ring and the bottom of the scrotum.

Case 2.—Mrs. R., aged fifty-four years, sent me by Dr. B. H. Shivers, of Haddonfield, N. J. For twenty-five years a tumor has been developing in the left groin. It is now as large as a babe's head, is very painful, and incapacitates her for work. It is dull on percussion; cough impulse, if present, is very vague; on top (as she lies) is a fistulous opening which freely discharges a watery, shreddy pus; into this the probe passes and can be moved subcutaneously in every direction. Remembering Weir's* success in reducing a hernia in a child by hooking a finger over the gut from the rectum, this was tried as a means of diagnosis both from the rectum and vagina, but with negative result.

Operation, at the Hahnemann Hospital, August 16th, 1889. An oblique incision, parallel with Poupart's ligament, opened a suppurating cavity with a serous lining on the skin side and a tumor with a similar covering on the lower side. This was limited by inflammatory adhesions, and on breaking them up, after active disinfection, a hernial sac was found containing several feet of large intestine, a fold of omentum and the tumor. The latter, a lipoma, sprang from the colon, being evidently an overgrowth of one of the appendices epiploicæ. The adhesions and the tumor were tied off and the contents reduced, after freely enlarging the abdominal orifice upward. The sac was excised, the peritoneum carefully drawn together by stitches and the extensive, inverted T-shaped wound united layer by layer, after trimming down the flaps. Drains were inserted at the angles and iodoform dressings applied. She recovered without untoward symptoms, and is now, I understand, about her work again (cook) wearing an elastic bandage and without sign of recurrence.

* *New York Medical Journal*, Vol. I, 1888, p. 77.

The lipoma here was unusually large, and did not spring, as is generally the case, from the omentum, but from one of the appendices of the colon. These were all of considerable size, there being several in the hernial sac on both sides of the pedicle of the tumor.

CASE III.—Mrs. T., widow, aged sixty-five years, referred to my service at the Hahnemann Hospital, from the gynæcological department, by my colleague, Dr. Betts. Right femoral hernia that has existed for ten years, but has been rapidly increasing for two years. This was the largest rupture I have ever seen, extending nearly to the knee and producing a deformity noticeable through the clothing. It was held up by a home-made supporter, but the walls were so thinned that in places they threatened to burst; the intestinal movements were distinctly visible. She was rendered practically helpless; was more and more troubled with constipation and colicky pains, upon which vomiting had several times supervened.

OPERATION, August 19th, 1889, under strict antisepsis, as usual. The tumor was incised and the sac immediately reached. In it was found everything, excepting, as a bystander remarked, the stomach and the rectum: colon, cæcum, vermiform appendix, small intestine and omentum. Numerous adhesions were tied or burned off, and, to reduce the mass, the opening had to be freely enlarged upward. Fortunately the lax abdominal walls permitted the return of its former contents without much difficulty. The sac was excised; the peritoneum accurately united and the muscles and skin sutured layer by layer. Iodoform gauze was packed into the hernial opening, which, of course, could not be closed, protrusion being prevented by a few stitches crossing it in every direction (Warren). The immense cavity on the thigh was closed by a Zesas suture and drained. There was considerable gaping, subsequently, around the gauze, and a large cavity slowly filled by granulation from the peritoneum up. As a consequence, there is a powerful, depressed scar. Vomiting was a persistent and recurring symptom, although unaccompanied by rise of temperature or abdominal tenderness. She is about without a truss, and no recurrence as yet.

It is claimed that these large ruptures should be left alone. Here, however, was a woman rendered helpless by this transfer of the abdominal contents into a thin bag on the thigh. The hernia was rapidly increasing in size, and threatened to burst at no distant date. The warnings of approaching strangulation had been given, and, in fact, it is a wonder to me that this had not occurred long before, on account of the small size of the opening. Strangulation including such an amount of bowel meant almost immediate death. Patency was kept up only by increasing doses of purgative medicine, and constipation had been complete for several days previous to operation, in spite of heroic medication. Reduction was impossible, on account of the adhesions and the small aperture, even after the sac was opened. She

was otherwise in good health. The indications for operation were certainly clear. I was fortunate in finding lax abdominal walls that permitted the replacement of such an extensive mass. This is one of the main difficulties with these enormous herniæ. As to the result—there will probably be no need of a truss, making it a complete cure instead of a partial one, although I only expected the latter. The scar is large, depressed and very firm, and the peritoneum was evenly united, leaving no pouch to invite recurrence. An elastic support will be worn, more to hold up the lax abdomen than to make any pressure over the hernial cicatrix, which would be detrimental. Dulles* has called attention to this, and thinks the support diverts the general "thrust" of the abdominal contents into the pelvis. He claims that every case of hernia has lax walls. However this may be, I have used a support where such a condition is marked. It seems to me preferable to a truss above the canal, as recommended by De Garmo,† who applies it here to avoid absorption of the cicatrix. In this case a truss would only tend to open the vertical laparotomy wound above.

CROTON WATER SUPPLY.—The report of the State Board of Health for 1889 contains a report of the Board upon a potable water supply for the city of New York. The Board has made a thorough examination of all the sanitary conditions relating to the sources and storage of water supply for the city of New York, and have framed regulations that will protect the city against the pollution of the water. Special rules and regulations have been made relating to privies adjacent to lakes and water-courses. Other rules refer to house slops, sink wastes, laundry water and other sewages; while garbage, refuse, composts, dead animals and cemeteries have each their own restrictions. A penalty of not less than $50, nor more than $100, is imposed upon any corporation, person or persons, guilty of a violation of or non-compliance with any of these rules. The report of the inspection of the Croton water-shed by Engineer Brown is remarkable for its fullness. The plan of the report includes a description of the natural characteristics of the water-shed, giving its location, extent, geological formation, character of surface and soil, amount of rainfall and river discharge, including therein a statement of the natural sources of pollution to the water supply, both inorganic and organic, and also a statement of the artificial sources of pollution. Then there is a discussion of the condition of the Croton water, chemically considered, for a series of years, with tables showing the results of analyses at various times. This portion of the report is furnished by Professor Elwyn Waller, of Columbia College, who also describes several methods of disposing of the organic wastes from villages and hamlets. Every one interested in sanitary matters should obtain a copy of this report.

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* *New York Medical Journal*, March 17th, 1889.

† *Transactions New York Medical Society*, February, 1889.

EDITORIAL DEPARTMENT.

"SIMILIA" AS A BIOLOGICAL LAW.

THE following communication from Dr. J. T. O'Connor is considered of sufficient importance to warrant editorial prominence. We therefore commend it to attention as indicative of promise that dawn of the day, when the law of homœopathy will be universally recognized as a law of biology, is showing the first faint streaks of morning sky. It is especially commended to those who would bury homœopathy in the darkness of their knowledge of biology:

The writer has, during the past few years, repeatedly called the attention of the homœopathic profession to results obtained by allopathic investigation of the action of drugs, not only upon the lower animals, but also upon the human individual. These results so frequently supported the homœopathic doctrine and were so often evidence of the power of the small dose in the sick that he could not account for the mental blindness of advanced allopaths in still refusing to acknowledge the law of similars, and its corollary, the small dose. He had no hesitation in predicting that the time would soon come when the truth of both would be admitted, and that the admission would first be made by the more prominent and scientific men in the old school. The disingenuousness of English and American writers, such as Ringer, Lauder Brunton, Bartholow and others, gave little hope that the Saul who is to become the new Paul exists in any

English-speaking nation. It was to Germany, then, that we looked for him. There, provings on the healthy human individual had been already undertaken with enthusiasm by Professor Schulz, of Greifswald, and the power of small doses to produce symptoms was demonstrated by the "scientific" methods of university medicine. Still, mere corroborations of what homœopaths hold as the fundamental principle in their system was not what was needed; these had been made often enough. Nor were the tardy and often unwilling admissions of the power of the small dose to relieve disease what was expected. We looked for the acknowledgment that the homœopathic law is really scientific, and, consequently, that the persecution and professional ostracism of homœopaths on account of their belief in therapeutics were persecutions of science itself.

A paper by Dr. Rudolph Arndt, of Greifswald, as a statement of principles founded upon observed facts and included in underlying laws, must command the attention of every thinking physician of either school. It is to be regretted that our space is not sufficient to permit of a translation of the article in full. The high position occupied by Dr. Arndt among German medical scientists leads us to the belief that he has minimized, in some respects, his arguments, possibly to gain for them a readier acceptance from the dominant school; nevertheless, they are strong enough when carried out to their logical conclusions.

In his works "Neurasthenie" (1885) and "Verlauf der Psychosen," (1887) he maintained that all life corresponds in its manifestations to the law of "nerve-excitability," and he expresses this in the formula, "Weak irritations arouse the vital activity, moderate ones increase it, strong ones repress it, and the strongest abolish it."

The simplest demonstration of this is in Pflüger's law of contraction (nervous excitability), and for its wide distribution Arndt has searched in different directions. Quite unexpectedly, he says, he found testimony in its favor, and from a source in which he would look for it the least. He refers to Professor Hugo Schulz's "Zur Lehre von der Arzneiwirkung,"* in which the following occurs: "The changes that a remedy calls forth in the activity of an organ, may, under certain conditions, appear in directly opposite ways. One and the same organ, influenced by one and the same agent, exhibits marked increase of physiological activity or shows decidedly decreased and lessened activity. Experience shows that this difference of action is directly dependent upon the dose of the medicament employed. . . . Considered theoretically, we may say, small doses of drugs act in a way the reverse of large ones, but in practice such conditions do not appear with equal clearness."

* Virchow's Archiv., Bd. 108, 1887, p. 23.

Dr. Arndt continues: Every change in the function and state of an organ, in consequence of the action of a remedy upon it, is the expression of an irritation of its constituent parts—that is, its cellular elements. Physiology teaches that it is not so much the quality as it is the quantity of the irritation that determines the special difference in activity. This quantitative action in its alternating expression is brought into view most plainly in the different phases of nerve-activity as shown by Pflüger's law of contraction. In the latter we see clearly that one and the same cause, the electric current, in the same organ —that is, the nerve—calls forth opposite effects according to the strength of the current. In reality the opposed states are conditioned by the specific properties dwelling in the nerve. When an ascending current passes through a motor nerve the following phenomena appear, as is well known, according to the strength of the current.

1. Weak current	with its closing	contraction.
	with its opening	rest.
2. Moderately strong current	with its closing	contraction.
	with its opening	contraction.
3. Strong current	with its closing	rest.
	with its opening	contraction.

Comparing 1 and 3 we find a complete reversal of the activities. With a descending current the relations are the same, but the current must be stronger throughout. A similar reversal of action from the same, but quantitatively differing influence, appears in the nerve, as is generally admitted, from thermic and chemical irritations.

This law undergoes a modification, as is well known, in pathological conditions—that is, in diseased or degenerated nerves. Here a relatively weak current suffices for producing, according to the stage of degeneration, the above reactions. The amount of irritation existing in the degenerating nerve is added to the power of the weak current, (?) and causes the same phenomena as when a sound nerve is irritated by a moderate or strong current.

From the foregoing Herr Schulz* endeavors to show that there are laws governing the alternating relation between the medicament and the organ, parallel to that which we know exists in the behavior of a nerve under electrical irritation. For the opposite manifestation that medicinal irritants call forth in different organs is dependent upon the internal properties and the external arrangement of a substance that is, in general, everywhere identical—that is, the protoplasm. And just as the action of an agent upon a nerve presents itself in alternating conditions from stage to stage progressively, ac-

* Dr. Arndt's article is essentially a running commentary, with additions of his own, upon the two works of Professor Schulz named therein. Schulz's proving of quinine upon the healthy human individual is noted in a paper by Dr. Sulzer, one of the editors of *Berliner Zeitschrift des Vereins Homöopathischer Aertze* (VII. Bd., H. 2, Dec., 1887). A translation, by the present writer, of Sulzer's critique and résumé can be found in the *Homœopathic Recorder* of May 15th, 1888. Schulz's article is entitled "Studies of the Action of Quinine in the Healthy Human Being," and appeared in Virchow's Archiv., Bd. 109, 1887. In *Therapeutische Monatshefte* of January, 1888, is published in full Professor Schulz's paper, read before the Greifswald Medical Society, "Upon the Action and Dosage of Iron."

cording to its intensity, so also there appears in every other aggregation of cells (that is, organs) an alternating reaction against the attack of the smallest, the medium and the large doses of a drug.

Some experiments of Herr Schulz with fermentation are quoted as well as the latter author's conclusion, that substances, which in larger amount limit ferment-activity, act in just the reverse manner when employed in small amount, and that the action of drugs as remedies follows the same law. In the morbid condition the law is still that already given—"every diseased organ exhibits toward a drug that has the power to act upon it a changed reaction, for its diseased state implies a weakness of its physiological function."

Herr Schulz now shows that different drugs hold definite relations to different organs, as quinine to the spleen, arsenic to the glands and especially to the lymph glands, cyanide of mercury to the pharyngeal mucous membrane, tartar emetic to the lungs and especially to the bronchial and tracheal mucous membrane, ipecac, especially emetin, to the mucous membrane of the intestine, iron and secale cornutum to the vascular system, bismuth to the mucous membrane of the stomach; others act in another way—the so-called specific action—by effecting an alteration in the morbid (altered through positive poisons, the so-called ptomaines) tissues that now serve as soils for the further development of corresponding pathogenetic bacilli, the alteration caused by the drug being unfavorable for the bacilli, but, of course, favorable for the individual. He instances the action of calomel upon the intestinal mucous membrane changed by the typhoid poison, salicylic acid upon the joint affected by the poison of articular rheumatism, quinine upon the spleen specially attacked by the poison of intermittent fever.

Herr Schulz makes the following conclusions from the results of his investigations :

1. The activity of a drug depends first of all upon the relation (close or remote) between it and any organ.

2. The physiological action of a drug upon an organ depends upon the amount of the drug in such way, that according to the amount really acting, the phenomena resulting find a complete analogy in the law of contraction.

3. The last sentence is subject, when concerned with pathological conditions of the organs and hence with therapeutics, to the same modification found to exist in the law of contraction when applied to a degenerating nerve. There is needed under certain definite pathological conditions only a small quantity of a drug in order to attain the effect that in the normal organ can only be expected from large doses.

What Schulz found to be true of the animal cell he also showed is true in the vegetable, and he has proved that the same substances, which in large doses act as poisons upon the yeast-cell and thus repress or totally abolish fermentation, act in small doses as stimulants to the former and increase the latter. Experiments with corrosive sublimate, iodine, bromine, and arsenious, chromic, salicylic and formic acids, all show one common result, that small doses of these *

* Many of them in attenuation between the 5x and 6x homœopathic dilutions.

increase considerably the activity of yeast beyond the normal for a longer or shorter time.

From the two works* (of Schulz) it is shown that Arndt's law of nerve irritation is of far wider application; that it is a law not only for the nerves but also for all animal tissues, and indeed for the animal itself; and further that it applies to plants and their constituents; thus it is the law dominating life itself, and from the mode of its manifestation it may be called the foundational biological law (biologische Grundgesetz). It is the law according to which all life-processes are governed and effectuated.

Herr Schulz directs attention especially to the power of resistance of the individual and his organs, and insists that this is to be regarded in therapeutics, and shows that, in morbid states the body or organs having less resistance-power, a small dose of the related remedy must have the activity that large doses do in the well or powerfully resisting individual or organ.

The power of small doses is shown by numerous examples (whether from Schulz or Arndt it is not stated), but they are well known and often quoted by writers on this subject. The force of the argument (Arndt's) is, however, weakened by his appealing to the phenomena of hypnotism, for he does not separate deception and simulation from the realities of hypnosis. The abstracter has repeatedly called attention in his lectures to the fact that hypnotism is curative only in those conditions that can be produced in the healthy by the method, the large dose, so to say, in the latter being the many repetitions required in a healthy person to cause higher grades of this state.

Schulz's last statement, as given above, would seem to imply that the small dose acts in just the same manner in the sick as does the large one in the healthy.

Arndt now brings in his law of nerve irritation, and after giving many examples says: "Large doses have an action the reverse of that produced by small ones. Repression is the reverse of excitation; paralysis is the reverse of activity." That this is so, has been known for a long time. But why it is so is shown for the first time by Schulz, in demonstrating the existence of the above mentioned foundation law of biology.† He has first given to therapeutics, as far as it is conditioned by pharmacodynamics, a solid and safe footing upon which it can now develop further and further in a scientific, rational way. He has also advanced biology in general. For in tracing the action of remedies to the law of nerve-irritability he has first rendered possible the consideration of its manifold action from a

* "Zur Lehre von der Arzneiwerkung," Virchow's Archiv., Bd. 108, 1887. "Ueber Hefégifte," Pflüger's Archiv., Bd. XLII, 1888.

† Neither author seems to have examined homœopathy, or if so, he fails to admit any inspiration therefrom.

more general point of view, and has also shown the existence of this law in other domains than the nervous system, and with this the correctness of Arndt's generalization that this law governs the whole organic world.

What is true of medicinal therapeutics as such, is true also of therapeutic measures of every kind, of balneotherapy and its subdivision hydrotherapy, of electrotherapy, of climatotherapy, of massage, and even of the therapeutic use of hypnotism and of "suggestion."

Up to this point the reader has undoubtedly noted repetitions of really all that is claimed by homœopathy—that is, the existence of a law, which law includes the idea of opposed action of small and of large doses, and the power of small doses to affect the sick organ or individual. It would not be out of the usual course for the author to ignore homœopathy or to say boldly that homœopathy is a very different thing. Arndt, however, shows that he is really scientific, for he is not afraid to admit the truth when he sees it. He does it, however, more by implication than by direct statement, and it may be that he refrained from putting his ideas in a more trenchant form, in order to gain a hearing from a larger audience than he would have otherwise had, or perhaps, even, to get admission to the columns of a journal opposed to homœopathy. Here is what he says: "Herr Schulz has, in his two works, done to medical science and through it to medical art—that is, practice—a service the like of which there has not been for a long time." It includes the possibility of an understanding of the diverse directions which therapeutics have taken, and even of homœopathy and allopathy. It is all in the foundation law of biology: "Weak irritations arouse the vital activity, moderate ones increase it, strong ones repress it, and the strongest abolish it;" or what is the same thing, "Weak irritations—and every therapeutic means is an irritant—have an action the reverse of that produced by strong ones."

Can the homœopath ask any further admission? There is acknowledged in the foregoing, first, that strong doses are required to produce symptoms in the healthy; second, that small doses given in states of lowered resistance act in the reverse way. That is to say, get symptoms from the healthy by using strong doses, and to undo or reverse such symptoms (impliedly not caused by the same drug) in the sick, give small doses. The strong dose is the one sufficient to produce symptoms in the healthy. And the small dose? Well, we need not quarrel about its degree of dilution—it must be small enough to cure.

THE DISPOSAL OF THE DEAD.

THE dead wage war upon the living. "God's Acre" is a centre of pestilence and malignant infection. The overcrowded cemeteries of large cities spread disease and death constantly. The corruption of the tomb is indescribable. If the full, horrible truth were known there would be an immediate abandonment of earth burial. It is a somewhat curious fact that the custom of interment came in with the Christian religion and grew and strengthened with it. Incineration was the old Roman custom. Many celebrated men of Athens and of Rome were cremated. Other nations had employed fire in the disposal of their dead from a remote date. But the lavish expenditure of money by the rich at the cremation of their relatives drove the poor to earth burial as much cheaper. Then as Christianity spread incineration was gradually extinguished and the loathsome practice of interment begun. It is suggestive that when cremation was the fashion the habiliments of woe were white, but when interment was the practice the hue changed to the sombre black. The deadly mischief wrought by burial grounds can hardly be overestimated. The rural cemetery, sheltered beneath the shade of venerable trees, the ideal picture of peaceful and innocent repose, may be insidiously stealing away the lives of those within its deadly influence. The popular notion that the burial of a body in the ground prevents all possible after-harm—that the virulent products of decomposition are rendered innocuous by the purifying power of the earth—is sadly erroneous. An eminent authority has said that no dead body was ever placed in the earth without polluting the earth, the air and the water, above and around it. Decomposition is combustion, but this slow disintegration of the dead is detrimental to the living. In certain soils a few years serve to thoroughly decompose a body. But under other and less favorable conditions years may elapse before the process is complete. The death and final resolving of the body into its elements do not kill the germs of virulent diseases. They live on indefinitely. Excavations in graveyards, three hundred years after the victims of infectious diseases were buried there, have caused an epidemic of diseases. The drainage from cemeteries is necessarily of the most foul and pernicious nature. This, by contaminat-

ing streams and sources of water-supply, can easily breed death and disease. The methods in vogue in the large cemeteries surrounding New York are a disgrace to civilization. It is no secret that three or more bodies are very frequently interred in one grave. In "Potter's Field" trenches are dug, and the rough boxes containing the bodies of the unfortunate poor are piled one upon the other and insufficiently covered with dirt. In some cemeteries bodies are dug up to make room for others. Pure water, pure air and pure soil are impossible in the vicinity of a graveyard. The Special Committee of the American Public Health Association reported at St. Louis in 1886 as follows: "We believe that the horrid practice of earth burial does more to propagate the germs of disease and death, and to spread desolation and pestilence over the human race, than does all man's ingenuity and ignorance in every custom or habit. The graveyard must be abandoned. The time has come for us to face squarely the problem, how to dispose of the dead with safety to the living, and your committee has an abiding faith that you will earnestly and at once say that the earth was made for the living and not for the dead, and that pure air, pure water and pure soil are absolutely necessary for perfect health. Only skeptics deny that the dead do poison these three essentials of human life." Cremation has to oppose it nothing but a sentiment. But sentiment is a formidable antagonist. The rapid destruction of the body of the dead by a fierce and ruthless element is repugnant to the feelings of the near relatives. They cannot as yet disassociate the soul and the body. Could they once see fully revealed the horrible corruption of burial they would be speedy converts to the system of cremation. Instead of a process of combustion extending over years, an hour or two completes the work. All danger of infection is removed and valuable lives are not endangered. In the process of cremation "no fuel or flame of foreign substance comes in contact with the body. The process is accompanied with no perceptible sound or smell or smoke; absolutely nothing that can offend the sensibilities of the most fastidious. All the smoke and volatile products of combustion are passed through a regenerating furnace before being turned loose into the air, and are absolutely purified. The process is, indeed, in every way so decorous and so

beautiful, as compared with other methods of disposing of the dead, that it is described by those who have seen it as fascinating, and scarcely an instance is known of any one's having witnessed the process as thus conducted, who has not at once become a pronounced convert to cremation, whatever may have been his pre-existing prejudice." A plan recently proposed returns to the plans of the ancient Egyptians in many respects. It may be called the mausoleum plan. It is proposed to build in all our large cities immense buildings of concrete and stone, capable of holding from ten to forty thousand bodies. Each body has its own apartment, which is secured by two doors—an inner glass one, hermetically sealed, and an outer one of iron or stone. A current of hot dry air is forced constantly through each compartment until the bodies are thoroughly dried. The vaporized products are conducted to a furnace and consumed. This process of desiccation reduces the body in weight two-thirds or more, and renders it inoffensive. The features are said to be but little changed. Economy of space would certainly be one of the commendable features of this plan, and it is a great improvement on interment. But it is not as good as cremation. It is the duty of the physician to protect the well as much as he can from the sick. He should see that the community where he lives becomes cognizant of the dangers of interment and of the advantages afforded by other methods. An educated and informed public will not long hesitate in changing the present plan of disposing of the dead.

COMMENTS.

THE LESSONS OF THE YEAR.—Doctor, if you can spare some moments from your professional duties, let us talk together of a few things which ought to interest you. Do you know that 1889 is nearly gone; that Christmas with its joyous festivities is upon us, and that the lessons of the year are nearly taught? What have you learned, Doctor, in the school of life this year? The lessons are free, you must take them whether or no, but the profit to be derived from them depends entirely upon you. You are a most fortunate man if during these twelve months, now nearly past, you have not often blundered, sometimes willfully; often avoided your plain duty, often forgot your implied obligations and often regretted your errors; and your deepest and strongest regret is felt for those faults, which are known to you alone and which somehow injure your own self-respect. There have been times, too, when perhaps you have felt that your knowledge

was, after all, very limited, that your view of life was narrow, and that there might be a truer philosophy of living than the one you had entertained. If you have felt neither regret nor repining, if your mental conceptions have narrowed instead of expanding, if you have had no increased power of comprehending the responsibilities, difficulties and verities of life, you are either entirely without brains, or you are half developed, or badly developed, or imperfectly nurtured, or mean spirited, or demoralized. Keep your contracts. Have you done so? Do you think the only obligations that bind are those stamped with the seal of a notary public? Are you ignorant or careless, or both, of those unwritten but binding contracts that define your duty to the community, to the profession, to your patients and to yourself? As you review the year how do you think you stand in the community where you live? How do you think your neighbors regard you? You would, perhaps, be unpleasantly surprised if you knew. What have you done to make yourself valued? Have you been generous, unselfish and thoughtful, or have you ignored your neighbors and lived only for yourself? Have you been censorious and cynical? Then reform. Don't groan whenever others shout. Don't grow uncomfortable as others grow happy. If we find others are better and more popular than we are, let us thank God that there is somebody better and more popular than we. Be careful of your eyes. Don't let your eye strain out every good quality and take in only the bad. Don't think religion is hypocrisy, honesty a preparation for fraud, and virtue only a want of opportunity. Remember *noblesse oblige.* Doctor, keep your contracts. And how about your next door neighbor, Dr. Blank? Are your relations with him pleasant or otherwise? and if otherwise, why do you not see that matters are set right at once? Doctor, are you jealous? Does the mere mention of a successful rival's name throw you into convulsions? Does the brightness and prosperity that surrounds him pain your eyes more than the meridian rays of the sun? Have you said mean and bitter things about your rival? You know it is wrong and you know it shows a miserable and accursed spirit. If your rival is really ignorant and malignant, let him alone. He will be his own executioner. But if your opponent be superior, do not be angry at his success and greatness because they rebuke your meanness and littleness. The quarrels of physicians are proverbial, perennial and disgusting Have you indulged in any in 1889? One other matter. How have you kept your implied obligation to support those organizations which maintain the dignity and honor of the profession to which you belong? Have you done what you could, regardless whether others failed or not? If you have not done so why haven't you? You know that organization was never so essential to the homœopathic profession as now, and yet you stand aloof. If you are ashamed of yourself, as you ought to be, you will not be a drone next year. There are still other things about which much could be said. Think over your contracts with your patients and with your own family, and consider how faith has been kept. The great lesson of the year, as it is that of every year, is that of fraternity, a kindlier spirit, a broader charity—a sense of the brotherhood of men. Let us all learn to be lenient in judgment. A

man is not to be judged by his defeats alone, but also by his victories. Many a man passes through life without a spot on his character, who, notwithstanding, never struggled so bravely as he who fell and was disgraced. THE NORTH AMERICAN again wishes its readers and friends a very merry Christmas and a very happy New Year.

DR. EDWARD BAYARD.—In the death of Dr. Edward Bayard the homœopathic profession sustained a most serious loss. He was one of the pioneers in homœopathy. Educated for the law, he turned to the practice of medicine, became convinced of the truth and beauty of the homœopathic law of cure. He soon established a practice among the best families of New York, and his success with his cases was due to his hard and close study of the materia medica. He was one of the original members of the American Institute of Homœopathy, and presided over that body in 1850. He was also one of the founders of the New York County Homœopathic Medical Society in 1857, and was its first President. His devotion to the principles of homœopathy never faltered. He was at all times zealous in the work of advancing the cause, and no opposition, nor social ostracism, nor ridicule, nor obloquy could move him a hair's breadth from his chosen position. His kindly nature and courteous manners endeared him to an unusual degree to his patients. He was charitable in both word and deed. Many a man has been helped at a critical period by Dr. Bayard. But few knew of his charitable deeds, for he never told of them. As an able and conscientious physician, as a gentleman in the truest and best sense of the word, as a friend in time of need, he will be mourned by all who knew him.

BOOK REVIEWS.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A yearly report of the General Sanitary Sciences throughout the world. Edited by CHARLES E. SAJOUS, M.D., and seventy associate editors, assisted by over 200 corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Octavo. Volumes I–V. Philadelphia: F. A. Davis. 1889.

The second issue of this annual résumé of the periodical medical (except homœopathic) literature of the world sustains fully the great reputation of the issue of 1888, and adds new features that facilitate reference. Each volume has its own index in addition to the triple index of the whole work, given in the final volume. The several systems of weights, measures and thermometric graduation appear side by side for the convenience of readers. In addition, an ingenious arrangement provides for reference to the periodicals and articles alluded to throughout the text. These improvements constitute a marked advance in the utility of the work.

The range of the work is well indicated in the title—756 different journals, and 234 books, monographs, theses, transactions are re-

ferred to. The editors have brought special attainments to bear in sifting, and the collations show discretion and terse summarizing. The general editor has co-ordinated the associate editors' efforts with rare skill and judgment. There is no annual published which approaches this in comprehensiveness, thoroughness and practical usefulness.

To have the gist of what the old school medical world is doing and to note its amazing activity, is a necessity and stimulus to every homœopathic physician. There is, to be sure, little or no recognition of the value of the homœopathic method in therapeutics, but there is much unconscious contribution of material for homœopathic therapeutics. The fallacies of the clinical and so-called rational method of determining the curative power of drugs are nowhere better illustrated than in the contradictory reports here impartially summarized, and in the narration of the harm that has resulted from drug-uses now going out of vogue. On the other hand, it shows that, from its own point of view, the old school is animated more and more with the scientific spirit, and that from any point of view it is energetically searching for and finding much of value to the world. But this record of its yearly contribution of work also shows between the lines that, as it ignores both the homœopathic method and homœopathic literature, there is still the need of continuing the schism in the profession to the end of wiping out the *odium medicum* from medical minds, and carrying on the homœopathic method to an assured position in the medicine of the future.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. March-October, inclusive, 1889. New York: Wm. Wood & Co.

In this handsomely printed and well selected series, published monthly at $10 per annum, the monographs are so numerous as not to permit of individual reviews. They vary in intrinsic interest and value, but are all examples of special knowledge well expressed. Our readers can form an idea of their scope by the following enumeration of their contents. The March number contains: Neurasthenia and its Treatment, by Dr. H. Von Ziemssen (pp. 26); Antipyrin and Antipyretic Methods of Treatment, by Dr. H. Von Ziemssen (pp. 27); The Tongue as an Indication of Disease, by Dr. W. Howship Dickinson (pp. 94); The Treatment of Cystic Goitre, by Dr. Thomas M. Hovell (pp. 20); New Remedies from 1878 to 1888, by Dr. C. Cauquil (pp. 71). April has: On Diabetes and its Connection with Heart Disease, by Dr. Jacques Mayer (pp. 29); and Blenorrhœa of the Sexual Organs, by Dr. Ernest Finger (pp. 275). May presents On the Preventive Treatment of Calculous Disease and the Use of Solvent Remedies, by Sir Henry Thompson (pp. 48), and, Sprains: Their Consequences and Treatment, by Dr. C. W. Mansell Moullin (pp. 200). June has: General Orthopædics, including Surgical Operations by Dr. August Schreiber (pp. 342). July: Cancer and Cancerous Disease, by Sir Spencer Wells (pp. 33); Cardiac Dyspnœa and Cardiac Asthma, by S. Von Basch (pp. 76); The Influence of Menstruation and of the Pathological Condition of the Uterus on Cutaneous Diseases, by Dr. L.

Grellety (pp. 14); Tension in Surgical Practice, Inflammation of Bone and Cranial and Intracranial Injuries, by Thomas Bryant, F.R.C.S. (pp. 128). August: The Treatment of Syphilis at the Present Time, by Dr. Maximilian von Zeissl (pp. 96); Manual of Hypodermic Medication, by Drs. Bourneville and Bricon (pp. 238). September: Congestive Neurasthenia or Nerve Depression, by Dr. E. G. Whittle (pp. 48); The Art of Embalming, by Dr. Benjamin Ward Richardson (pp. 45); The Etiology, Diagnosis and Treatment of Tuberculosis, by Dr. H. von Ziemssen (pp. 74); Psycho-Therapeutics, or Treatment by Hypnotism, by Dr. C. Lloyd Tuckey (pp. 107); Sexual Activity and the Critical Period in Man and Woman, by Dr. Louis De Séré (pp. 29). October: The Influence of the Male Element upon the Female Organism, by Dr. John Brown (pp. 15); The Internal and External Temperature of the Human Body as Modified by Muscle Kneading, by A. Symons Eccles, M.B. (pp. 17); The Diseases of the Breast, by Thomas Bryant (pp. 290).

There are many good illustrations, some colored, scattered throughout the volumes. In these, as well as in the handsome text, the publishers have shown their usual liberality.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 19 West 46th St., New York City, who will give full credit to writers and carefully edit.]

Rhus Tox. in Lumbago.—From E. Elmer Keeler, M.D., Syracuse, N. Y.

A middle-aged gentleman, a lawyer by profession, called on me one Sunday morning on account of a severe attack of lumbago.

The trouble had come on instantly while getting out of bed that morning, and I found him unable to sit or stand in an easy position.

He informed me that these attacks had come a few weeks apart for years, and generally incapaciated him for two or three days.

As he had an important case in court the next day he was greatly disturbed by its occurrence.

The pain was aggravated by the slightest attempt to move or bend the back, and yet the patient was very uneasy, continually pacing the floor.

The gentleman said: "I don't know why I don't keep still, but it seems as though I must keep moving."

Here was the aggravation from physical motion of *bryonia*, and yet the restlessness of *rhus tox.* was also present, seemingly entirely a mental symptom.

I decided in favor of *rhus* as the remedy, placed a few drops of the 3d in two-thirds of a glass of water, with directions to take a teaspoonful every half hour until better and then stop.

If not better by evening he was to let me know.

I hadn't as much faith in homœopathy then as now, and fully expected to see him again that evening, but I did not.

The next morning I met him, however, walking erect and at a rapid pace to his office.

He said he felt better after the second dose and was entirely well before night.

This happened over three years ago, and up to last spring, when I last saw him, he had had no subsequent attack.

That was his first experience with homœopathy, but not his last.

Zincum Phosphatum in Progressive Paralysis.—From A. A. Lovett, M.D., Eaton, O.

A gentleman sixty-seven years old was, last January, attacked with "progressive paralysis." For some years previous he was the subject of headache and vertigo. He was exceedingly irritable, and would fly in a passion on slight provocation.

The paralysis began developing in January, and progressed slowly at first, then very rapidly, until in May he was completely paralyzed on the right side and partially on the left. His speech then failed him, and finally so much that he could make no one understand him—he would forget what he attempted to say, or say something entirely different. His mind later completely failed. He lay in a stupid condition for nearly four weeks. His sphincters were paralyzed, his urine and stools passed from him unnoticed. Prognosis very unfavorable; dissolution expected at any time.

After remaining in this condition for three weeks he was given *phosphide of zinc* 3x trituration. In a few days improvement was manifested, and from this time he steadily and rapidly improved to complete recovery. He is now as well as he was any time during two or three years before the attack. Is free from vertigo since recovery.

From Foreign Exchanges:

Characteristics of Sabadilla.—Headache and vertigo, ameliorated when the patient looks fixedly at an object or thinks of something in particular. Gastric affections with morning aggravation (*pulsatilla* agg. in the afternoon). Thirstlessness (as with *pulsatilla*), except in the desire for milk. The *sabadilla* vertigo is characterized by the feeling that everything is turning around about the patient.—*Allg. Hom. Zeit.*, 1, *Bd.* 119.

Spirea Ulmaria an Antidote to Rabies.—Several cases of the domestic use of *spirea ulmaria* for the prevention of rabies after the bite of a rabid dog are given. Two teaspoonfuls of the dried and powdered root were given every morning on an empty stomach. The dogs thus treated remained well, while other dogs bitten by the same rabid one, but not treated, developed rabies. The treatment was continued daily for three weeks.—*Ibid.*

In a subsequent number of the same journal, Bojanus shows that the antidotal power of *spirea ulmaria* in rabies has been repeatedly recorded, and refers to several German homœopathic publications as well as to the *Transactions of the American Institute of Homœopathy*, 1888.

Kali Bichromicum in Caries.—Grubenmann has had good results following the internal administration of *kali bich.* from 6th to 15th, used also externally in 3d dec. with glycerine or water. He cured in this way a case of caries of the tibia, which always recurred, in spite of thorough scraping, within a year.—*Allg. Hom. Zeit.*, 4, *Bd.* 119.

Phosphorus in Progressive Paralysis of the Lower Extremities.—Oberholzer reports the case of a woman, aged twenty-six, suffering from progressive paralysis of the lower extremities (sic), dating from a pregnancy two years before. In walking she had to take short steps; could not lift the feet, and had to stand the whole day. Fibrillary muscular contractions, and constant pain in the coccyx, so that she felt every little stone (in walking?). On April 6th *phosphorus* 30 was prescribed once a day. On the 24th she was much improved; she could ascend steps. On May 24th she was practically cured.—*Allg. Hom. Zeit.*, 6, *Bd.* 119.

Gelsemium in Migraine.—Dr. Paul Lutze reports two cases of migraine in which the attacks reappeared every three or four weeks. Under the use of *Gelsemium* 30 the cases were cured, first becoming less in intensity and frequency. He appears to have given a few doses and repeated them in a few weeks.

Soluble Silica in Chronic Enlargement of Lymphatic Glands.—Dr. Percy Wilde reports (*Monthly Homœopathic Review, September, 1889*) that since 1882 he has used silicate of soda, known in commerce as "liquid glass," as preferable to the ordinary preparations of silicea. The liquid is freely soluble in water and is not precipitated by strong acids, and when dry it is absolutely insoluble. As the commercial silicate of soda often contains many impurities and varies much in density, he has it specially prepared of a definite strength (strength not stated). The remedy should be given in free solution, three or four drops three times daily, each dose being administered in from one-third to one-half a tumblerful of water, or, better still, in milk. The effect of the remedy requires to be watched, for it may cause active changes in the tumor within forty-eight hours, and if the medicine is persevered in, the resolution is too rapid and suppuration takes place; but it will not always act so; it may be necessary to continue the medicine over a period of many weeks or months, and the only discernible effect is the gradual reduction of the size of the tumor. The patient taking it will complain of only one symptom, and that is increasing pain in the tumor.

"The soft bunch of cervical glands which form a tumor of considerable size in anæmic young women will yield much more promptly than the single indurated gland, especially when that gland is situated in the breast. It is these enlarged glands in the breast that have given me the most trouble. When not malignant they are always curable; but the dif-

ficulty I have found is to decide upon the right remedy at the outset. If it is a lactiferous gland, the best results are obtained from *phytolacca* and *conium*, followed by *hydrastis*. If the enlargement has gone beyond the stage of *hydrastis*, and is indurated, *calcium sulphate* (6-30) is most valuable, whereas when the enlargement is in an ordinary lymphatic gland, *silicate of soda* appears to be the best remedy."

Treatment of Locomotor Ataxia.—Dr. De Villars, at the International Homœopathic Congress, in Paris, read a paper on the homœopathic treatment of locomotor ataxia and pseudo-tabetic states. He holds that the pathological anatomy has but little influence in the choice of the remedy. He considers that there are really but two stages, the first being that of inflammation of the cord, during which cures are obtainable, and, second, that of sclerosis and atrophy, which is incurable. The fulgurating pains correspond to *graphites*, *sulphur* and *stannum*, which he administers in one dose of 30th or 200th, waiting for the effect before repeating.

For the formication and similar paræsthesias he prescribes *secale* or *nux vomica;* for the girdle sensation *graphites*, *nux vomica*, *stannum*, and above all *rhus tox*.

Conditions of genital excitement, which he thinks appear earlier in women than in men, may be a symptom of hysterical pseudo-tabes; *sulphur* is indicated when erotic ideas pursue the patient even when at work.

Impotence may be favorably modified by *tabacum*, especially when accompanied by great weakness in the knees.

Constipation yields almost always to *nux vomica* and *opium*.

Dr. V. L. Simon thought that fulgurating pains aggravated by light contact and ameliorated by strong pressure ought to be treated by *plumbum*. *Zincum* has been of service in the urinary difficulties.

Dr. Daniel thought that *arsenic* was of great value in this disease. Dr. Brasol advised *agaricus* when the fulgurating pains are accompanied by the sensation of cold. Dr. Batault stated that he had cured them with *bryonia* 30.

Dr. Gallavardin had found that a single dose of *nux vomica* 30 had enabled ataxics to turn around and to walk in the dark. *Conium* 600 had often helped the urinary troubles.—*L'Art Médical*, Sept., 1889.

REPORTS OF SOCIETIES AND HOSPITALS.

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

R. K. VALENTINE, M.D., President.

March 12th, 1889.—Discussing F. E. Caldwell's paper, "Treatment of Peri-uterine Inflammations by Electricity," W. H. King, of New York, said: I never use an antiseptic before treatment, for it would be decomposed. In using a copper electrode, its cotton covering must be renewed each time, or else copper will be carried into the tissues. If the inflammation is confined to the cervix it is not necessary to introduce a sound

into the uterus. The chloride of silver cell has great internal resistance; an *intense* current is generated, but this cell is not useful in gynæcology. A faradic battery with standard coils of known length has been devised by Dr. Englemann, of St. Louis; this gives a current of a standard strength. Nos. 22, 32 and 36 are good sizes of wire. In applying faradism to the groins for uterine displacement, it is best to use a primary coil or one of coarse wire.

F. E. Caldwell: The galvanic current must never cause pain, even in the puncture of fibroids. The cautery battery must not be used for any but its proper purpose; it gives too intense a current.

April 9th, 1889.—B. L'B. Baylies: External adjuvants are superfluous with truly homœopathic prescription of the single remedy. If they are employed they should accord with the conditions of the remedy, when warmth is in harmony with the remedy it is agreeable to the patient.

E. Chapin reported two cases of pneumonia complicated with insanity. A lady aged sixty; the two lower lobes were consolidated; after apparent recovery the stomach was disturbed, the mind began to wander, and in a few weeks she died demented. Case 2.—A lady aged forty-five; the entire left lung was inflamed and the temperature ran very high. When the temperature fell to normal or sub-normal, acute mania set in—incessant talking, relieved nicely by Hyos—and suddenly the symptoms passed away completely. The mania may have been due to cerebral anæmia. I seldom use acon., ferr. phos., three or six, taking its place quite satisfactorily.

J. L. Moffat: I wish members would endeavor to verify symptoms of ferr. phos., and report. The proving developed thirst, *prostration*, hard, painful spots in the chest, and aggravation in the evening.

May 14th, 1889.—Argentum nitricum was considered in its various spheres by seven members in as many papers, and the study was supplemented by a chart and critical analysis, with an exposition of the proposed "Revision of our Materia Medica" by the Secretary.

June 11th, 1889.— J. L. Cardozo ("Circumcision as a Jewish Rite"): The old method is still used by the Poles and Germans and in many places in lower New York. Sucking the prepuce, which is not a religious rite, is now abandoned except among the uncultivated, who adhere to the old rites. In the new method enough prepuce is taken off to contract it behind the glans. The mucous membrane is only slit and turned over the skin, when it adheres in twenty-four hours; no stitches are used in either babe or adult, although they are not prohibited. The linen "stars" are not used.

July 9th, 1889.—B. L'B. Baylies, supplementing Stuart Close's "Homœopathic Aids to Parturition": It is very difficult to demonstrate the effect of any medicine, but in homœopathy, where a correlation of the symptoms of the patient and those of the drug exists, it is presumptive evidence that the disappearance of the symptoms is the effect of the medicine given.

An interruption or inefficiency of the labor pains with weariness, general muscular soreness, and soreness in the region of the cervix, as from undue pressure of the child's head, I have found an indication for *arnica*. The 200th potency acts well in such cases.

Nux vom. is indicated specially by frequent desire to defecate, with cramps in the abdomen and legs.

Bell.—Pains slight, or absent, with grunting.

Acon.—The parturient woman exclaims, "I shall die! I shall die!" with jactitation and expression of terror.

The homœopathic remedy will remove abnormal symptoms and render labor more tolerable.

Under the head of narration of cases, E. Chapin reported a number of cases of glycosuria—thirty to thirty-five ounces of urine; sp. gr., 1030 to 1033—in young persons at about the close of the school term.

August 13th, 1889.—H. M. Lewis reported the case of a girl, aged thirteen, with enormous distension of the abdomen, she having been apparently well a month previous. Examination showed the enlargement to be in the liver, and an amyloid degeneration was diagnosed. Autopsy revealed cancer, which involved also the diaphragm and lungs. There was no jaundice, itching of the skin, nor nodulated abdomen; there was scarcely any pain, except that careful aspiration gave exquisite pain.

R. K. Valentine: In the Maternity, a short while since, a primipara in the last month was suddenly attacked, without known cause, with violent hiccough, which persisted in spite of all measures. In five or six days it brought on labor, which was prolonged, and finally closed by instrumental delivery. With the hiccough was a continuous fever, varying from 101 deg. in the forenoon to 103 or 104 deg. in the afternoon. She was finally isolated; at this time the hiccough occurred only with the high temperature in the afternoon. Examination revealed offensive lochia and some shreds in the uterus, which had failed to contract thoroughly. The curette was used and the uterus washed out with merc. corr., 1 to 2,000; the uterus then contracted and the hiccough gradually ceased. The fever presisted for a week afterward, and now she has milk-leg.

September 10th, 1889.—After being absent for six weeks, the hiccough has returned. The phlebitis was mild and controlled by hamamelis. She is a large, buxom, phlegmatic patient, with dark hair and brown eyes, very illiterate, and it is difficult to get any subjective symptoms. Ars., puls., cic., bry., hyos., nux, stram., lyc., amyl nitr. by inhalation, ether and morphine internally and by injection were all tried without effect. Chloroform gave some relief and allowed her to sleep, but it was only palliative. She is not malingering, I am convinced. She only remains in the maternity for an operation for lacerated cervix.

W. B. Winchell: I can vouch for tobacco causing hiccough.

John L. Moffat: According to the late Dr. John Butler, galvanization or faradization of the phrenic nerve is homœopathic to hiccough.

Ant. crud., the subject for the evening, was discussed by six papers, including a chart and analysis.

Stuart Close verified the symptom—"watery stool with hard fecal lumps."

George H. Doty has cured a diarrhœa in the late stages of pregnancy, when aloes, podo. or sulph. seemed indicated, but had failed.

J. L. Moffat: What are the characteristics for ant. crud.? Do we need wait for the peculiar white tongue? Is its action limited to scrofulous patients?

Dr. Close: The remedy might be perfectly indicated in a case not presenting one of the so-called "keynotes." The conditions of aggravation and amelioration are of the most importance.

H. D. Schenck: The peevish, irascible mental state, the aggravation from cold water externally or internally, with the white tongue and gastric symptoms, form a group regarded as characteristic by all our writers. The effect of oxide upon workers fusing the metal is marked upon the urinary and sexual systems. It has dysuria, strangury, with the discharge of mucus from the urethra, dwindling of the penis and testicles, going on to atrophy with impotence.

Dr. Moffat reported marked benefit in the case of a dirty, outrageously cross dispensary child suffering with scrofulous blepharitis and conjunctivitis without any gastric symptoms.

NEW YORK STATE HOMŒOPATHIC INSANE ASYLUM AT MIDDLETOWN, N. Y.

The annual report for the year ending September 30th, 1889, is most gratifying; the death rate was but 2.11 per cent., and the percentage discharged recovered 14.24!

	MALES.	FEMALES.	TOTAL.
Number in asylum September 30th, 1888, . . .	229	230	459
Admitted during the year ending September 30th, 1889, ...	146	104	250
Whole number treated during the year, ...	375	334	709
Number of deaths, ...	14	1	15
Death rate of the number treated, 2.11.			
Discharged recovered, ...	42	59	101
" improved, ...	20	8	28
" unimproved, ...	23	26	49
" died, ...	14	1	15
" eloped, ...	2	. .	2
Whole number discharged, ...	101	94	195
Rate of recoveries on number discharged, 51.79.			
Rate of recoveries on whole number treated, 14.24.			
In the asylum September 30th, 1889, ...	274	240	514

A training school for nurses has been established; during the year two courses of lectures were delivered, and twelve nurses were graduated, who are all retained at the asylum, doing excellent work in caring for the patients.

In addition to the carefully selected homœopathic remedy, much reliance is placed upon kind and skillful nursing; enforced rest; exercise and amusements; liberal and easily assimilable diet. Large quantities of hot milk are consumed, and also concentrated foods, such as Mellin's, Horlick's, Nestle's, Murdock's, Reed & Carnrick's and Bovinine.

RECORD OF MEDICAL PROGRESS.

SOME NEW POINTS IN PERIPHERAL NEURITIS.—Dr. Miura, of Tokio, Japan, makes a detailed study (*Virchow's Archiv.*, 1889, CXIV., 2) of five or six cases of kakke, the infectious and endemic peripheral neuritis of Japan. He brings into prominence the condition already noted by Scheube and others of hypertrophy and dilatation of the heart, especially of the right half of it alone, observed post mortem. Clinically, accentuation of the second pulmonary sound has been frequently observed. Incited by an observation of Scheube's, that in such cases there is retraction of the lungs, Miura found regularly in the above cases, post mortem, the foregoing, together with a high (cadaveric) position of the diaphragm, through which undoubtedly resulted a diminution of the lungs and a decrease in the lesser circulation. The high position of the diaphragm appears to be due to paresis. Earlier observers had directed attention to this paresis of the diaphragm, but Miura is the first to show the results of this condition as important symptoms in acute or severe kakke—the frightful dyspnœa, the purely thoracic respiration, cyanosis, liver dullness, œdema, decreased urine, systolic bruit at the tricuspid and the heart's impulse in the fourth interspace. The author subjected these views to the test by faradizing the diaphragm, and with the best results. Often after a few faradizations, and almost always after a longer time, the applications improved the patient's condition—dyspnœa was relieved, abdominal respiration returned, accentuation of the second pulmonary sound was lost, appetite was restored, restlessness disappeared, and the consequences of engorgement of the greater circulation vanished.

The not infrequent dilatation and hypertrophy of the left ventricle are due, according to Miura, to contraction of the peripheral vessels of the greater circulation; the pale, waxy color of the skin and mucous membranes in kakke are well known.

The etiology of kakke is, in the author's opinion, the use as food of certain kinds of fish of the family Scomberidæ, for the disease appears regularly in March and disappears suddenly in September, the beginning and the end respectively of the season during which certain of the Scomberidæ are caught and eaten. The Japanese naval forces and convicts are not supplied with such fish, and remain free from the disease, while the land forces, students and workers in large establishments, all of whom partake plentifully of this form of food (often in bad condition), offer the greatest number of cases of the disease. In the coast towns, where such fish cannot be obtained, the inhabitants are not afflicted by kakke (as in Yokohama), while in Tokio, Osaka and other towns where the fish is plentiful and cheap, the disease is very frequent.

Joffroy and Achard (*Archives de Med. Exper.*, No. 2, 1889) have studied a case of peripheral neuritis in a woman aged sixty-three. There were severe pains with slight paresis of the affected parts, atrophy of the muscles and high degree of hyperæsthesia. Electrical tests gave lessened reaction to both forms of current. Nine months after the beginning of the affection the patient had an apoplectic seizure, with right-sided hemiplegia, and died in eight days of an inter-current pneumonia. The peripheral nerves were found to be degenerated, and with the changes in the nerve fibres there were thickening of the walls, narrowing of the lumen, and in places obliteration of the arteries of the nerves. As the degree of nerve degeneration is in direct relation to the amount of vascular change, the author considers the latter to be the cause of the former, and that the process is in some sense analogous to the process of softening in the brain. When a nerve fibre degenerates secondary degeneration follows in the peripheral portion just as after section, but the nutrient vessels do not at the same time become obliterated. Hence the origin of both changes must be in the upper proximal portion of the nerve. The author concludes that besides neuritis of infectious or mechanical origin, there is another form, due to disturbances in the nutritive nerve arteries.

Dr. T. D. Pryce read a paper before the Nottingham Medico-Chirurgical Society upon a form of peripheral neuritis accompanying diabetes. The symptoms are at times in the sensory and trophic nerves, at times in the motor. Such accompaniment of diabetes may offer a picture of tabes, just as alcoholic neuritis does. He proposes for the condition the name "ataxia diabetica" or "diabetic pseudo-tabes." He recited three cases, the autopsy in one showing a high degree of peripheral neuritis.

In the Congrès International de Médicine Mentale, at Paris, a paper, by Korsakoff, of Moscow, was read, upon a special form of mental disorder combined with multiple degenerative neuritis. The particular form of psychical symptoms which, in combination with the neuritic ones present, distinguish the disease from other mental disorders, are, in certain cases, irritability that may increase to the highest degree of agitation, and are like hysterical attacks. In other cases there are disturbances in the association of ideas, confused consciousness and impaired memory; the memory is especially faulty for recent events. The etiology of the disease is the same as that of multiple neuritis—alcoholism, poisoning by arsenic, carbonic oxide (lately by copper, in workers in that metal) and other intoxications; further, the tuberculous and cancerous cachexias, severe attacks of the infectious diseases. In some cases the neuritic symptoms are less pronounced than the psychical ones. He proposes for the affection the name "cerebropathia toxæmia psychica" or "psychosis polyneuritica." The existence of multiple degenerative neuritis in this disease has been established by the autopsy.

A diagnostically very important observation was made by Dejerine at the Biological Society of Paris, session of July 27th, 1889. He was able to show the existence of peripheral neuritis in four cases of hemiplegia in which muscular atrophy appeared. In all the cases there was the reaction of degeneration. He considers these changes in the peripheral nerves as the cause of the muscular atrophy occurring in hemiplegics, and finds additional support for his view in the circumstance that no pathological changes in the spinal cord could be found by himself, or Quincke, or Babinski. O'C.

NEWS.

ALL news or matter relating to "News," "Comments" or "Correspondence" should be sent to 161 West Seventy-first Street.

THE Homœopathic Hospital of Minneapolis has just established a training school for nurses.

THE homœopathic physicians of Cleveland have formed a medico-social club. They will meet monthly, dine, read and discuss papers upon medical topics.

PERSONAL ITEM.—Dr. J. H. McClelland, of Pittsburgh, who some time ago was severely poisoned during an operation, has resumed work again. He had a narrow escape, and is not entirely well yet.

DISCRIMINATION.—The medical colleges of Baltimore have refused admission to a colored student on the plea that it would drive away white students, especially those from the Southern States.

CHOLERA is prevalent at Pekin, and it is said that all foreigners, with the exception of the custom house officials and some other functionaries, have fled to the mountains for refuge.

PRICEBURG, near Scranton, Pa., is suffering from an epidemic of typhoid, similar to the famous Plymouth outbreak and due to water infection. Fifteen per cent. of the population is said to be affected already.

THE anonymous gentleman who has given $10,000 to the Homœopathic Medical Dispensary in this city evidently does not believe in homœopathic portions of money. It is a real allopathic treatment.—*Boston Herald.*

A CURIOUS PREMIUM.—To prevent the depopulation of France the Chamber of Deputies has decided that the personal and household property of the fathers and mothers of seven children shall be exempt from taxation.

A GENEROUS GIFT.—The Hospital Association of Wilmington, Del., has had presented to it a $30,000 hospital, completely furnished with accommodation for about forty beds. The generous donor was Mrs. J. Taylor Gause.

TYPHOID FEVER is epidemic at Aurora, West Virginia, and it is stated that the country for miles around is infected. "There is scarcely a family without one or more of its members prostrated with the disease, and in some localities there are hardly enough well persons to nurse the sick."

NEW SOCIETY.—The homœopaths of Cincinnati have determined to ascertain by experiment the advantages of organization. On October 28th, 1889, they organized a Cincinnati Homœopathic Lyceum for the advancement of medical science among the physicians of their vicinity. Meetings are to be bi-monthly, and the officers are as follows: President, C. E. Walton, M.D.; Vice-Presidents, W. A. Geohegan, M.D.; Clara A. Mackintosh, M.D.; Treasurer, George B. Ehrmann, M.D.; Secretary, Thomas M. Stewart, M.D.

NEW HAVEN HOSPITAL.—The incorporators of the new Grace Homœopathic Hospital at New Haven, Conn., met November 21st, and after

accepting the charter elected a Board of Directors, who chose these officers: President, Joel A. Sperry; Vice-President, General E. S. Greeley; Secretary, General E. E. Bradley; Treasurer, J. H. Morton. Action for the erection of the new hospital building will be taken in December.

A SEASONABLE ANXIETY.—The fear of our old school friends, lest the general public should by any chance come to view homœopathy as a strong and powerful system, affords legitimate amusement now and then. Because a leading daily in one of our large Eastern cities commented harshly but justly on the bigotry displayed by a "regular" in a public address, and stated that half of the people of the United States believed in the beneficent system, the *Medical Record*, usually so staid, nearly had a fit of hysterics, and proceeded to again bury homœopathy in a column of the blackest type.

THE HAHNEMANN BALL.—The Hahnemann Hospital ball, held in the Academy of Music, Philadelphia, November 20th, 1889, was a complete success. The proceeds of the ball are for the Hahnemann Hospital Building Fund. It is proposed to raise $25,000. The Legislature of Pennsylvania unanimously appropriated $50,000 for the hospital, but the Governor had stricken out part of the appropriation. The energy displayed by the ladies, and the active and efficient aid they received from the gentlemen on the committee, sets an example that might be profitably imitated by other committees in other cities.

THE ELDER'S REPLY.—When in a certain locality a Free Baptist Church was building, Elder John, with no loss of dignity, assisted the workmen in laying the foundation. One day, while digging with his brethren in the trench, he was approached by a well known physician, who remarked: "When your house is finished, parson, you may possibly be bothered to fill it, though I suppose you preachers can get folks into the church easier than you can get them into heaven." "Yes," said Elder John, pausing in his labor, "the clergy can only point the way to heaven. When it comes to getting people there, they are obliged to fall back on the doctors."

OBITUARY NOTICE.—The following resolutions of respect were passed by the Faculty of Pulte Medical College upon the death of Dr. Eaton, who died October 21st, aged fifty years: *Whereas*, In the progress of human events, our friend and co-laborer, Dr. M. M. Eaton, has been called upon to pay the last great debt we owe to Nature. *Resolved*, That in his demise the profession has lost a faithful and painstaking member and the community a skillful and devoted benefactor. *Resolved*, That while we regret his death in the years of fullest manhood, when a life's work should yield its fullest fruition, we bow to the inevitable, and recognize the workings of the inscrutable. *Resolved*, That in this hour of their affliction, the family of our friend be tendered our sympathy, and that these resolutions be printed as a tribute to his memory, and sent to the profession through the medium of the press.

"NELLIE BLY'S DOCTORS."—It is quite possible the *World* and its readers may think that important conclusions may be drawn, regarding the medical profession, from a sensational article by a lively feminine reporter, which appeared recently in its columns. But those who do their own thinking will not deem the published experience of Miss Bly very valuable as a basis for inference. The symptoms given were subjective, were necessarily vague and indefinite, and as there was evidently nothing much the matter, anyhow, an exact diagnosis was not an easy thing to make. As it was, three of the physicians practically agreed. But in the *World* report that fact is concealed in a mass of verbiage. To the homœopath the most amusing part of the report is the treatment recommended. The allopaths bravely stood by their guns and fired in the dark. Would seven homœopaths have made a better record?

INDEX.

FACULTY

—OF THE—

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE

AND HOSPITAL.

E. M. KELLOGG, M.D.....134 East 36th St.,	Emeritus Prof. of the Diseases of Women.
T. F. ALLEN, M.D., LL.D....10 East 36th St.,	Prof. of Materia Medica and Therapeutics.
J. W. DOWLING, M.D.....6 East 43d St.,	Professor of Physical Diagnosis, Diseases of the Heart and Lungs, and Clinical Medicine.
W. O. McDONALD, M.D....117 West 44th St.,	Professor of Gynæcology.
WM. TOD HELMUTH, M.D., LL.D., 180 West 59th St., The "Madrid".....	Professor of Surgery.
R. H. LYON, Esq.....170 Broadway,	Professor of Medical Jurisprudence.
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ST. CLAIR SMITH, M.D.....8 West 38th St.,	Prof. of Theory and Practice of Medicine.
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R. E. McDONALD, M.D.....117 West 44th St.,	Clinical Ass'ts to the Chair of Gynæcology.
C. S. MACY, M.D.....117 West 12th St.,	

The Clinical advantages offered by this College are unsurpassed. At the Ward's Island and Ophthalmic Hospitals, Laura Franklin Free Hospital for Children and New York Hospital, Surgical, Orthopedic and Medical Clinics are frequent. Patients are brought daily before the class in the College, and no effort is spared to give practical instruction to limited classes of Students. (The graded course of three years now imperative.)

T. F. ALLEN, M.D., LL.D Dean.

Correspondence may be addressed to Dr. L. L. DANFORTH, Sec'y, 149 West 44th Street.

BUSINESS MANAGER'S DEPARTMENT—PAGES 13, 17, 21, 25.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY FOR 1890.—For the coming year, as in the one just passed, this Journal will stand at the head of the list of homœopathic periodicals.

THE feature of THE NORTH AMERICAN will continue to be *strictly original* matter; nothing previously printed will find space in this Journal; even the department of Medical Progress is composed of original abstracts. The new departure of last year, Therapeutic Notes, has met with such hearty endorsement and praise of our readers that it will be continued as heretofore. *Clinical verifications*, by prominent physicians from all parts of the country, of interesting cases too brief to report as a special paper.

THE NORTH AMERICAN, holding to its policy of *original* matter, will *not* fill its pages with abstracts from our homœopathic contemporaries.

In our last volume THE NORTH AMERICAN again led all others in our school in the number (and we believe quality) of pages of reading matter.

Its support by the profession at large, as evidenced by its largely increased list of subscribers, has been very gratifying.

The present cold, wet weather leads us to call attention to one of the best preventive measures we know of, and that is the Perforated Buckskin Underclothing (see advertisement on page 12).

Those of our professional friends whom we know to be wearing the Buckskin garments claim that they have never found anything equal to them in the prevention of colds.

This firm may be considered somewhat homœopathic from the fact that the Mr. Hall is the son of the oldest homœopathic physician in Dutchess County, of this State.

We had the pleasure of witnessing a laparotomy at the Helmuth House a few days ago, at which time our old professor demonstrated what he had so often told us of in student days that sometimes tumors will "roll out." In this case it was only a fibroid of from ten to fifteen pounds' weight (we should judge), and it did seem so easy to lay open the abdomen and "roll out" the tumor that it for a time made us long to transfer our affection from our own specialty to that of surgery.

Parke, Davis & Co.'s Pil. Saline Chalybeate Tonic, the formula for which is found in their advertisement on page 18, is the preparation recommended by Professor Austin Flint in an article in the *New York Medical Journal*, May 18th, 1889. Dr. Flint seems to have derived especially favorable results from its use. A brief extract from his article may be found in Parke, Davis & Co.'s advertisement.

FOOTBALL PLAYER (feebly): "Did we win?"

SYMPATHIZING COMRADE: "We did, old fellow."

FOOTBALL PLAYER (excitedly): "Never mind that dislocated thigh, doctor. Take these broken teeth out of my mouth so I can holler."—*Chicago Tribune.*

Send to the Pomeroy Truss Company, 785 Broadway, New York, for their price lists and circulars when you want anything in their line. It will save money to your patient and secure for them the best fitting apparatus.

Read pages 17, 21 and 25.

BUSINESS MANAGER'S DEPARTMENT—PAGES 13, 17, 21, 25.

Benzoinol, or the Oleum Petrolat Benzoinat, is a new preparation which is causing much well merited praise from those using it, for, as a vehicle for the administration of such valuable remedies as cocaine, carbolic acid, eucalyptus, iodoform, etc., etc, it seems to us to rank ahead of all other petroleum preparations we have ever tried—first, because it has none of the taste or odor of kerosene about it, and secondly, because it is sufficiently liquid to be used with any atomizer.

In diseases of the throat, nose and respiratory tract we believe this will prove the most beneficial remedy brought before the profession in a number of years.

It will pay you to read the advertisement on the opposite page and when sending for a trial bottle kindly mention this Journal.

The Business Manager desires to call *your* attention to the fact that this issue of THE NORTH AMERICAN finishes the volume for 1889 and that we desire to commence the year of 1890 with a clean ledger.

On the first of this month we mailed a bill to all who are in arrears to date (we are pleased to state that there were but a very few such), and we *must* have a remittance from all of these before the 15th of next month, when our January number will be mailed, for we shall refuse to carry any deadheads on our subscription list for the future.

It has been the policy of this Journal in the past, to drop all names from our list who were two years in arrears and present to them the amount of their indebtedness to us, believing that any man so small as to sell himself for $6.00 is not worth the trouble of forcing a collection; but we propose to turn over a new leaf with the coming year, and, after sending bills and making draft upon them for the amount due if not paid, they may then expect a suit to be entered against them.

We beg to reiterate the fact that THE NORTH AMERICAN is not published as a pastime or as a speculation, as its earnings are continuously spent in extending its sphere and making it *the* homœopathic journal of the world; and in doing so we employ the best class of typographical work that can be had, as well as the best and most expensive quality of paper, all of which has to be paid for; and printing the largest edition of any homœopathic journal published, our bills are necessarily large, and to meet them promptly we want you to pay us promptly. All subscriptions to this journal are due *in advance.*

The purity of homœopathic drugs is of prime importance to homœopaths, and the most common vehicles for dispensing our drugs are globules and sugar of milk. At Hurlburt's Pharmacy these articles are manufactured without contact with copper, metallic or any contaminating substance. You should remember this when purchasing and go to Hurlburt's.

Dr. C. F. Barnes, of Weedsport, N. Y., has been in town for a few days calling on old friends.

Read pages 13, 21 and 25.

RECENT THERAPEUTIC NOVELTIES.

ANTACID TABLETS, COMPRESSED.

Sir William Roberts, M. D., F. R. S., contributed to the *Pharmaceutical Journal and Transactions* Aug. 24th, 1889, a scholarly paper entitled "Some Practical Points in the Use of Antacid Remedies in Dyspepsia and Gravel." This article has attracted wide attention and so many enquiries regarding it have come to us that we have pleasure in advising our medical friends that we are now prepared to supply in bottles of 100 each, as desired, Antacid Tablets, Compressed, of the following formula:

Calcium carb. precip., 3½ grains.
Magnesium carb., 2½ grains.
Sodium chloride, 1 grain.
Excipient, q. s.

We shall also be pleased to mail to physicians on request a reprint of Dr. Roberts' article.

PIL. SALINE CHALYBEATE TONIC.

(FLINT'S).

We beg leave to inform the medical profession also that we have placed upon the market, in the form of sugar-coated pills, the Saline Chalybeate Tonic, recommended by Professor Austin Flint, M. D., LL. D., in the New York Medical Journal, May 18, 1889.

The formula is as follows:

Sodium Chloride, 3 grains.
Potassium Chloride, 3-20 grains.
Potassium Sulphate, 1-10 grain.
Potassium Carbonate, 1-20 grain.
Sodium Carbonate, 3-5 grain.
Magnesium Carbonate, 1-25 grain.
Calcium Phosp. precip., 1-2 grain.
Calcium Carbonate, 1-20 grain.
Iron by Hydrogen., 9-20 grain.
Iron Carbonate, 1-20 grain.

Dr. Flint says of this formula:

Since the summer of 1887 I have given the tonic in nearly every case in private practice in which a chalybeate was indicated. In many cases I have not been able to watch the effects of the remedy, and in many I kept no records. In thirty-three cases which I have noted as cases of anæmia, with loss of appetite, etc., I have more or less complete records. In twenty-two cases I noted very great improvement, in twelve cases improvement not so well marked, and in one case no improvement.

I have also records of five cases of chronic Bright's disease of the kidneys in adults in which the tonic was the only medicinal remedy employed.

These five cases of albuminuria are reported with reference only to the effects of the "saline and chalybeate tonic." In all the cases the tonic seemed to exert an influence on the quantity of albumin in the urine.

In the great majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form," the tonic produced no unpleasant effects. Reprint of Dr. Flint's article furnished on request.

AN IMPROVED FORMULA OF BLAUD'S FERRUGINOUS PILLS

Learning that it was the custom of many physicians to use with satisfactory results a pill combining the ingredients of the well-known Blaud formula with arsenious acid, we now supply the following Pil. Blaud's Ferruginous, modified:

Iron Sulph. Exsic., 2½ grains.
Potassium Carbonate, 2½ grains.
Arsenious Acid, 1-40 grain.

The arsenic furnishes antiperiodic virtues to the combination and in this modified form the pill is now largely used.

SUPERIOR GLYCERIN SUPPOSITORIES.

Glycerin suppositories, when first introduced by us, were furnished in paste-board boxes, each suppository being wrapped in pure tin-foil to prevent the deterioration to which it was liable by reason of the hygroscopic character of glycerin.

As a result, however, of experiments conducted during the past summer we have found that these suppositories if kept in bottles tightly corked, will keep indefinitely without any wrapper, and we are now prepared to furnish them in this form.

As the glass bottles are too heavy for mailing, such suppositories as we have occasion to send by mail, either upon order or as samples, will still be forwarded as before; the tin foil used being unmixed with lead, and therefore perfectly harmless. The tin-foil should, of course, be removed before using.

We believe glycerin suppositories without any artificial covering, such as tin-foil or paraffin, which latter has also been used for this purpose, will be far more popular with physician and patient, and serve to prevent, what sometime occurs, the use of the suppository without removal of the wrapper. Send for descriptive circulars.

PARKE, DAVIS & CO.,
DETROIT AND NEW YORK.

BUSINESS MANAGER'S DEPARTMENT—PAGES 13, 17, 21, 25.

In all cases of debility arising from exhaustive disease of every kind, there is no better tonic on the market than the Cocanized Beef, Wine and Iron advertised on page 20. One thorough trial will insure your prescribing it in preference to all others.

REMOVAL.—Dr. Frederick W. Rich, recently of Chicago, has removed to Savannah, Ga., corner Jones and Lincoln Streets. Physicians desiring to send their patients South during the winter months would do well to remember Dr. Rich's address, if they desire to send them where they can continue under homœopathic treatment.

We find that the most successful physician is the one who not only takes medical journals, but reads them; and we find further that that same physician not only reads the body of the journal, but the advertisements as well, and receives, probably, as many useful hints from the advertisements as from any other source, for it is there he learns of the value of all new preparations and many useful hints of the old ones. In this connection we would advise *you* to read what is said of the Buffalo Lithia Water, on page 44.

The Homœopathic Medical Society of the State of New York will hold its annual meeting at Albany, February 11th and 12th, 1890. As many important subjects are to be brought up at this meeting, it behooves all good homœopaths of this State to begin to make their plans to be there, and, at the same time, you should be at work on that paper which you should present.

The *Transactions* for the present year are now being rapidly pushed through press, and will be ready to mail at an early date to those whose dues are paid for this year.

The Treasurer has recently sent out bills to all in arrears, and these should be paid *at once*, for some are growing dangerously near the point when their names will be dropped for non-payment of dues. One or two county societies need also to settle up *at once*, or else their delegates will be refused the privileges of the floor.

We have the utmost confidence in the purity of McArthur's Syrup of the Hypophosphites of Lime and Soda. See their interesting advertisement on third page of cover

REMOVALS.—Dr. L. A. Opdyke, from 55 Monticello Avenue to 55 Clinton Avenue, Jersey City, N. J.

Dr. A. Worrall Palmer has opened an office at 136 West Eighty-third Street, but will retain hours at the old address, 235 East Eighteenth Street, as well.

Dr. F. W. Payne, of Boston, has opened an office at 42 West Thirty-fourth Street for Saturdays only.

Commencing with January each year it is customary for many, if not all, physicians to purchase a new visiting list, and of the many that we have seen none are so simple and complete as The Medical Bulletin Visiting List, published by Mr. F. A. Davis, of Philadelphia, and advertised on page 32 of this issue.

Absent-minded Doctor: "Two fine boys, madam; twins, I suppose!"—"Yes, doctor."—"Are they both yours?"

Read pages 13, 17 and 25.

BUSINESS MANAGER'S DEPARTMENT—PAGES 13, 17, 21, 25.

Dr. G. C. McDermott, Professor of Otology and Ophthalmology, Pulte Medical College, says: "I wish to add my testimony to the worth of Bovinine. I regard it as one of the very best foods, and am using it with the utmost satisfaction." There is no doubt about its value, as we have seen many cases of obstinate eye trouble begin to improve almost like magic as soon as we began to feed them with Bovinine.

The members of the New York County Homœopathic Medical Society have contributed almost unanimously to the fund for the use of the Committee on Legislation of our State Society, and from this county alone over $400 has been contributed. As the object of this fund is simply to defray necessary expenses of clerk hire, printing, etc., we believe the demands of the homœopathic school for justice can now be placed before the Legislature and the people in its true light.

Dr. H. P. Atherton, Great Barrington, Mass., says: "I have been using and prescribing your Acid Phosphate for a number of years. The results have been so satisfactory as to justify me in giving it my unqualified endorsement. I have found it a refreshing and exhilarating beverage during summer months. In a case of reformed inebriety, I have observed its restorative effect in toning up the system and correcting the nervous derangement of the subject."

THE WEST SIDE HOMŒOPATHIC DISPENSARY was organized last month, and opened its doors for patients at 501 West Fortieth Street, from ten A. M. to four P. M. and eight to nine P. M. daily. Its medical staff consists of Drs. J. M. Schley and St. Clair Smith, consulting physicians, and of Drs. Roberts, Sheldon, E. S. Smith, Townsend and Wiggins, attending physicians.

Dr. Constantine Hering, in 1875, wrote of Alkethrepta as follows: "Since more than fifty years ago, when Hahnemann first recommended the use of cocoa, I have tried preparations of all kinds; lived six years in the land where cocoa bean grows and made my own preparation, but have not tasted as good or pure an article as the Alkethrepta. It is worthy of recommendation and praise." And it is to-day as pure and healthful a food as ever.

The advertisement of Alkethrepta is on page 19.

TOO LATE FOR USEFULNESS.—"Mr. Benson, I wuz much pained ter hear ob de sudden death ob yer wife. Did dey hol' a post-mortem 'zamination?"

"Dey did, sah, Mr. Willis; but dey didn't hol' it till arter she died. Fool doctah might er knowed he couldn't sabe her life den."—*Times.*

One of the neatest and most appropriate holiday presents that can be had is a fine pair of opera-glasses, of which Theodore Mundorff, optician, 1167 Broadway, carries a large assortment.

A BAD CASE.—Miss Luendi (bursting into the doctor's office): "Doctor, doctor! you must come down to the house at once!"

Doctor: "Why, what's the matter? Who's sick?"

Miss Luendi: "I am. But, as there was no one to send, I came myself."
—*Harper's Bazar.*

Read pages 13, 17 and 21.

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Our tablets are made from the purest drugs and materials, accurately measured, and molded in glass molds in place of the commonly used, and cheaper, hard rubber molds, which, by abrasion, are apt to contaminate the drug. We were the pioneers in tablets, making them first at the request of Dr. R. M. Fuller, who introduced this mode of dispensing medicine on account of its accuracy, and ever since our make ranks first with those who are sticklers for quality and accuracy.

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—THE—

North American Journal

OF

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In Certis Unitas.
In Dubiis Libertas.
In Omnibus Caritas.

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CONTENTS OF THIS NUMBER.

Doctor:

You have often noticed that many patients, after a course of typhoid fever, erysipelas, diphtheria and kindred diseases, undergo a long, tedious convalescence. For many weary weeks they sit around the house or drag their emaciated bodies feebly along. Their flame of life is so dim that it is easily puffed out by any slight indisposition or intercurrent malady that may chance to attack them, and hence we see so many *cured* cases become easy victims by the predisposition which their debility constitutes.

Now, what is the true condition in such a case as this?

Why, simply that in the febrile process immense hosts of the tissue cells have been consumed or carried away, and most of those remaining are worn out and only await a vigorous circulation to remove them and deposit healthy cells in their places.

In addition to the emaciation you notice that the tissues still left are flabby and apparently lifeless. The nutritive organs are so weakened that they are barely sufficient to maintain life without furnishing the required new material to carry on the process of repair. Thus the individual remains an easy prey to pathogenic influences which one in robust health can successfully resist.

Can anything be done for such cases?

Certainly.

But you would better leave them to the unassisted reparative powers of nature than to dose them with the irritant alleged "tonics" now so much in vogue. The organs of nutrition only want to be supplied with true cell and tissue food in an assimilable form.

This you will find in McArthur's Compound Syrup of the Hypophosphites of Lime and Soda. This is a CHEMICALLY PURE preparation, a quality so rare in Hypophosphite preparations. It is prepared in such a manner that the important ingredients go entirely to the rapid rebuilding of the tissues.

Give this to your convalescent patient and you will see a remarkable increase in flesh, strength and buoyancy of spirits. The convalescence will be greatly shortened, and in every way the Hypophosphites will prove to them to be a true Elixir of Life.

You can also make an enviable reputation for yourself by prescribing it in Phthisis and all Tubercular affections, Scrofula, Throat and Bronchial diseases, Nervous disorders and degenerations, and Fibroid Tumors.

Send for our pamphlet on "The Curability and Treatment of Consumption," (free), and a full size bottle of McArthur's Syrup, free, if you will agree to pay express charges.

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