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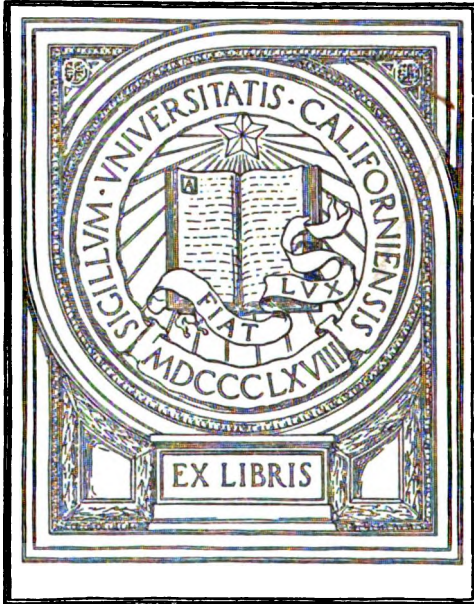
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The Clinique

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THE CLINIQUE.

Chicago Dispensary Hospital
A MONTHLY ABSTRACT OF THE CLINICS AND OF THE PROCEEDINGS

OF THE CLINICAL SOCIETY OF THE HAHNEMANN

HOSPITAL OF CHICAGO

ETC., ETC.

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THE CLINIQUE.

Vol. XX.]

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[No. 1.]

Original Lectures.

CLINICAL INDICATIONS FOR THE USE OF HYOSCYAMUS IN THE TREATMENT OF INSANITY.

A LECTURE DELIVERED JANUARY 10, 1899, BY W. E. TAYLOR, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE AND OF MATERIA MEDICA IN THE HAHNEMANN MEDICAL COLLEGE, CHICAGO, AND SUPERINTENDENT OF THE ILLINOIS WESTERN HOSPITAL FOR THE INSANE.*

In my experience during the past year *hyoscyamus niger*, or henbane, has proved so useful in the treatment of insanity that I feel that we may be materially benefited by giving it a little attention this morning. While this drug in many respects resembles *belladonna* in its action, experience has taught me that in insanity it is far superior in a large per cent of acute and violent cases.

Hyoscyamus will not cure a *belladonna* case any more than *stramonium* will cure a *veratrum viride* case; but it is, I believe, applicable to more acute and sub-acute cases of mania than any other remedy in the *materia medica*.

I have made some provings of the drug which do not differ very greatly from those previously published, but what I have learned from giving it in large doses only confirms and emphasizes the provings made and recorded by many of our learned teachers. I have also applied the

*This is the first of a series of similar lectures that will appear in THE CLINIQUE.

drug in homœopathic doses, and the results obtained have demonstrated to me the infallibility of our potencies when prescribed strictly according to the faith that we have adopted. In brief, I have invariably obtained those symptoms, which I regard as keynotes or essential characteristics.

Hyoscyamus produces a dryness of the mouth, giddiness, alternate drowsiness and wakefulness or persistent insomnia, flushed face, dilated pupils, injected conjunctiva and a slow pulse, according to the size and frequency of the doses. Certain constitutional peculiarities and complications may naturally be expected to vary this picture in some respects. The cerebral excitement is intense; the vision is clouded, sometimes causing total blindness; the patient becomes delirious and in some cases his symptoms resemble those of drunkenness. The mania or delirium assumes many forms, but certain fixed peculiarities always exist—namely, he is quarrelsome, will attempt to argue, wants to fight and invariably uses profane and indecent language. He may attempt to trip or kick you one moment and laugh at you the next; his conversation is disconnected and he wanders from one subject to another or chatters away incoherently. He will not remain in bed, and as a usual thing is determined to be nude. If the drug is continued for a week or ten days he will not sleep night or day, but will pound on the door, tear the bedding and cry or rave when left alone. When walking he reels like a drunkard and throws his arms about in a reckless manner.

Hyoscyamus has a tendency to paralysis, for the mouth, throat and tongue soon become very dry, assume a glazed appearance, and swallowing is very difficult. Its action upon the bowels and the bladder is also of a peculiar nature; the urine accumulates in large quantities, and when discharged flows very slowly; and the bowels either run off involuntarily or remain perfectly inactive. It causes profuse menstruation, with great trembling and weakness; excites the sexual desire and causes the patient to use very obscene

language; it induces dry, spasmodic, nocturnal coughs, a hot, dry, red skin, especially of the face, not unlike scarlet fever, and, in a few cases, spasms, with convulsive twitching of the muscles of the legs and arms. After the patient has taken the drug for some time the face will be hot and red and the body cool. He is inclined to jerk his lower limbs and is constantly fumbling under the bedding with his hands.

Hyoscyamus causes many other symptoms, but as they are not wholly characteristic of this drug we will not mention them. In order to better impress upon your minds the value of this remedy I will mention the prominent clinical symptoms in patients who have come under my care and which called for the employment of hyoscyamus.

Case 1. A farmer, aged forty-one, became violently deranged April 25, 1898. He was taken to the Central Hospital May 1; the cause assigned was worry and excitement over an election. He was transferred to the Illinois Western Hospital May 25. From the day he was taken he was greatly disturbed mentally, refused medicine and nourishment, and for several weeks it was necessary to feed him by means of a tube. He was greatly emaciated, so much so that he did not have sufficient strength to stand alone. When I first saw him, May 25, the pupils were greatly dilated, the eyes wide open and staring, the face dark red and greatly emaciated. His tongue, mouth and throat were dry, cracked and glazed. Swallowing was very difficult and I believe impossible; the temperature under normal and the pulse fifty-five. Sometimes his bowels were loose, moving involuntarily, while at others they were inactive for many days. He would frequently retain his urine for forty-eight hours. He talked, muttered, raved or screamed constantly, using the most abusive and obscene language, except when he would become so hoarse that he could not make a loud noise. Unless in restraint he was constantly throwing his arms about, pounding or fighting, and he seemed determined to be nude whenever his hands were at liberty. He would kick every one who came within reach when not restrained to a seat. He was not known to close his eyes. I do not think that he had two consecutive hours of sleep from the time I received him until July 1.

July 4 he weighed less than 100 pounds. I had given him anodynes, packs and baths of various kinds, without relieving or ameliorating his condition. I prescribed belladonna, stramonium, veratrum, but he failed to get the least benefit from them. The last of July I began giving hyoscyamus by using the hypodermic needle for a few days. Improvement began at once. He began to take nourishment (milk), which we gave to him every two or three hours, night and day. His sleep became natural, his appetite ravenous, and his mind gradually began to clear up, so that on the 1st day of September he seemed perfectly rational, and his physical condition greatly improved.

October 1, I paroled him, requesting his family to report his condition every two weeks for ninety days, unless it should become necessary to bring him back again before that time. When he left the institution he weighed 155 pounds, and the reports which I have received from the family and from himself indicate that he is still gaining in flesh and that he is perfectly well, physically and mentally.

I began with giving hyoscyamus in the second dilution; later on he took it in the third, sixth and twelfth, and when he left I gave him a bottle of the thirtieth, with instructions to take one disk each day, which he has done, and is still taking or, at least, I think so, as he sent for some more only a short time ago.

This was the most aggravated case of acute mania that I have ever seen. Many of the symptoms pointed to belladonna, and the temptation to give anodynes was almost irresistible. I am satisfied that if I had had more faith in what finally proved to be the indicated remedy and less in quieting powders, I would have saved much suffering and worked a speedier cure.

After the first few doses of hyoscyamus the entire aspect of the patient changed. The pupils contracted to their normal size, the expression on his face became natural; the mucous secretion was restored; the paralyzed sphincters were relieved. Two very remarkable symptoms were the improvement in the action of the heart, his pulse increasing to seventy-six beats, and the sudden relief of the dark red or besotted expression of his face.

I have observed that in hyoscyamus the pulse is far

below normal, but at the same time there seems to be a hard, full beating of the heart. I judge that this is due to a capillary paralysis. I have also observed that the body is liable to be cool while the head is hot. I will mention in connection with this that I have received marked benefit from prescribing hyoscyamus in delirium tremens, and also in mania resulting from the so-called "whiskey cures." But in typhoid fever, however, I have found that even where we have hyoscyamus symptoms we do not get the same benefit from giving it that we do from baptisia.

Case 2. Mr. —, age thirty-two, married; came under my care September 26, 1898. He had been insane several weeks. According to his history his father had been a hard drinker, but neither the father nor the mother exhibited any symptoms of insanity. He had used liquor and tobacco to excess for many years; had epilepsy when a child and syphilis four years ago. He had a violent temper, and when aroused would fly into a terrible rage, threatening to kill his family and those who interfered with him, and for two weeks before entering the hospital was in restraint.

Upon examination I found his conversation disconnected; he could not express himself fully upon any subject; complained of a tight feeling through the forehead; his eyesight was changeable, he could see bright sparks and luminous streaks; the pupils were dilated; the appetite poor; he slept very little, and when he closed his eyes he would twitch and start; the bowels were constipated; the urine was voided at long intervals, and the flow was very slow. He was very quarrelsome for a few days and was constantly inclined to make trouble, and often spoke of getting even with imaginary enemies.

I gave him hyoscyamus in one drop doses every three hours for two days, and then in the third decimal dilution. Improvement began at once; his mind became clear; his physical condition improved, and on November 10, I discharged him cured.

Thinking that syphilis might be a predisposing cause, I gave him aurum met., which he is now taking. He appears to be perfectly well, and is energetic and faithful in his work about the institution where he is now employed.

Case 3. A woman, aged thirty-three years, had an aunt on her mother's side who was insane. She had not been

well since twelve years of age, when she had a severe sickness. She was admitted August 26. She was very violent; attempted to injure herself and others; would tear her clothes off, and was determined to be nude. Would bite, kick, strike, and use the most obscene language. She did not sleep for two weeks, refused nourishment, and was very filthy.

She would attempt to run away, and her mind was full of delusions and hallucinations. Her menses had been very irregular, sometimes skipping the period for two or three months, and then the flow would come on every two weeks and be very profuse. At this time her symptoms were greatly aggravated. The pupils were very much dilated; her tongue was dry, cracked and glazed, and her mouth was very foul.

I gave her belladonna for one week, but she received no benefit. I then gave hyoscyamus with very gratifying results. Her mind cleared, her physical health improved, the menstrual flow has appeared at the proper time, and, had she not taken the grippe two weeks ago, she would have been discharged.

I will not burden you with more cases at this time, but let me again impress upon your minds the important characteristics of this valuable drug in acute and sub-acute mania: The delusion and hallucination that others are attempting to injure him, either in business or bodily; a disposition to quarrel and to fight; to be nude; to run away; and invariably to use indecent and obscene language and songs; incoherent, or disconnected conversation; persistent insomnia; dilated pupils, with a dry tongue and mouth; partially paralyzed throat; retention of the urine and inactivity of the bowels due to a paralysis of the sphincters; the face is red and hot, with drawn features and a wild look, while the body is cool; and a slow pulse that is usually below sixty.

THE PATHOLOGY OF NUTRITION.

BY A. C. HALPHIDE, M. D., PROFESSOR OF THEORY AND PRACTICE AND PATHOLOGIST IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL; PRESIDENT OF THE SOCIETY OF ANTHROPOLOGY, ETC., ETC., CHICAGO.

Nutrition is one of the two physiological factors of life, and the other is reproduction. Upon this duo, evolution must depend for its explanations, and has rechristened them, first, the struggle for existence, and second, the struggle for the existence of others, namely, egoism and altruism. Whether it is the life of the single cell or the life of the whole organism, nutrition is the central fact around which all of the others must revolve.

Anatomy, physiology and pathology have been aptly called the medical tripod, because upon them rests the superstructure of clinical medicine. Pathology is morbid anatomy and abnormal physiology, and so the pathology of nutrition is concerned with the retrograde conditions of cell structure and cell activity consequent upon the loss of balance in the nutritive exchanges, resulting from the arrest or the impairment of nutrition.

ARRESTED NUTRITION.

Arrested nutrition may affect the whole body or only an organ or part. In the first case it is called general, and results in somatic death; in the second it is called local, and results in necrosis, or gangrene.

Somatic death. Arrest of nutrition may be due to either of two causes—first, the stoppage of the food supply; or, second, the arrest of the vitality of the cells.

The end of the evolution of life is death. When this comes at an advanced age without any well marked symptoms of disease, it is a physiological result, and is called death from old age. This occurs from the cessation of the functions of certain organs necessary to the continuance of life. When it occurs early in life and is preceded by the various symptoms of disease, it is considered abnormal. However, it is impossible to draw any sharp line of distinction between physiological and pathological death. The nutritive factor is the same in both. In old age, by a failure in the powers of digestion and assimilation, and the failing vitality of the constituent cells of the body, a con-

dition of arrested nutrition follows, which always results in death. In the pathological death the same conditions are reached from other causes, and the same result follows. For example, some morbid condition may prevent the ingestion, digestion or assimilation of food, or some shock, mechanical or chemical, may inhibit the cellular activity of the body. "Life is the constant adjustment of internal relations to external relations," and so death is the condition where the power of adjustment is lost and all of the functions of all of the organs have forever ceased. The definition of death that science has given us is this: A falling out of correspondence with environment. It applies to both localized and somatic death. An organ which has fallen out of correspondence with the body and environment is dead, and in like manner the body, all of whose organs have fallen out of correspondence with their surroundings, is dead.

Necrosis. Necrosis is a condition of local death, or death of single cells or groups of cells, and always results in the cessation of the functions in the affected tissue. As in somatic death, it results from the arrest of nutrition, that is, the blood supply, or the destruction of the nutritive activity of the cellular elements. It is only occasionally that the necrosis of a group of cells or an entire organ can be at once recognized; generally the histological changes are so slight, which the cells undergo as a result of their death, that it is impossible to detect the moment of the cessation of life. Necrosis of a tissue is, therefore, only evident upon anatomical examination, after certain changes have occurred in its elements, either at the time of or after its death.

Conditions which result in the death of limited portions of the body are classed in three groups, possibly four. The first includes mechanical and chemical injuries. For example, a foot or a hand might be crushed by violence, or a strong acid might destroy a portion of the skin, or germs might invade and destroy a portion of tissue. The second includes injurious influences of heat and cold. For example, frost bites and burns destroy cell vitality, and are followed by gangrenous sloughing. The third includes the discontinuance of nutritive supplies and oxygen through the blood, and is often called anæmic necrosis. Illustrations are found in infarcts or in gangrene following thrombosis and embolism. Some writers recognize a fourth, which includes necrosis resulting from lesions of the cen-

tral nervous system and peripheral nerves, by them termed neuropathic necrosis. By some this form of necrosis is thought to result from changes in the trophic nerves, by others it is thought to result from changes in the circulation of the blood, and the effects of pressure and mechanical injury to paralyzed portions of the body. Sometimes the death of the part follows quickly after the injury, and is then said to be direct necrosis; at other times it occurs more slowly, and is then termed indirect necrosis or necrobiosis.

When the cause has ceased to operate and the necrosis becomes circumscribed the dead tissue acts as an irritant to the adjacent tissues and causes more or less inflammation of them. If the slough is aseptic the inflammation will be slight and if it is internal it will become encapsuled, decolorized, partly absorbed and finally organized into a fibrous scar. If the dead mass is deeply seated and suppuration occurs around it fistulæ will form leading to the surface, and it may ultimately be cast off through these. When the dead tissue is superficial it sets up an inflammation, a line of demarcation forms, and it is finally sloughed off. This is a slow process in the more dense tissues, bones and tendons, and a surgical operation is usually called for.

IMPAIRED NUTRITION.

It has been shown that arrested nutrition always results in death, general or local, and it will be seen that impaired nutrition causes hypoplasia, atrophy and degeneration, which are stages toward death.

Hypoplasia. Defective development may affect the whole body or only an organ or a part of an organ and may occur during embryonic development or after birth, during growth. When the entire organism suffers maldevelopment and the bones and organs are abnormally small, miniature human beings or dwarfs are produced. They may be perfectly formed, symmetrical, or unsymmetrical. For example, the head and trunk may be of the normal size and the limbs very small and short, or the head may be of normal size and the trunk and limbs abnormally small, resulting in great disproportion. A rudimentary organ results when the maldevelopment is limited to a single part of the skeleton or a single organ. Thus one hemisphere of the cerebrum or one lung may be affected; or one of the bones of the pelvis may be much smaller than the other, giving rise to great asymmetry and deformity of the pelvis.

Many other examples of hypoplasia might be mentioned if necessary, all due to nutritive influences during foetal development or post-natal growth. The tissue composing hypoplastic organs, or parts of organs, may be normal, but more often it is not. It is usually lacking in its more highly specialized elements. Thus in hypoplasia of the brain there is usually a lack in the development of the ganglionic cells and nerve fibres, and often parts of the brain are represented by membranous masses. In the lung a similar condition is found at times; there is a total failure of the development of the alveoli, the whole mass consisting of vascular connective tissue in which dilated bronchi lie. When nondevelopment or the total destruction of an organ after it has begun to develop occurs we have a condition termed ageusia.

Atrophy. Atrophy is much more common than hypoplasia. It accompanies many pathological processes, and, within certain limits, it is physiological, for in old age a retrograde change, or atrophy, is constant. Atrophy, strictly speaking, means "want of nourishment," but usually the term is applied to the results following a want of nourishment, namely, a diminution in size, weight and functional activity. That is, it is a condition of the nutritive exchange where waste exceeds repair. It may be general, affecting the whole organism, or local, affecting a single organ or part. It may be simple, a diminution in the size of the cells, or multiple, a diminution in both size and number of cells. As a matter of fact, it is generally both.

General atrophy affects to a greater or less extent all of the organs and tissues of the body. The stress falls at first upon the subcutaneous adipose tissue, then upon the fat elsewhere, as around the viscera and in the omentum, then upon the glands and muscles, and lastly upon the osseous and nervous structures. It depends upon three factors: First, deficient food supply. Whatever interferes with the supply of nutritive material will cause a general atrophy in proportion to the interference. For example, it may be any disease or condition which prevents the ingestion of a proper quantity or quality of food, or interferes with its digestion or prevents its assimilation as a stricture of the œsophagus, or a dyspepsia or disease of the absorbents. Second, excessive waste of the nutritive material causes general atrophy. For example, it may be due to a continuous hæmorrhage; profuse suppuration in

bone diseases; prolonged diarrhœa; excretion of large amounts of albumin in nephritis; large quantities of sugar in diabetes mellitus; or the waste in the tissue accompanying acute febrile disease. Third, impaired vital activity constitutes an important factor in the production of general atrophy. This is especially true of the atrophy of old age—senile atrophy—where the ability of the tissue elements to perform the repair processes are failing. The nutritive balance is lost and a gradual atrophy ensues, and at last all manifestations of their vitality may cease.

While general atrophy may at times be referred to a single one of the above causes, it is usually due to the combined influence of two or more of them. In pulmonary tuberculosis, for instance, the atrophy is due partly to loss of nutritive material through hæmorrhage, expectoration and diarrhœa; partly to lack of digestion and assimilative power, and partly to increased tissue change due to the fever.

Local atrophy is sometimes classified as active and passive; active when its cause lies in the inability of the cells of the organ or part affected to assimilate as they should the nourishment brought to them, and passive when its cause lies in the quantity or quality of the food supplied. In this form of atrophy it is often difficult to determine which factor in the nutritive exchange is at fault, namely, a deficient supply of nutritive material, or a diminution in the functional activity of the component cells.

A deficient supply of nutritive material will cause changes in the organ or part varying from slight atrophy and degeneration to absolute necrosis. These changes, both atrophy and degeneration, are always stages toward death. An abnormal nutritive supply is brought about by the various conditions and diseases which affect the circulation of the blood, as obstruction of the vessels before they reach the part; continuous uniform compression of the organ, as in cirrhosis of the liver or granular contracted kidney, where pressure is made by contracting connective tissues; and mechanical congestion by abnormal venous return, as, for instance, venous congestions of the liver in heart disease.

The quality of the blood, as well as the quantity, may be responsible for the atrophy. Deleterious substances in the blood, as iodine or lead, cause the atrophy of the thyroid gland and the atrophy of the extensor muscles of the forearm, respectively.

Atrophy always causes a decreased functional activity and conversely diminished functional activity may, in turn, cause atrophy. The cellular inactivity implies that the chemical processes and structure of the cells are abnormal, and this incidentally proves that functional disease is a misnomer, for there is no abnormality of functions not due to organic change in the constituent cells. These cells need and are furnished less nourishment than normal cells. How the demand and supply of the tissues are regulated is unknown, but the supply is speedily adapted to the demand. This is well illustrated by what is known as disuse atrophy, where the supply is insufficient to maintain the mass of protoplasm required to do the full work of the tissue, and so some of it wastes. The muscles atrophy when rendered inactive by paralysis, joint diseases or splints; the female generative organs atrophy when they are rendered less active at the climacteric, at the age of about forty-five years, and the male somewhat later; and parts left after operations, as the rectum after colotomy, and the vessels and other parts in a stump atrophy in like manner.

Microscopic sections of atrophic tissues generally show more marked changes in the essential tissue of the organ than in the connective tissue; indeed, the connective tissue is sometimes increased, thus masking the real state of the organ. This is well shown in cases of pseudo-hypertrophic muscular paralysis.

Degeneration. Excess of waste over repair results in the lessening in size and functional activity of the body or a part, that is, in atrophy; but changes in the chemistry of the cells or the quality of the food supplied usually results in a retrograde change in the cell-contents, namely, in degeneration. Two classes of degeneration are recognized by writers on pathology; first, the conversion of the protoplasm of the cell into substances abnormal to it, either in kind or quantity. This is the narrower connotation of the term. In a second class, there are deposited in the cell, from the blood or other fluids of the body, substances abnormal to it in kind or quantity; this class is more correctly called infiltration. It is by no means easy, in many cases, to determine certainly whether the new material found in the cells is due to a metamorphosis of the cell protoplasm or to deposition from the blood. In some instances the processes are undoubtedly combined. The true degenerations are fatty, mucoid, colloid, and probably

amyloid; however, it is not certain whether the amyloid material is formed *in loco* or not. The infiltrations are fatty, calcareous and pigmentary.

Fatty infiltration within certain limits is a physiological process, but fatty metamorphosis of the cell protoplasm is usually pathological. However, it appears that cells, having reached their physiological limit, undergo a fatty degeneration as they die and disintegrate. This is well illustrated in the formation of sebum and cerumen. What happens, in this process, is this: The cell protoplasm takes up oxygen and splits into a nitrogenous molecule, which is the first step in the formation of the urea, and a non-nitrogenous molecule, which forms fat. The other degenerations result from the conversion of the cell protoplasm into the various abnormal substances which give their characteristic conditions and suggest their names. In like manner the infiltrations are characterized and named from the deposit in the tissues of pathological substances, which have been either formed in the body itself or introduced into it from without.

Degenerations are usually of limited extent, so that we speak of degeneration of special tissues or of particular organs; but they may be more general and the whole organism may suffer. A true degeneration is a more serious and permanent condition than an infiltration, for the former involves the integrity of the cell protoplasm, which cannot be readily restored, while the latter is simply an accumulation of material which may be removed, leaving the vitality of the cells unimpaired.

A detailed study of the degenerations would be out of place here, but it shows that they are, for the most part, secondary to disturbing influences in the nutritive exchange and are stages toward necrosis or somatic death.

INCREASED NUTRITION.

Up to this point we have been concerned with retrogressive changes in the tissues, consequent upon either arrested or impaired nutrition; there remains to be considered the progressive changes consequent upon increased nutrition. These are conditions of the nutritive exchange where formation exceeds waste and growth results. These can be but briefly considered. They include hypertrophy, regeneration and tumor-formation.

Hypertrophy. An "increase in the size, weight and functional activity of a part beyond the limit of health, due

to an orderly enlargement or multiplication of all of its normal constituents" is termed hypertrophy. From this definition it will be observed that hypertrophy is essentially a physiologic process, only in extent it becomes pathological. A single change, an abnormal size, is shown in minute and gross structure. This may be simple, resulting from an increase in the size of the elements of the affected tissues, or numerical, resulting from an increase in the number of the elements. This latter condition, numerical increase, has received the name of hyperplasia. These conditions of overgrowth depend upon two factors, namely, an increased food supply and an excessive vital energy.

Supply and demand, with their mysterious control, explain many cases of hypertrophy. An extra amount of work is required of an organ or part; in response to demand, more nourishment is supplied and hypertrophy results. This is well illustrated in what are known as compensatory hypertrophies in the heart, in valvular insufficiency; in any organ where its fellow has been removed or its function inhibited, and in the intestine just above a permanent stricture.

Sometimes there appears to be a special tendency to hypertrophy, not explained by increased supply or decreased waste, a congenital or hereditary tendency, resulting in giant growth. In these cases the bony framework and other tissues may be uniformly or unsymmetrically affected, the individuals being of excessive size (giants) or having parts of excessive size (acromegaly, etc.). On dissection they are both normal except in size.

Regeneration. Repair processes, after cell destruction, depend upon increased nutrition and the formation of new cells or tissues and are called regeneration. All cells have the power to multiply and form new tissues, but it is apparent that true regeneration of a tissue occurs only from cells of the same tissue, namely, epithelium from epithelium, connective tissue from connective tissue, muscle from muscle, and so on.

Regeneration may be either physiological or pathological. In physiologic regeneration the new cells are exactly like the preëxisting cells and the status of the tissue is unchanged. In pathologic regeneration the results may be equally simple, but more often complicated changes occur in the provisional new formations before the regeneration is effected. In either regeneration is only possible when

the nutritive balance is in favor of growth and the vital activity of the cells is increased, otherwise there would be an atrophy, degeneration or death of the affected part.

Tumor-formation. A tumor has been described as "an atypical new formation not due to inflammation." Tumors can be described but not defined. However, they all depend upon a state of nutrition where formation exceeds waste and a tendency to continuous growth results. The etiology of tumors is still a matter of conjecture; many theories are entertained, but none of them satisfy all of the conditions.

Tumor-formation includes a great variety of tissues, all of which have their prototypes in the normal structures; and since the pathologic changes in them do not greatly differ from those occurring in other tissues, a detailed discussion is unnecessary. It would be a repetition of what has been said above.

Now, by deduction, we may reach the key to the problem of disease, for in its last analysis it is but another name for the problem of cellular and organic nutrition. Disease is essentially a question of nutrition, and health and overgrowth simply the temporary victories of the constructive forces of organic life. In the end of organic life death is always victorious. When we recognize this, we will begin to understand the pathology of nutrition.

CLINICAL CHIPS.—Anointing the glans freely with vaseline is advised for the relief of a painful chordee.—Recent bacteriological investigations show that quite a number of bacilli are associated with infantile pneumonia, and that therefore no reliable antitoxin is known for its treatment.—It has been said that the cæcum in man exists an anatomical protest against vegetarianism (Treves).—Apropos of which, on being asked whether he still adhered to a vegetable diet, Herbert Spencer replied: "I was a vegetarian for one year, but at the end of that time I went over all that I had written during the year and consigned it *in toto* to the fire."—According to the Annals of the Pasteur Institute (October, '98) lice play the same role in spreading the bubonic pest that flies have in the propagation of the charbon and mosquitoes in that of yellow fever and ague.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.

ORRIN L. SMITH, M. D., RECORDING SECRETARY.

DECEMBER MEETING, 1898.

As the date for this meeting fell upon New Year's eve, it was adjourned to one week, and was therefore held in the amphitheatre of the Hahnemann Medical College, Saturday evening, January 7, 1899. Twenty physicians and about two hundred medical students were present to hear the

REPORT OF THE SECTION ON GYNÆCO- LOGICAL SURGERY.

R. LUDLAM, M. D., CHAIRMAN.

I. THE IMPORTANCE OF LOCAL EXAMINATIONS IN DISEASES OF THE UTERINE CERVIX. BY DR. HANNAH JONES PAYNE.—*Case 1.* Mrs. H.—, aged thirty-nine years. Called July, 1897, for consultation as to the cause of sterility existing for nine years.

At thirteen her menstrual history began. She was married when sixteen years old, and gave birth to a child one year later. Within three years after this she had three miscarriages without any known cause. She was left a widow when twenty-six, and four years later was married a second time.

She desired children by this marriage, but had never become pregnant. A physician was consulted two years ago, but no local examination was made.

The patient had the appearance of excellent health, was fleshy, weighing probably 160 pounds; of bright and cheerful disposition, with bright eyes and flushed cheeks; complaining of nothing but occasional attacks of headache, coming usually before the menstrual period, accompanied with nausea—rarely vomiting. She remarked that she "paid no attention" to these symptoms any more than to go to bed for a day.

Upon inquiry, I found that the menses had never been regular since the birth of her child twenty-one years

ago. They were usually delayed from three to ten days, the flow being very profuse, lasting a week or longer, and growing more copious each year. In the last few months the flow has been more like a hæmorrhage than a normal period, the discharge being dark and clotted at first and then of a brighter color. This had not given her any uneasiness, because she thought the climacteric was coming on and that this was one of its symptoms. She had also some leucorrhœa before the menstrual period.

Examination showed the uterus enlarged, retroverted, and in the cervical canal there was a small mucous polypus. Under anæsthesia the growth was removed and the cavity of the uterus curetted.

She made an excellent recovery and five weeks later there was an almost normal menstrual period.

Ferrum phos. with nux vomica, gelsemium and bryonia given as intercurrent remedies when indicated controlled the headache and other accidental symptoms. Within six months after the operation she became pregnant and I recently delivered her of a healthy eight-pound baby girl.

This was one of those patients who come into the office looking so well and complaining so little that the doctor is inclined to do little more than to give an internal remedy, he being more anxious about some one apparently less vigorous and healthful in appearance, never suspecting the existence of conditions that present themselves upon local examination.

Ferrum phos. was the clearly indicated remedy, but success in this case and happiness in that family really came from the careful diagnosis and the removal of the local lesions.

Case 2. Mrs. L., aged forty-four years, has been married fourteen years. Her menstrual history began between thirteen and fourteen years, the flow being regular but always profuse. She has never been pregnant. For three years past she has had uterine hæmorrhages lasting two or three weeks. She is exsanguinated and anæmic, and says that she feels tired and weak all the time. She has been treated with intra-uterine injections of iodine and carbolic acid with little relief. Eighteen months ago the uterine cavity was curetted. The flow did not recur for two months, when it returned more profusely than ever.

For a number of years there has been a watery discharge from the uterus, sometimes gushing profusely almost a pint at a time. She has palpitation and fluttering sensations about the heart. At one time she had homœopathic treatment for ten months, but without benefit. She would not permit the doctor to make a local examination.

This case is taken from Prof. Ludlam's hospital clinic. After recognizing the presence of a cervical fibroid, which was presenting within the os-uteri and was fully ten inches in circumference (feeling very much like the caput succedaneum in advance of labor), it was removed in his sub-clinic November 28, 1898. The patient made a prompt and complete recovery.

The history of this case might seem to reflect upon the homœopathic physician who once treated it for ten months upon symptomatic indications exclusively. Doubtless the enemies of our method of cure would take advantage of this fact without caring to remember that the doctor had been denied the privilege of making a local examination.

Under the circumstances, the blame should rightly attach to the patient and her prejudice, or that of her husband, and not to the method of medical practice employed. Manifestly it was not the fault of homœopathy, but the failure to take the only means of making a correct diagnosis, without which its intelligent and successful treatment was impossible.

DISCUSSION: Dr. E. S. BAILEY: Dr. Payne's paper is suggestive. The necessity does exist to call attention to thoroughness in examination, plus the clinical history and symptomatology. Sometimes a cure may result with neglect of the first and great care to interpret aright the second. With all due consideration to the feelings of our patients, it is less professional to proceed with the cure ignorant of the conditions that the eye or the touch would reveal than it is to decline the responsibility and to accept our discharge. In my clinic work I decline to prescribe for the case unless the local examination is allowed and made. The reasons are obvious and should not be neglected.

Dr. C. E. FISHER: The importance of making physical

examinations a part of the daily routine in our general work is hardly to be overestimated, and there is no good reason why the pelvic organs and genitalia of women should be excluded. The key to the female organism lies in the pelvis. The womb and ovaries are her essential characteristics. And the course of normal events, of miscarriages and childbirths, to say naught of menstrual activities and abnormalities, these essential characteristics are more or less abnormal, pathologically. Therefore, if a well-directed homœopathic prescription does not promptly give evidence of ability to clear up a given case it becomes a duty to make careful physical study into the nature of it that the cause of failure may be removed. Oftentimes this lies in disturbance of a nature requiring surgical or at least mechanical interference. I recall one instance in which a lady in high station declined physical examination, in spite of much pain and great menstrual excess, until hopelessly advanced in cervical carcinoma. Especially is it the physician's duty to make digital and ocular examination in all cases of continued or abnormal bleeding from the genitalia, as well as in sexual reflexes and pelvic disorders which do not yield immediately to medication and proper hygiene. The suggestions of the paper are timely and wise, the clinical illustrations appropriate.

Dr. LUDLAM commended the paper, and was of opinion that its lesson would be of service in the field of general practice. The neglect of local examinations by many physicians, and especially in remote parts of the country, is chargeable to two causes: First, the failure of the patient to realize the utility and the necessity, in many cases, of this kind of exploration; and, second, the lack of special training on the part of the doctors themselves. So long as one party is ignorant and the other one inexperienced, this matter will go by default and mischief will result. Nothing will counteract such an unfortunate state of things like the work done in our sub-clinics, where thousands of women are getting the benefits of such examinations, and where our students are learning how to make them promptly and properly.

II. SOME RARE CASES IN GYNÆCOLOGY. BY DR. E. STILLMAN BAILEY.—1. *Extrophy of the bladder, with an aluminium device for collecting the urine.*

Case 1. O. X.—, female, aged thirty years, has always had eversion of the bladder from a congenital defect. Up to nine years of age her parents did everything possible to have this condition remedied, and at this age a surgical operation was performed, which availed only to make the patient worse; and almost daily for the past twenty years she has had occasion to believe the surgical work had added to her suffering. Just wherein this is true I cannot tell, for the nature of the operation is not known, and so fearful of further injury was she that for nearly twenty years she has never consulted a physician, and her friends, very many of them, are utterly ignorant of any physical defect. Her physique is splendid, her daily avocation is that of a teacher, and her refinement of the most modest. When I say that this patient has never for a moment had control of urination, never could void the urine in quantities, but that every few moments day and night for all these years a few drops or a tiny jet of urine was constantly coming, saturating her clothing and bedding, I but speak of a condition that as a passing thought is deplorable, but to the patient has become unbearable.

During the summer months the urine passing over the parts irritates and scalds, and the rawness of the parts presents almost a malignant appearance. During the winter weather the uncontrolled urine chills or freezes, oftentimes, if there be much exposure to the cold. For twenty years there has been but one form of protection and that has been winter and summer to wear heavy underwear about the hips that would catch and absorb the urine, and the wet clothing was changed many times daily. Quite as frequently she bathed the malformed parts, and this is the daily physical burden that she has carried all these years, and quite uncomplainingly. I have only hinted at what the patient relates, that a little idea of the result of the defect may be noted before describing the appearance of the parts. This colored plaster cast, which will be found hereafter in the pathological museum, will show an accurate modeling of that portion, pertaining to the bladder and labia. It was taken with the patient in the reclining position and would have been fully one-third larger had it been made while standing. Critically the defects are as follows :

All evidence of an umbilicus is wanting—never had one. A thin diaphanous membrane about four inches in length unites the right and the left pubic rami. Very low in the pubic region a rounded mass fully the size of a large walnut appears just above the position of the vaginal orifice; its transverse diameter is greater than the vertical. The superior surface is a white, glistening and elastic membrane, very thin; the under surface is very dark and red, roughened from the many openings and indurations underneath. At times these parts resemble a spongy mass of excoriated flesh. There is no evidence of any urethra or of the terminations, externally, of the ureters. Multiple openings, many of them no larger than a number two silk, can be counted. I think twenty-eight openings in all, or twenty-eight tiny urethras, innocent of any length or constrictors. It is through these openings that the urine is being continually voided, involuntarily keeping the everted portion of the bladder constantly moist.

These under parts are covered with a slimy mucus, and are constantly wet with odorous urine. The labia majora are greatly displaced, and separated above quite four inches; the minora are rudimentary, and show only at the fourchette. There is no vagina, a tiny spot, an opening the size of the point of a very small lead pencil, allows of a two days' very scanty menstrual discharge. The anus is displaced backward.

The patient's fears of harm coming to her, if a thorough examination is permitted, has prevented my passing a probe into the bladder, or of making the pelvic examination by the rectum. At times the condition of acid urine, and foul smelling as well, necessitates her resting in bed for several days at a time to permit the excoriations to heal over. She has found solutions of calendula, hamamelis, boric acid and alum are each good in turn, used externally. She repudiates instantly any surgical proposition, will not listen, and denounces in unmeasured terms the surgical failure she has mourned over these years. I feel that the case is non-surgical. The entire absence of urethra of any sort contra-indicates operative work.

During the summer months I began trying to devise some form of apparatus that would at least in part aid her. I could promise no more, and experimentally this device did not come easily. This receptacle for catching the urine as it spurts or oozes is made of aluminum, is extreme-

ly light in weight; it is forged in one piece, and made to fit tightly at the fourchette and inner part of the thighs. It is ground out to permit a space just over the multi-openings of the bladder. The top part is not allowed to touch the body, thus allowing ventilation, a fault, the

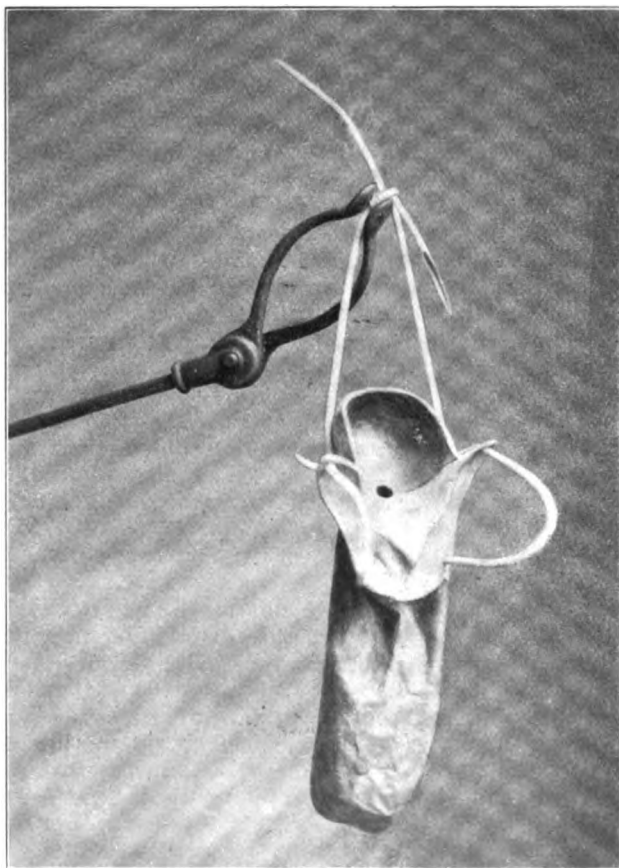


FIG. 1.

patient says, exists in every other form of apparatus that she has ever tried. The bladder itself does not at any point come in contact with the aluminum. This metal withstands the corroding and oxidation of foul urines. At the pendant point a tube the size of a No. 10 catheter is wedged into the metal plate, the inner end being pol-

ished with the inner surface. To the outer end is fastened a thin rubber bag, that is to be flexible, and easily adjusts itself to sitting or standing postures, the ones suggested being a thin rubber one, or one constructed of oiled paper, or silk, coated with spermaceti or varnish, and inclosed in a rubber dam bag that reaches half way down to the knees, and calculated to hold from four to six ounces of urine. This is to be cheaply constructed—waterproof, light, and when once used to be thrown away. Some difficulty has been experienced in the fitting without too great pressure at the lower and inferior angle. The inner edges may have to be supplied with a rubber cushion, but in the language of the wearer, "It seems a success; it is more than I ever expected. I am delighted." The whole device is held in place by rubber tubing tied by the patient about the body and legs, a trifling inconvenience compared with the daily soilings of so many garments.

Prolapsus of the female urethra, complete, with a plaster cast showing the course of the urethra; a urethral caruncle and eversion of the mucous membrane of the urethra.

Case 2. Mrs. —, aged eighty-six years. This patient called upon me one of the coldest days of this winter, on her way to the Turkish bath, a place she visits frequently. She has not an ache or pain of any kind, save from the bladder. Her health is remarkably good, and strength and endurance far beyond the usual. She reported that some fifteen years ago Dr. C. E. Laning told her she had prolapsus of the urethra and that only surgical methods would relieve or cure her. Dreading the operation more than she did the inconvenience of the displaced urethra, she has allowed all these years to go by without having any local attention.

The diagnosis in this case was made by inspection, the use of the sound and the index finger. A large urethral caruncle blocked the opening of the urethra, and on pressing this upward quite a large fold of the mucous membrane of the urethra prolapsed, leaving quite a large mass at the meatus, which, on the application of a small cold compress very rapidly retracted. The sound passed into the meatus, its direction being left to the course its own weight would direct. It was noted to be downward and backward one and one-half inches, where it came to a stop. The index finger noted that a curve was necessary before the sound would enter the bladder. This could not readily be made. The tip of the sound now rested at a point on the external

wall of the perineum, as the direction proved to be at a right angle to the opening into the bladder. The diagnosis was then fully made that the urethra was displaced, forming a complete prolapsus almost its entire length, and the deviation from its normal axis was quite accurately fixed at an angle of 52° . To satisfy myself of the correctness of this diagnosis I repeated these measurements, and took an exact model of the presenting parts in plaster, when the patient was reclining, and the parts were relaxed. In the standing posture the prolapse is much greater, and also when sitting it is larger than at any other time. Two expanded portions of the urethra could be made out during this examination, and they show in this cast, making cysts in the urethra.

The causes, a severe labor fifty-five years ago; a complete laceration of the perineum; for forty years a cystocele and rectocele, and for past ten years atrophy of the parts; but for several years *the uterus and bladder have been in normal place*, the difficulty in urination being at the so-called neck of the bladder, this portion having to be elevated by the finger to permit micturition.

Symptoms. Great bearing down sensation, with pain at times unbearable, as though micturition was necessary, when sharp, contracting pains would go through the neck of the bladder. The introduction of the patient's finger up against the neck of the bladder and lifting it up so that the urine could find its exit, at first relieved, but now the pains last a long time after voiding the urine. The cystocele is no longer troublesome, but the urethra seems to be getting more and more displaced, and its angle with the bladder is a cause of great suffering. The patient does not suffer all the time, but she notices the pains are coming oftener and last longer. With this displacement corrected she declares she would be perfectly well.

Treatment. I propose to fit an aluminum support directly to the parts prolapsed, and this pessary, to fit under the line of the urethra, as shown in the cast, between the labia, and to extend downward beyond the labia, so that the outer margins can be supported and pressure upward made by a supporting bandage worn about the body and between the thighs. The material is light, it can be polished so highly and will not corrode with the urine, that while I have not completed the apparatus to be worn, I have no hesitation in believing that I can promise complete relief, that is as far as any mechanical support is possible.

DISCUSSION: Dr. FISHER: In the first case, would it be possible to bring down the ureters, if the patient could be induced to submit to surgical measures, grafting them into one, and thus securing an outlet through the small vaginal depression present, whereby the urine might be voided into a pouch without having to make its way through the delta now giving it an outlet?

Dr. BAILEY: The patient would not consent to any operation whatever.

Dr. LUDLAM: These two cases are extremely rare and very interesting. Only temporary mechanical expedients such as Dr. Bailey proposes are, in my judgment, suited to either of them.

III. OF THE ENCOURAGEMENT TO BE DERIVED FROM THE IMMEDIATE EFFECTS OF GYNÆCOLOGICAL SURGERY.—BY DR. R. LUDLAM.—Eighteen months ago I had the honor and the pleasure to present our National Society with a paper entitled "Some of the Compensations for the Operative Craze in Gynæcology." *

One year ago our lamented colleague, Dr. Stettler, read an excellent and very practical essay before this society upon "Disappointment with the Immediate Effects of Gynæcological Surgery," and at the same time and to the same section, I made a report on "The Time Limit in Non-Surgical Gynæcology." †

Believing that at this stage in the evolution of our specialty such topics might profitably be discussed, we had planned to add to those papers a fourth one upon the gratifying results that sometimes follow directly our operations are done. I therefore beg to fulfill our mutual purpose by presenting a few additional reflections that have grown out of an extended experience in private and hospital practice. They may help to counterbalance the failures that are sometimes so discouraging, and also to

*Transactions of the American Institute of Homœopathy for 1897 and THE CLINIQUE, 1897, Vol. XVIII., page 397.

†THE CLINIQUE, 1898, Vol. XIX., pages 126 and 135.

justify the careful and judicious practice of this specialty in proper cases and under suitable conditions.

That our frequent failure to give immediate and complete relief may, and does, exercise a wholesome, restraining influence will not be questioned. Otherwise an excess of egotism might intoxicate us to the extent of indiscriminate surgery, than which nothing would be more discreditable and disastrous. That prompt and permanent results do also attend upon our surgical work, albeit they are exceptional, is encouraging to a degree that has not, I think, been properly considered. We should draw the right clinical inferences from this kind of fortunate experience and make it a stimulus and an incentive for doing the greatest good to the greatest number.

There is a singular and very practical relation between the immediate results of surgery in acute and emergency cases and the warrant for its employment in such as are chronic and complicated. This remark applies not only to general surgery, but to each of its specialties, and to general medicine as well. Immediate results and prompt relief are the salt and the spur to life and activity in our calling. But for them we should lose courage and cease to think and to labor for the cure of those ailments that, by their very nature and persistence, may not be disposed of so quickly and so readily. They are like the brief and brisk engagements of an army that enthuse the soldiers, help them to bear almost any amount of toil, strain and exposure, and that brighten the record of their achievement.

We owe it to the immediate and remarkable results obtained by the early ovariologists that the technique of abdominal surgery has been so perfected that our patients come to us sooner and in better general condition for operation now than formerly. Experience has taught that there is a time-limit in which certain diseases of women are beyond the reach of medication, and when they can be efficiently dealt with by surgical means alone—a time when, if they are left to nature or badly treated, such bril-

liant effects could not reasonably be expected. Under the old dispensation it was no necessary disparagement that the worst cases almost always died and that the mortality was large; but it was an encouragement to act in season and to operate early, if direct and unmistakable results might be obtained. Doubtless there have been too many surgical exploits that, so far as the profession and the public are concerned, have only been harmful and misleading; but the compensation has come in the way of increased skill and safety, more careful work and better results. So that we owe very much to the initial success and the gratifying incentive that have stimulated and encouraged the gynecologist all the way along.

I have been particularly impressed with the direct and very efficient results of surgical operations in certain classes of cases, as, for example, in pronounced tubal and ovarian disease, whether specific or not; in some old cases of chronic retro-displacement of the womb; in plastic operations on the perineum, the cervix and the vagina; in uterine cancer, and in tubal pregnancy. They often stand out as prominently as the immediate results of good surgical work in the removal of renal and biliary calculi, in confirmed appendicitis, in herniæ, in trephining the skull, and in other special operations of general surgery.

1. *In ovarian and tubal disease.* Take a case in which the ovaries are displaced and anchored by adhesions that prevent their natural mobility, and so bind them down as to interfere with ovulation and with their vascular expansion at the monthly periods. The pelvic tension and distress will have continued until the suffering has become unbearable, and until tissue changes in the affected organs are inevitable. Dysmenorrhœa, dyspareunia, hysteria, hystero-epilepsy, inability to stand or walk, neurasthenia and chronic invalidism are almost certain to result from such lesions of place, of function and of structure. These morbid conditions are not self-limited, for, although the symptoms are worse each month and will continue to be so while ever the menses recur, they will

have gone too far to be arrested by the natural menopause. Under the circumstances, all kinds of non-surgical treatment will have been merely palliative, and mentally the poor woman will drift toward such an institution, large or small, as our good friend, Dr. Taylor, conducts for the benefit of hundreds who already have "a mind diseased."

With such a permanent displacement and anchorage of the ovaries and their corresponding tubes, such a crippling of their function and such a degeneration of their tissues as threatens the healthy state of the peritoneum and the neighboring organs, the most natural and effectual remedy would be their extirpation, provided, of course, that it could be safely done. And, whether we satisfy our surgical conscience with liberating the appendages by breaking up their adhesions, resect them or remove them entirely, if the conditions within and about the patient are what they should be, if the local disease has not progressed too far and its secondary effects are not too serious, and if we do our work well, the direct result may be most gratifying and encouraging; for the utero-ovarian veins that were impacted and the damaged ovaries and tubes that were imprisoned will trouble her no more, while the surgical menopause will have disposed of the chief relapsing factor in the case as nothing else could possibly have done.

2. *In chronic retro-displacements.* The following pertinent illustration is taken from my clinic :

Mrs. —, æt. forty-one, puberty at sixteen, married at twenty-five, had an abortion at the second month fifteen years ago, since which time she has always suffered from a retro-displacement of the womb. She has constant pains that are worse at intervals in the right inguinal and lumbosacral regions. Sometimes they are so bad as to send her to bed, and to cause a confusion of the mind with bewilderment, so that she dreads to go alone into the street, or to church, lest something should happen to her. All these symptoms are aggravated at the month. She sleeps poorly and has twice had "nervous prostration" (neurasthenia) that kept her in bed for months at a time. There is alternate constipation and diarrhœa, the former being very obstinate, and the latter accompanied by discharges that are albumin-

ous, viscous, mucous and which often contain shreds and long strips of a thin membrane. Sometimes the cast-off membrane is like a tube that is several inches long. Prior to the discharge of the tubular exudate there is very severe pain and tenderness in the abdomen. The urine is dark, scant and voided at long intervals. For awhile she wore a pessary that gave almost complete relief, but when it would no longer hold up the uterus the old symptoms returned with increased severity. Then she suffered so much with her head that about nine months ago one of her doctors prescribed an opiate, to which, because of her peculiar headache and sleeplessness, she had become somewhat addicted. The patient is intellectual, was a close student when young, and for several years had the constant care of an invalid mother.

Observe that the clinical history of this case was actual and not conjectural. Fifteen years of constant ill health in one who knows enough to know when she really suffers; who had pluck enough to keep up the unequal struggle all that time; and whose objective symptoms are palpable and obvious, serious enough to be settled and demonstrable, and obstinate enough to resist all kinds of treatment save one, show that her complaints were not of a kind to be suppressed by mental effort or eliminated by ordinary means.

She was in the hospital and the clinic under careful observation for several weeks with the effect to verify the local and general symptoms, and to prove that the best indicated remedies did her no good. The clinical hint that suggested her treatment by uterine fixation was the decided relief that had been afforded by the pessary so long as it held the womb in situ, and also by the happy experience that I have sometimes had in similar cases. Matters had gone so far that the same and other pessaries failed, and then we made a hysterorrhaphy, passing the sutures behind the fundus, after the manner advised by Dr. Kelly.

The result was direct and unmistakable. Not only was the headache relieved, but the brain-fog lifted, the mind brightened, and she soon found that she could write a

letter, or talk a little with a friend, without being exhausted; she slept well; the inguinal and sacro-iliac pains vanished; the urine became normal in quantity and quality; the obstinate constipation was succeeded by a regular and natural action and condition of the bowels; and, before long, the old muco-membranous discharges from the colon had altogether disappeared. With such a hopeless, chronic and complicated case as this had become, and which had resisted such varied treatment, it was worth our while to search for and to remove the local cause of the mischief. In the gynæcological twilight of twenty years ago such a cure would have been impossible.

In this case we have a confirmation of some of the clinical conclusions published by Monod, under the title of "Pseudo-membranous Enteritis and its Role in Gynæcology," that should not be forgotten. Of this affection, which is much more common in women than in men, he says:

1. Pseudo-membranous enteritis is quite common in the course of diseases of the uterus and its annexes.

2. It is seated in the large intestine and constitutes a variety of chronic colitis.

3. Patients who have this complication also suffer from habitual constipation and from a *decidedly nervous habit*.

4. Pseudo-membranous colitis may coexist with pseudo-membranous dysmenorrhœa.

5. *Sometimes it appears to depend upon the pressure of a retro-displaced uterus directly upon the intestine.*

6. In other cases it is rational to suppose that metritis or perimetritis may extend to the bowel.

7. Whatever may be its cause, we should not lose sight of the possibility of its existence whenever we seek to explain the severe and obstinate abnormal suffering that may attend upon intra-pelvic inflammation and certain uterine displacements. A careful examination will enable us to recognize that in a certain share of our cases the suffering which seems to be referable to the uterus, or its appendages, is in reality located either wholly or partially in the digestive tube.*

**Annales de la Policlinique de Bordeaux*, May, 1893, and *THE CLINIQUE*, 1895, Vol. XVI., p. 151.

3. *In vagino-plastic operations.* Despite the safeguards of aseptic midwifery, and of an improved technique for the immediate repair of the soft parts after delivery, there is and there will always be a share of cases that require the secondary operation. When and how such operations can best be made will probably remain open questions, as they have been for the last forty years.

The serious lesions of the perineum especially that are often entailed upon women after the lying-in, and the great variety of operations which have been devised, and that may be necessary for their cure, will tax the ability and the judgment of the gynæcologist. I know of no better rule than to make each case a law unto itself, which is quite a different thing from advising that we should treat each individual case as if we had never seen or heard of another one. Tact and experience are requisite—tact in the choice of a suitable method of operation, and skill in its performance. When these conditions are met, and the subject is a proper one, the result of vagino-plastic operations will be as prompt and as radically effective as those obtained in any other department of surgery.

4. *In uterine cancer.* While the remote effects of surgical operations that are performed for the cure of uterine cancer are usually so discouraging that the propriety of making them at all has been seriously questioned, still they do warrant the attempt in certain selected cases; and this because of the immediate relief that is sometimes afforded to the very annoying and troublesome symptoms, as well as from the possibility of our yet finding a surgical resource that will cure the disease while it is local and before it has become general.

Although this form of cancer often runs its course rapidly, without suspension or arrest, it does not always do so. Indeed, except in very advanced cases that are rapid in their development, there is a possibility that the curette, or the knife, may not only stop the hæmorrhage, the offensive discharge, the backache and the pelvic and inguinal pains, but that it may postpone the fatal result

by removing the source of a systemic infection. Under the circumstances a careful and judicious operation will not hasten the progress of the disease, for it will be made before the risk of such a result is very great and in such a way as to prevent and not to cause mischief. I am persuaded from abundant experience that an early and a complete vaginal hysterectomy is the operation of election in these cases; and I am fully convinced that in making it the proper use of the hæmostatic forceps gives much better results, both immediate and remote, than can be obtained by the ligature.

5. *In extra-uterine pregnancy.* Of all the emergencies that beset this department of gynæcology—and there are many of them—none are more serious and alarming than those of tubal gestation. Nowhere in the whole realm of medicine and surgery combined is human life placed in greater peril; and nowhere is the ability to forecast and to avert the impending danger of a fatal issue more gratifying and satisfactory than in a case of extra-uterine pregnancy at or before the fourth month. To remove the tube and its gestation-sac prior to the rupture and discharge of its contents into the peritoneal cavity, from which accident most patients die within twenty-four hours; or safely to dispose of a resulting hæmatocele by an immediate laparotomy, is the acme of surgical diagnosis, skill and expediency. And the direct effect of such an operation under proper conditions is as wonderful as anything that anybody can do for the relief and cure of a fellow creature.

That the world owes this precious resource to the gynæcologist is a fact that glorifies the last quarter of the fading century. For, until Lawson Tait had taught us the pathology of tubal foetation, and had prescribed the rules for its early and successful surgical treatment, nobody knew anything about it, and the whole tragical affair was left to Providence and the autopsy. Witness the half-forgotten jeremiad of Meigs, the renowned obstetrician, who, as late as 1859, wrote as follows :

What, alas! can we do in these cases? We could

make an incision in the abdomen, and clear away the coagula and the serum. But who is he bold enough to do so? Who is he astute enough to discriminate betwixt all the possible causes of such phenomena with so much clearness as to warrant him in the performance of a gastrotomy for Fallopian pregnancy? There is no such wise and bold surgeon; and, therefore, nothing remains for us but to extend all the relief within the narrow boundaries of our power, and calmly await and submit to the inevitable end.

That dreadful prognosis has now been dissipated. Not only are the immediate results of operations that are carefully made upon this class of subjects almost always successful, but the remote effects in restored health, and even in subsequent child-bearing, are sometimes very remarkable. Dr. L. Funk-Brentano has collected and analyzed 126 cases of normal pregnancy that were consecutive upon extra-uterine foetation, and fully endorses the precept of Pinard, who holds that: "*Toute grossesse extra-uterine diagnostiquée commande l'intervention chirurgicale*"—every case of extra-uterine pregnancy the diagnosis of which is settled demands surgical treatment.*

Finally, that such marked cases and conditions as have been cited are relatively infrequent, does not weaken the force of the argument. The exception proves the rule, for it is one of the saving facts of our art that these ideal results depend upon conditions which are largely within our control, and that we are constantly learning how to multiply and to perfect them. If we continue the good work I can see no reason why our operative resources should not become more simple and effective, and our results even more prompt and encouraging.

DISCUSSION: DR. E. S. BAILEY: I can say little concerning the real merits of this last paper from Dr. Ludlam's pen. I have no form of criticism nor wish to make talk concerning the things it treats of. I like the spirit of reviews and the lessons that come from them, and I know of no one more competent to write on these matters. I

**Thèse de Paris.* G. Steinheil, editeur, 1898.

hope to profit by the suggestions offered in the paper as presented, and I hope to hear more such papers by the same author.

Dr. C. E. FISHER: I heartily agree with the sentiments of the paper, and have been edified by the recital of the illustrative cases. While it is true that under the constitutional measures common to homœopathic treatment many dyscrasia and disease-producing tendencies may be uprooted, and thus many pathological disorders be prevented, yet it is equally true that after the completion of the developmental stage of life gross pathology very often demands more than remedies can bring for their relief and removal. And just here, as in the illustrations cited, the competent gynæcologist is capable of great service to mankind.

Gynæcology has been grossly abused by incompetent operators and diagnosticians. Not all men are gifted for this work. Yet many essay in these surgical days to operate indiscriminately upon the pelvic organs of women who would shrink from a carotid ligation or a cranial operation. If ninety-five per cent, or even ninety-nine per cent, of those now pretending to be gynæcologists would attend to the medical duties of their profession, and leave surgery and gynæcology to those really gifted by nature and otherwise competent for it, the results would be so much better that a great deal of present-day condemnation would cease.

Operative gynæcology has a wide sphere of usefulness, and we should not fail to call upon it as demanded. As homœopaths, our remedies will do much to prevent a necessity for indiscriminate operating; but they cannot do everything demanded by suffering women, who should not be denied the real benefits of correct gynæcological surgery.

I was especially interested in Prof. Ludlam's recital of a case of pseudo-membranous enteritis, having recently had two very stubborn cases, for which I had prescribed many times unsuccessfully, both of which were cured by surgical measures. In one instance a diseased ovary was

the cause of the trouble, and its removal resulted in a quick recovery. The other, being chargeable to extreme cervical flexion and consequent endometritis, dilatation of the cervix and correction of the flexure, with curettage, cured the case.

Pseudo-membranous enteritis is always a neurosis. It may occur in men, some of whom have hysteria as pronounced as women. But it is commoner in young, hysterical women. The characteristic gelatinous discharge from the bowel, for which kali bichromicum is apparently the similitimum, may continue for years, with general disturbance of nutrition and physical decline, unless the cause be sought and overcome. In almost every case this will be found to lie in pelvic disease of some kind. This removed, the pseudo membranous enteritis disappears or early yields to medication.

Dr. LUDLAM thanked the Society for its very kind reception of his paper. Its aim was the practical encouragement of all honest and progressive workers in this department. The cases referred to were, he thought, typical, and therefore were likely to prove suggestive to those who should hereafter read and refer to them. Concerning membranous colitis, he would only add, in reply to Dr. Fisher, that while that peculiar bowel affection was always associated with a neurotic condition of some kind, it was as a cause, and not as an effect, for even epilepsy had sometimes been cured by the successful treatment of colitis.

IV. APPENDICITIS AND SALPINGITIS. TRANSLATED FROM THE FRENCH BY DR. R. LUDLAM, JR.*—We often speak of the diseases that are common to the appendix vermiformis and the uterine adnexa, and, considering their anatomical relations, there is nothing surprising in them. Take an appendix, the internal and inferior surfaces of which are in direct contact with the Fallopian tube, and it is not strange that inflammation of the one may involve the other. In the course of laparotomies for salpingitis it

* Par A. ROUTIER, Chirurgien de l'hôpital Neckar. ANNALES DE GYNÉCOLOGIE, December, 1898.

often happens that we find a diseased appendix with or without adhesions to the right tube, but it is rare to find it involved with the left one.

In two notable cases, wherein neither its presence nor its diseased condition was suspected, I have found the appendix in direct relation with the *left* tube, the cæcum being in position, but the hypertrophied appendix stretched and drawn across the abdomen from right to left, and its end attached to a tubal pocket that was purulent. I removed the pus-tube and the pocket in each case, and my patients recovered.

Consequently I have made it a rule in the course of a laparotomy always to examine into the condition of the appendix, and to resect it if it is diseased. I believe that this does not increase the risk, while, if it happens to be diseased, a real service is rendered to my patient in ridding her of an organ that at any moment might put her life in danger.*

Case 3. February 18, 1896, Mrs. —, æt. forty-seven, was suddenly seized with pains in the right abdomen, just as the menses were about to appear. She was forced to go to bed, and after two days of severe pain with repeated vomiting, absolute constipation and inability to urinate, she sent for her physician, Dr. Schmitt. All the symptoms becoming worse, Prof. Dieulafoy was called, and he made a diagnosis of appendicitis.

February 24, I was sent for, and after a careful examination and some hesitation, I decided that she had a retro-uterine hæmatocele, for at that time the uterus was pushed forward and its neck flattened against the pubes by a semi-fluctuating tumor. There was no pain at McBurney's point, and the only muscular tension in the abdomen was

* The following extract is from Prof. Ludlam's clinic for December 20, 1893: "I have several times referred to the possibility of confusing the local signs of ovarian and tubal disease with those of appendicitis. As a means of aiding our students in this matter, I have formed the habit whenever it is possible, and not harmful to my patient, to expose the appendix for a brief observation and study. These opportunities are not infrequent, and now that you have seen this troublesome organ, you can readily understand that by its size and length it may hang down into the iliac region and becoming diseased might involve the integrity of the uterine appendages." THE CLINIQUE, 1894, Vol. XV., page 87.

diffused and not localized in the right side. The symptoms were less violent, and she was sent to the hospital, where my friend and colleague, Labadie-Lagrave, confirmed my diagnosis.

March 7, I operated for the hæmatocele by a button-hole incision through the vaginal roof, taking first a litre of a citron-colored fluid, and then, after carefully exploring the pelvis, the uterus and its adnexa, I found those on the left side to be normal, but at the right side my finger detected an induration that I opened, and from which about a half a litre of pus escaped. I washed out the pocket, secured good drainage with two tubes and the gauze, and the woman was put to bed. The progress of the case was simple, and on the 24th she went home feeling quite well.

March 28, at 10 P. M., I was called in haste to find that her pelvic trouble had returned, but with ice to the abdomen and opium internally, we saved some time. Gradually, however, a new collection formed behind the uterus and developed downward into the vaginal cul-de-sac. I reopened the posterior vaginal vault and emptied a large abscess, but my exploration proved that it was located more at the left, and in closer relation with left uterine adnexa than formerly. Under anæsthesia I found that there still remained a large swelling, which was inaccessible by the vagina, and which seemed to be attached to the right horn of the uterus.

I then made a laparotomy at once. Located upon the swelling I found a large abscess that extended to the region of the cæcum and below it. The appendix formed a part of its wall, and as I did not dare to detach it, after thoroughly cleansing its cavity the abdominal wound was carefully drained. That cavity extended far into the lower pelvis, being limited on the inner side by the right uterine adnexa, but not reaching the vaginal opening that had emptied the abscess in the left pelvis.

After a varied experience, the escape of a fæcal calculus into the meshes of the gauze with which the abscess that was opened through the abdomen was plugged, verified the first diagnosis of appendicitis that was made by Prof. Dieulafoy. The patient recovered and is now perfectly well; has had no bowel trouble, and has passed through the menopause without any mishap.

Case 4. January 12, 1894, a young woman of twenty-three was brought into my service in the Hospital Necker

with all the pelvic conditions that belonged to a labor which she had undergone six weeks before. She came on a litter. The abdomen was distended, her temperature was 104° , and she had a rapid and thready pulse. There seemed to be an accumulation of fluid on the right side that was independent of the uterus and its adnexa. She was sent to bed, ice was applied to the abdomen and opium given internally. The symptoms improved somewhat, but a relapse on the 23d forced me to intervene, and by vaginal incisions I opened a large abscess containing serum, pus and some false membranes. For the first few days that followed fæcal matters passed by the vagina, but the fistula soon closed spontaneously, and the patient left March 10, cured, but still having a swelling on the right side of the abdomen.

In August, she applied to have an operation for a whitlow, when the abdomen appeared to be natural. But in December, 1897, she returned to the hospital because of painful attacks in the right hypochondrium, which was swollen again. After some days of doubting, and after having emptied the bowels, I examined the case thoroughly and remembered having opened an abscess for her in 1894, and that it had appeared to be connected with the uterine appendages. Now, however, the tumefaction was directly in the region of the cæcum, and in spite of rest it increased. I thought that I must have made a mistake in diagnosis at that time, and must in reality have opened an abscess that was connected with the appendix, but at present the diagnosis was not doubtful.

December 7, 1897, I made an incision along the external border of the rectus muscle and discharged an abscess containing first serum and then pus. On its walls was what felt like a cord, and what proved to be the vermiform appendix, and which, because of its intimate union with the purulent mass, I thought best not to excise.

I washed and cleansed the cavity, and all went so well that on January 12 the patient left, cured, there being only a small, superficial wound at the level of the incision. But she returned to us on January 31, 1898, with a large abscess that had discharged itself through the cicatrix, leaving a deep fistula behind. Convinced that the pus which escaped through this opening came from a diseased appendix, I resolved to search for it.

February 3, 1898, I repeated the laparotomy, and, with much trouble, separated a round tumor the size of an

orange, that was attached to the right cornua of the uterus, and which I removed. The numerous bowel adhesions that were carefully treated in the course of the troublesome enucleation prevented my seeing the appendix, and I was not over-anxious to do so. The tumor itself was like a purulent sponge, and evidently consisted of the uterine adnexa of the right side. The wound was dressed and drained, and when she left the hospital, March 19, was thoroughly cicatrized.

That singular tumor was examined, and, to my surprise, my good friend Durante assured us that it was a cancer of the ovary with a tube that was secondarily and badly infected.

Case 5. Madame X., aged thirty, had had two children and one miscarriage, and had formerly been treated for metritis; was feeling well when she was seized with a pain in the right iliac fossa. The paroxysm was violent but of short duration, and the next day it seemed to have left her, but afterward it returned and was more severe. It became evident that she had appendicitis, and June 20 I was called to see her.

Although she had had a bad night in a railway car that was made as comfortable as possible, her condition was not very bad. However, her pulse was 120 and her temperature 98.4° . The abdomen was relaxed, the tympanites having disappeared during the night; but there still remained a more marked tenderness on the right than on the left side. As the attack had happened at the monthly period, I examined by the touch and found all the signs of a retro-uterine hæmatocele. The immobile uterus had been pushed behind the pubes by a large, semi-solid, painful mass, and a chocolate colored fluid came from the uterus.

If the symptoms of the preceding days, which were carefully noted by Dr. Tisné, had enabled him to make a diagnosis of appendicitis that I accepted, those of the present time, along with the physical signs, warranted me in adding the diagnosis of a retro-uterine hæmatocele. But now the symptoms were not alarming; there was no intestinal occlusion, gas and fæces had passed, and, despite two or three elevations of temperature that had not exceeded 101.5° , I thought we might wait a little.

Some days later, while the general condition continued good, the right iliac pain persisted, and the touch showed that the retro-uterine tumor was being divided into two swellings—one on the right and the other in the left uterine

adnexa, the right one being the larger and the more painful of the two. In a few days more the left swelling had disappeared, but the right one remained, and the fixation of the uterus persisted. Toward the end of June the menses returned; the right salpingitis, with the appendicitis, were still present, for McBurney's point continued to be painful.

Under the circumstances, five weeks having elapsed since the first attack, I proposed an operation. The proposition was accepted and, with the assistance of my friend Ballet, the necessary arrangements were perfected, so that on July 2, a median abdominal incision disclosed a pelvic peritonitis with reddish adhesions that were like an ecchymosis behind the uterus, which was tilted to the right by the reddened adnexa, hæmorrhagic and adherent in the lower pelvis, whilst an epiploic adhesion of the flexed ileum and cæcum closed it above. The separation of the tube was difficult, and I opened an abscess that was hidden by the adhesions at its fimbriated extremity, but tied and resected it. I cleansed the abscess and detached the appendix, which was a part of it and which was fast to the posterior surface of the lower pelvis; resected the omental fragments and the appendix vermiformis, which was perforated, and drained through an opening in the posterior vaginal cul-de-sac. The recovery was uneventful, and now she is quite well.

The specimens obtained from the last case are remarkable and are, I think, worthy of presentation to the Surgical Society. In the outer third of the Fallopian tube there really was an unmistakable fæcal calculus that had originated in the vermiform appendix and which, after having escaped from it by a perforation that was demonstrable, passed into and through the pavilion of the tube. It must have remained in the tube for some time, because there was a bed in its mucous lining wherein it had lain.

I have cited these among other cases that I have seen, because during and after surgical intervention in similar conditions it has not always been possible to establish a diagnosis, whilst during the course of the disease there might be renewed attacks sometimes of appendicitis and sometimes of salpingitis. In fact, there are no pathognomonic symptoms of these affections; the most that we can

do is to watch them carefully and to remember the probability of their coexistence.

It is more difficult still to know which of these two organs was the seat of the original disease, for while it often happens that the attention is first called to the appendicitis, there is an antecedent history of the case which signifies that there has been an old inflammation of the tubes. Nevertheless, if we remember that unilateral salpingitis is comparatively rare, I believe we may usually exclude appendicitis when we find a tubal tumor on the left side only.

In those cases, however, in which appendicitis is in relation with the left uterine adnexa, I believe that the diagnosis is always experimental. They constitute the surprises that come in the course of a laparotomy that has been made for the removal of the ovaries and tubes. In any event, whenever we find inflammatory lesions that are located in the right tube, we should think of the possible coincidence of appendicitis, and, I repeat, that in making a laparotomy one should not fear to ascertain the condition of the appendix, or to remove it if necessary.

VOLUNTEER PAPERS. V. THE NASAL AND PHARYNGEAL ETIOLOGY OF JUVENILE CROUP AND BRONCHITIS. BY DR. ORRIN LELROY SMITH.—Time was when children with recurrent croupal and bronchitic attacks of increasing frequency and severity were compelled to spend the winter months in warmer or drier climes. The much to be commended study of etiology in general, and of these diseases in particular, has done much to reclaim these wanderers, yet to-day, outside the specialty world, "catching cold," with an occasional thrust at heredity, represents the etiology and sequently, the treatment, curative and preventive, of these affections. Heredity, aside from the customarily implied tendency or weakness, also means the transmission of the so-called lymphatic habit or constitution, a matter of the greatest etiological interest, since through the agency of its *post-nasal vegetations* it furnishes the most frequent and most persistent attacks.

Now, the discharges attendant upon these vegetations, the resulting hypertrophic rhinitis and consequent mouth breathing habit, with its improperly warmed, filtered and

moistened atmosphere, shows patently enough the development, and, incidentally, the treatment of these cases. Whether or no we accept the germ origin of croup matters but little here, since the attacks nearly always disappear after removal of the post-nasal growths. In fact, neither in my private nor hospital practice, nor in that of my friends, do I recall a single instance of croup recurrence in a child that has had the adenoid tissue properly removed.

Children hereditarily syphilitic are particularly prone to these two diseases, since the ever present "snuffles" means a nasty rhinitis, whose discharges will certainly not be cared for by the laryngeal and bronchial tissues when the lymphatics of the region are already too degenerate to care for their own increased and altered secretions. These are the cases so "bundled up" and neck-wrapped as to defeat the very object sought, unless it be the death of the youngster, since the induced perspiration can but determine "fresh cold." Until the age of eight, or thereabouts, foreign bodies in the nasal passages give rise to offending and offensive secretions that much more often than one would suspect directly or indirectly develop these illnesses. I do not believe too much stress can be laid upon a most *careful* examination of the nasal cavities, since, after several incrustations, these shoe buttons, beans, pebbles, etc., all too often very closely resemble the turbinal tissues.

After this age a deviated septum, or septal spur, and rather more frequently than is generally supposed—and the resulting inequality of the atmospheric currents and turbinal hypertrophies become active predisponents, if not direct factors. Another source too frequently overlooked is the neglect of nasal, post-nasal and faucial sanitation, thereby harboring foreign germs and the results of putrefactive changes. Theoretically, the discharges from an hypertrophied lingual tonsil would precipitate an attack of croup or bronchitis, yet positive evidence is wanting.

We are all aware of the intimate relation existing between the sexual and nasal tissues, but all of us do not remember that a tight, an elongated or adherent prepuce, or a hooded clitoris, often induces, primarily through the resulting deranged circulation and secondarily from the excessive perspirations, the abnormal rhinal and pharyngeal secretions that tumble one out of a warm bed on a cold night.

While the secondary effects of cardiac, renal, gastric and cutaneous derangements, damp floors and insufficient

clothing and food may cause either one or both of these illnesses, yet the unbalanced circulation and the nasal and pharyngeal aberration resulting therefrom, as proven by the increased secretion, mouth breathing habit with the associated cold, dry and dust laden air, are conditions of primary interest whose value must be fully recognized if anything like satisfactory results are to be commanded.

It is not that we would abrogate the invaluable offices of the general practitioner, or ask that every case of croup or bronchitis be cared for by the specialist, by any means; but rather that he can often assist the physician to a cure for his patient by removing the *underlying cause*, which, after all, is but part and parcel of the modern mutual company—dependency of the general practitioner and the specialist; and just as direlict in duty to himself and patient is he who refuses these services as the specialist who withholds the general supervision and care given best and most successfully by the general practitioner.

RESOLUTIONS CONCERNING THE BEHRING CORNER ON ANTI-TOXIN.

WHEREAS, The members of the Clinical Society of Hahnemann Medical College and Hospital, of Chicago, deprecate the unprofessional conduct of Prof. Emil Behring in lending his aid to the Dye works (Farbwerke), of Höchst-on-the-Main, Germany, to the securing of a patent on diphtheria antitoxin; and

WHEREAS, The history of recent biological science clearly exhibits the important contributions made to the development and establishment of serum therapy by a number of Behring's predecessors and contemporaries whose credit he seeks to appropriate; and

WHEREAS, Antitoxin of the highest grade has for years been supplied by American producers at a reasonable rate, therefore be it

Resolved, By this Clinical Society that Prof. Behring's conduct is unworthy of his scientific reputation; that his claims to priority in the discovery and application of antitoxin serum are unfounded; and that the granting of his patent after five successive rejections by the examiner was unjust and contrary to public policy;

Resolved, That the American manufacturers who are preparing to and do contest the patents in the courts, are entitled to the moral and commercial support of every American practitioner;

Resolved, That these resolutions be printed in the official organ of this Society, THE CLINIQUE.

Editorial.

THE PHONOGRAPH IN A MEDICAL COLLEGE.

Of the making of books that are "designed especially for the use of students," as well as of the multiplication of studies that are imposed upon them by the modern college curriculum, there seems to be no end. Just where the compensating good is to come from, or what the remedy is to be is not apparent. If one excess could safely be left to counteract the other we should not continue going from bad to worse. But these growing evils under the guise of good are running on parallel lines, and threaten seriously to compromise the best interests of a sound medical education.

So long as he finds a market for his wares we cannot expect to influence the publisher; but we should come to the rescue of our poor, overworked students. For, as some one has said, "The question is not what heresy deserves, but how to deal with it wisely;" so the question is not what medical education we should have, but how best to obtain it, and how to impart its practical lessons to our classes.

In this emergency a very clever correspondent—they are all clever—suggests that the phonograph might be placed in some of the medical colleges with profit to all concerned. And, while we would not think of adding a new study to the list any more than of framing a new religious creed (because either of them might imperil the salvation of the subject) we are inclined to take the suggestion under editorial advisement.

Our friend holds that, so far as the didactic lectures are concerned, those branches that are taught in a routine, perfunctory way, that have no actual relation to the bedside, that are suited to minds which are not supposed or permitted to think for themselves, and which are expected to echo the teacher's words *verbatim et literatim* in a quiz, or



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an examination, might better be trusted to the phonograph, because (1) the listener would not be drowsy nor the hearing dull; (2) there would be no cross thoughts nor counter currents behind the tympanum, and therefore no possible prejudice against what was being said; (3) the teacher's language would be registered and returned to him on call without the slightest variation, which security in the matter of mere verbiage is extremely important; (4) the student might be excused from attendance upon such dreary lectures as are devoid of interest for himself, or for anybody else, and his time and strength spared for other and more practical branches; and (5) it would save money for the institution, because, after one or two careful courses were read off in the hearing of the instrument, one phonograph could act as a teacher and another as a student, and so, between the two machines, the good work could go on vicariously without either the professor or the pupil!

By this means, he insists, the faculty might be enlarged, the number of studies increased indefinitely, the term lengthened, any stray seeds of medical heresy sterilized, and the attempt to divorce certain branches from practical therapeutics most effectually accomplished. For he suggests that the growing unpopularity of *materia medica*, as it is sometimes taught in our homœopathic colleges, may be due to its being carried into a divorce court and separated from its natural relations to the bedside.

He realizes that this phonographic method will not answer for clinical teaching because the conditions that are adequate for successful and brilliant work in this department are of an altogether different kind. The medical preacher and his artless parrot are out of their element when the clinical instinct, tact, discrimination, brains, balance, thought and experience must be brought into play for the relief of suffering and the cure of disease. In this relation teacher and listener must be active and alert, and the machine will not answer as a substitute for them.

It may be timely to consider whether the curricula of our colleges might not be pruned to advantage; our didactic teaching rendered more useful and attractive; and something of the old enthusiasm for homœopathic principles and practice restored by a careful adaptation of the methods of teaching that have made the auxiliary branches so deservedly popular.

Hospital Notes.

THE SKIN AND VENEREAL CLINIC.

SERVICE OF PROF. C. D. COLLINS.

PITYRIASIS RUBRUM.—*Case.* Mr. S., æt. twenty-two; a German-American, came to the clinic August 17, 1896, seeking relief from a troublesomeskin disease. He gave a perfect family history, and his personal history was very good, with the exception of some nervous debility, consequent upon self-abuse. He had had the usual eruptive diseases common to childhood, none of which had left any sequelæ. Six months ago he was taken with broncho-pneumonia, which was followed by great nervous depression, and about that time there appeared a scaly roughness of the chest, arms and forehead. This extended in a peripheral manner until it covered the entire body, and when I first saw him he presented a most striking appearance. Large grayish white dry amorphous scales covered the whole body. They were loosely attached, and upon removal left a reddish, tender and irritated base.

The scaling was so abundant that two handfuls of them could be collected from the sheets of his bed every morning. In about three weeks the hair and nails began to be affected and progressively to be loosened, and finally were entirely detached.

In a few weeks he was as bald as a pumpkin—even the eyelids, lashes and the lanuga over the body had all fallen out, and the fingers and toes were devoid of their nails. Thus you saw him standing devoid of epidermis and its appendages, sensitive and tender all over, as red as a lobster, and physically and nervously greatly depressed. From the foregoing the diagnosis of *pityriasis rubrum bilaris* was made and the following advice given:

The patient must remain confined to his room, so as to avoid all exposure to such irritants as winds, dust, cold, etc. A full diet is allowed and careful hygiene, and, as a palliative to allay the extreme sensitiveness of the exposed surface, I advise a paste composed of equal parts of corn-starch and cosmoline to be applied twice a day. Internally he will take arsenicum iod. 3 every three hours.

In ten days an improvement was noticeable, and he gained rapidly thereafter, making an uninterrupted recovery. In three months he was as well as he ever had been, excepting that the hair and nails were not entirely reproduced; they were, however, growing rapidly. No other treatment was given at any time.

ECZEMA DIABETICUM.—*Case.* Mr. S., æt. fifty-five, Hollander, and a farmer by occupation, gave the following history: Never knew what it was to have a sick day until about five years ago, when he noticed a general failing in his health and strength. Then there began a troublesome itching on his legs, chest and hands, which, at times, was very severe, and was always aggravated by over-heating and atmospheric changes. The itching was pronounced all through, and at times so intolerant that the morphine habit had become established. His flesh was torn from scratching, and his life was a perpetual torment. He entered the Hahnemann Hospital in February, 1898, as a hopeless case, for he had already been the usual rounds of many physicians.

Examination showed him to be covered from head to foot with an erythematous, scaly and crusting skin disease. The whole skin was thickened, hot and infiltrated; many blood and serous crusts were formed, and upon slight irritation a serous oozing would occur. Intertrigo was pronounced in the flexor surfaces of the joints. The thickening of the skin was so decided that motion of the limbs and of the jaw was both difficult and painful. The generalized character of the lesion caused me to be suspicious of some renal complication, and upon examination of the urine considerable sugar was found; also an excess of the phosphates and diminished urea.

The treatment consisted of mercurius vivus 6x in triturate tablets, one every three hours, and a dusting powder over the oozing surfaces, composed of pulverized camphor and carbonate of zinc, each two ounces, starch one ounce. These ingredients to be mixed and dusted on freely.

Diet. A diet of bread and milk, buttermilk, baked white fish, somatose and beef broth. Improvement was prompt and decided. The oozing surfaces soon dried, and he felt like a new man. The mercurius vivus was continued to the end. The thickened skin was not so readily reduced, and at times he would have an attack of pruritus,

necessitating a local application for its relief. The following was prescribed:

- ℞ Gum camphor.
 Crystas menthol..... āā grs. xxv.
 Rub together till they liquefy and add
 Lassar paste..... ʒij
 Mix and apply for the itching.

This gave perfect relief, and in three weeks the patient went home better than he had been for years. If he could have been induced to stay longer a complete cure would doubtless have been effected. Some aggravation afterward occurred as a result of over-eating, over-exercise, and high winds, dust, etc., but it was again controlled by the same measures.

SEBORRHOIC ECZEMA.—*Case.* Miss B., a private patient, æt. ten years, blond and plump, looked well in every way, and had a good family history. This little patient came to me August 15, 1898, with a skin lesion covering the left side of the head, scalp and ear, especially back of the ear and down the neck. The trouble had existed for five or six years with but slight changes. A sero-purulent exudate oozed from the affected surfaces, which would dry down into a thick and greasy crust. Upon removal of this crust a pale pink, thickened and oozing base could be seen. Itching was present, but it was not intense. The outline was irregular, and the patch was about equally divided between the neck and the scalp.

The treatment consisted of calcarea carb. ʒo. The affected parts to be sponged once a day with hot borated water, and a *cold salt water* splash-bath for the whole body as a general skin tonic. The cure was complete in four weeks with no evidence of any return of the trouble.

TERTIARY SYPHILITIC ULCER FOLLOWING A GUMMA AND COMPLICATED BY A CAUTERIZATION.—*Case.* Mr. D., æt. thirty-five. Scandinavian laborer; came to my clinic September 3, 1898, and gave the following history: Seven years ago he contracted syphilis for which he was treated for a year or more, and was supposed to be cured. He had no further evidence of the trouble until two years ago, when a gumma formed on the left side of the neck, low down, and impinging upon the clavicle. This gumma was mistaken by the physician for a boil, or abscess, and in due time was lanced. But to the chagrin of physician and

patient, it would not heal; therefore caustics were used freely, and with the usual result of causing cicatricial contraction, drawing the integument into folds and ridges, and with it drawing the head over toward the affected side. To relieve this condition a transverse section was made across the contracted tissue and skin grafting attempted. But as there was still a specific taint, it failed to heal.

When first seen at the clinic in September he presented a formidable appearance. A large syphilitic ulcer extended from a point two inches below the left ear downward and forward to the costal cartilage of the second rib. The ulceration was deep and exceedingly dormant, showing no inclination to repair. The chin was drawn downward and to the left, and was fixed at this point by the contracted tissue. The patient was in fair health otherwise, but complained greatly of the torticollis.

Had the gumma been left alone no such contraction would have occurred, for true and uncomplicated syphilitic ulcers leave no cicatricial contraction, however formidable the ulceration.

He was given the biniodide of mercury 3x every two hours and a cerate of the oleate of mercury, three per cent, in lard locally. Improvement was prompt and continuous, and in two months the ulcer was entirely healed.

The tension was also relaxed, but not entirely relieved. I propose to continue his anti-syphilitic treatment for a year, at which time I am convinced that a flap operation can be safely made, and thus relieve his torticollis. At present all operative procedure is contra-indicated, for until he has had a thorough course of specific treatment, the repair would be doubtful.

Clinical Reviews.

All books for review, magazines, exchanges, correspondence and articles designed for publication in this journal should henceforth be sent to Dr. R. Ludlam, Editor, 1823 Michigan Avenue, Chicago.

LECONS DE CLINIQUE THERAPEUTIQUE SUR LES MALADIES DU SYSTEME NERVEUX. Par M. GILLES DE LA TOURETTE, 8vo, pp. 489, Paris, 1898.

Lectures on the clinical therapeutics of diseases of the nervous system. By Dr. Gilles de la Tourette, etc.

This very recent work upon a most important subject is attracting a great deal of attention, and deservedly so. Some of its excellent lectures have already appeared in the French journals, and their intrinsic merit, as well as the author's reputation, attests their very practical character. Our readers have had an excellent sample thereof in the translation of the lecture on Ménière's disease that appeared in the CLINIQUE, Vol. XVIII., pp. 539 and 596.

The treatment of hemiplegia and of neurasthenia, the diagnosis and treatment of epilepsy, of migraine, tabes, hysteria, morphinomania, and the different varieties of syphilitic myelitis are discussed with the clinical acumen for which the author and his predecessors in La Salpêtrière, including the famous Charcot, have been so distinguished.

We have space only for a few clinical hints. In the preventive treatment of children who are predisposed to hysteria they should be gotten out of the family atmosphere; the hysterical mother should not be allowed to nurse her infant; at seven or eight years, boys and girls should be taught together, even with the inconveniences of home life; and with young girls especial care should be taken at puberty. When they are marriageable, even if they have shown no decided symptoms of hysteria, we may advise it; but, if they have already had spasms, and the like, we should be more careful. In the case of young men who are decidedly hysterical marriage should not be approved because in them there is likely to be a more profound disturbance of the faculties.

The treatment advised by the author hinges on the psychic origin of the disorder, and is largely mental. He does not, however, endorse the value of hypnotism as enthusiastically as others have done. Indeed, he shows that hypnotism is nothing but a provoked, or artificial,

paroxysm of hysteria, and that its effect may be to excite a worse condition than that for the relief of which it was prescribed. Like Charcot, he insists that the isolation of the patient, with electricity and hydropathy as adjuvants, is the best mode of treatment. This must be varied to suit different conditions.

Concerning the different forms of syphilitic myelitis a very important therapeutic conclusion is reached; viz., that whatever form these affections may take, they always require a treatment that is long continued and frequently repeated. And as for the mechanical treatment, while it may sometimes bring relief and more rarely a cure of this affection, his experiments show that in reality there is no elongation of the cord from using Sayre's apparatus, but that suspension only induces such a change when the vertebral column is forcibly bent forward. The author has apparatus of his own for the practice of suspension that he has found useful.

W.

ANNUAL AND ANALYTICAL CYCLOPÆDIA OF PRACTICAL MEDICINE. BY CHARLES E. DE TAJOUS, M. D., and one hundred associate editors, assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume III. The F. A. Davis Co., publishers, Philadelphia, New York and Chicago, 1899.

This volume includes whatever lies between *dislocations* and *infantile myxedema*, and is as fresh, practical and satisfactory as possible. It is intensely clinical and really invaluable—a working library in itself.

THE PORCELAIN PAINTER'S SON; A FANTASY. EDITED WITH A FOREWORD, BY SAMUEL ARTHUR JONES, M. D. Philadelphia: Boericke & Tafel, 1898.

No one can read this delicious little book without being impressed with what was lovely in the character of Hahne-mann, and with his remarkable fitness for the place that he has occupied, and will always retain, as a leader among medical men. The painter's son worked among gems, and our author has set them most tastefully and gracefully for us. "*Under which king, Benzonian?*" is the title of a spicy and earnest lecture by Prof. Jones which comes as a post-script to the volume.

Miscellaneous Items.

The Section on the Medical Diseases of Women, Prof. E. S. Bailey, Chairman, will report at the next meeting of the Clinical Society, January 28.—The Ustion Society has furnished the *foyer* of the Surgical Department of the hospital, and proposes to do as much for each of the others as time goes on.—Through the kindness and generosity of Mrs. Catherine M. White, of Evanston, Ill., the bequest of her sister, Mrs. Harvey B. Hurd, and its earnings, amounting to \$32,000, have been added to the Endowment Fund of the Hahnemann Hospital.—The Hebrew Charity Association of this city has also contributed \$200 to our hospital.—Prof. Kahlke sails for six months' study in Vienna, February 11.—The Des Plaines Valley Homœopathic Association, Dr. E. J. Abell, of Joliet, President, has recently been organized.—The officers of the American Institute and its local committee are hard at work already for a full and glorious meeting at Atlantic City, N. J., in June next.—Dr. A. E. Dickinson, '97, who was married in May last to Miss Brebuer, of Osage, Iowa, has removed from Woodland to Ukiah, Cal.—Prof. Collins' office is at 92 State St., City.—The Missouri Institute will meet in Kansas City, April 18–20.—One of the most interesting, flourishing and promising clubs in town is composed of our Hospital Staff, which held its second session January 3.—Professors Taylor and Halbert have been elected to the Editorial Committee of THE CLINIQUE.—The new journal of surgery and gynecology has wisely, we think, been consolidated with the *Medical Century*.—Dr. Edwin M. Hale, of this city, the well-known writer on materia medica and kindred subjects, died of uræmic poisoning, January 15, at the age of seventy. He, it is said, had just finished writing a work on "Old Age and Its Treatment," which, with the exception of the preface, was ready for the press.

passes readily into the nose at each subsequent visit of the patient. There is a danger of the continuous use of the probe setting up inflammation by making a false passage and so bringing on cellulitis with aggravation of the original trouble; but by the continuous use of antiseptic solutions, syringing through the passages, the occasional use of the probe, and the administration of internal remedies, I find quite uniformly satisfactory results. There is another little point which I can advise for home treatment. It is not generally good practice to intrust your patients with instruments for the carrying out of this procedure at home, but the following expedient serves well: With the patient lying down, the slit slightly opened, so that the affected lachrymal canal is upward, there may be instilled into the inner angle of the eye, entirely filling the lacus lachrymalis, and even the whole of the triangle bounded by the lids and the nose, an antiseptic solution; some of this filters down through the lachrymal duct into the sac, then by gentle pressure downward whatever of the solution may force itself into the nose. Repeating the process several times accomplishes quite a degree of flushing, and thus enables the patient to treat himself without too frequent office visits.

As a rule this condition is purely mechanical, and its treatment surgical, but I cannot but feel that our homœopathic remedies have a decided action upon this condition. A number of cases have responded so well when it seemed that the treatment must be more radical that I must surely give the remedy credit for some of the happy results. Leaving out the remedies which act upon the nasal mucous membrane, I am sure that *argent. nit.*, from the third to the thirtieth potencies, has been of decided assistance in reducing inflammatory conditions of the mucous membrane lining the eyelids and extending into the lachrymal ducts. The symptoms calling for the administration of this drug are: A feeling of sand in the eyes, particularly in the morning; undue congestion, better and worse, according to wind and weather; slight hypertrophy of the follicles, with the regular recognized symptoms of the drug:

Apis mellifica. Stinging, burning of the eyes, particularly of the outer canthi, especially if there is any tendency to effusion, or dropsy within the cellular tissue, with puffiness over the lachrymal sac. The action of the remedy seems to increase the secretion, making it thinner, and, therefore, more easily taken care of by the normal drainage.

Pulsatilla. Thick bland discharges mechanically preventing the flow of tears.

Mercurius. Thin acrid, excoriating discharge, especially indicated with such discharges from the nose, together with other constitutional symptoms.

Case 2. EPIPHORA-MUCOCELE.—Mr. T. suffered with running over of tears for twenty years and had the lachrymal canals probed repeatedly with only temporary improvement. The sac became enlarged and contained mucus, which could be pressed out, but only upward through the nasal duct. My attempt to cure this case with the method mentioned above did not meet with immediate success, and the patient was too impatient to wait. So I did the usual slit operation, passed a large probe at once, and very shortly, after the inflammation was somewhat subdued, inserted a hollow silver stylet, which has removed all the difficulties, as the tears take entire care of themselves, following through this artificial channel. The tube is worn about ten months in the year without being removed, and has been for four or five years, the patient being entirely unconscious of its presence. The other two months we can remove it and the patient gets on very well, but would probably in time have a recurrence of the old trouble if the tube were not replaced. This mechanical arrangement became necessary because of the length of standing of the case, and the inability, or unwillingness of the patient to attend to it until cure could be effected. Solid stylets may also be worn, and the tears then work their way down around them, but a hollow silver tube causes no irritation and allows of a more normal capillary suction.



R. Dudley

Editorial.

THE EDITOR.

The editorial staff of *THE CLINIQUE* announces the election of Dr. H. V. Halbert as general editor to succeed the late Dr. R. Ludlam. The policy and make up of the journal will continue to represent the clinical feature in medicine and surgery. To fill the position so ably held by its founder and only editor up to this time, will be no easy undertaking. Every effort, however, will be made to carry on the good work and to maintain the high standard which the Father of the journal has left us as a legacy. From the alumni of Hahnemann Medical College and Hospital of Chicago which it represents, we ask a renewal of their loyalty and continued patronage. From the profession in general we hope for the consideration and support which is necessary to make any journal successful. All communications, manuscript and reviews should be addressed to the Editor, 70 State Street, Chicago.

DR. R. LUDLAM AS AN EDITOR.

Dr. Ludlam in literature was creative; by a perusal of his writings we see in them not only the skill, the art, the knowledge, but the earnest man himself. It is a very easy matter now to talk of the clinical era, but we know the claim is true that Dr. Ludlam was one of the very first, as teacher, author and editor, to predict the coming and make possible the present age of the clinic. He wrote as he talked, "This is the age of the clinical idea in medicine, it has come, it will carry, it is bound to stay." He was more than a mere chronicler of passing events. He stood in the closest and most vital relation to the spirit of the times and had a clear comprehension of the age and had a knack of getting from it what it had to give. A man acquires power and knowledge from his time in the degree in which he suffers it to enlarge and vitalize him.

He knew what it was to live deeply engrossed in his own age; he understood it better as he linked it to the

past and made the forecast of what was to come. A long experience gives a man poise, balance and steadiness. For over forty years he was an editor, author and writer in homœopathic medical literature, and never lacked audience. He became a man of rare culture, realizing, we believe, that this culture was but an enlarged experience that put him in touch with the affairs of men and gave him the opportunity to compare his own knowledge of things, his faith and his practice, with knowledge, faith and practice of all the generations. He grew great, because he caught the feeling of books, of times, of art and of men, and gave the faithful portrayal through his pen. Mastery in any art comes to those only who give themselves without reservation or stint to their task. As author and editor he worked without cessation to the last tragic moment and glorifies the name, master. No one person knew universal medical literature better than he did. Very few ever comprehended it half so well. January 15, 1880, the first number of *THE CLINIQUE* was published. Editorially Dr. Ludlam said, "This is not to be a medical journal, but a clinical record. No controversial articles or empty agitations of any kind will find place therein. Trusting that this enterprise will be appreciated by the profession and that our yearly volume will grow in size, circulation, character and influence from this day forth, its initial number is hereby presented." He kept the trust; not twenty words of empty controversy mar the twenty volumes. The first little number was hard to fill out to thirty-two pages; the last number he edited had ninety-six pages of reading matter, and only a portion of the copy ready at hand was used. The writer was present when he suggested the title of *THE CLINIQUE*. Said he, "It is brand new, it is the coming idea for such a journal as we propose." The last words from this dear friend to me were, "I have had the last look at the page proof of *THE CLINIQUE*—it is out to-night, and it is a rousing big number and as good as it is big." Less than six numbers in all those years were gotten out by other hands than his; somehow he seemed to love the

work and the completed volumes. The only colored paper in the office fit to print as a cover for the first number happened to be orange. Like other traits it stuck, though managers begged to change; the good natured argument was, "It is distinctive, let us keep it as it is, cover, color, contents and all. Why, I would know that journal if I saw it in China!" He required of himself verbal exactness in all his writings. He was never pedantic for that is but a trick of the memory. He was a man of culture and resources. He clothed a few facts into luminous relation to one another with such emphasis as to freshen and stimulate as well as to instruct. His mental vision was enlarged by the depths of his convictions, by clever deductions and habitually directing his thought to definite ends. He read without stint, rejoiced in the various shades of meanings in words, remembered the humorous and forgot the sad. His pen never stumbled, it was as musical as his voice, he knew in advance what it was to do. He was called a natural and facile writer, yet I know every article was studied over carefully before it was engrossed. Even the letters to his friends were mental products and carefully edited. His wit was as quick as a rapier and as genial as sunshine, while stories would flow and could fill any measure if one but touched the spigot. Our genial, lamented editor, through his mellowed spiritual sense, must have beheld and realized the glorious vision of the ultimate perfection; this had been the inspiration of his noble profession and the secret hope and reward of his high personal character.

E. S. B.

THE POLICY OF THE CLINIQUE.

For many years the character and composition of this journal have reflected the genius and ability of Dr. Reuben Ludlam. No one can fill his place or deny the fact of his successful and brilliant journalism. He had a policy, and he held to it with the unwavering confidence that it was the only principle to apply in conducting a medical publication. That policy was to represent entirely the clinical

idea. Hence he named his production "THE CLINIQUE." He has so often said, "Let others theorize, but we will hold to the facts; let others print the news, but we will only inscribe that which is purely clinical." He did not like to publish an essay or address unless it was illustrated by some cases from actual practice. He could not endure what he called the "chaff of words," and he had no patience with "long-winded" articles. What he always wanted was a "clinical chip," and this expression was a favorite headline in many of his valuable quotations, translations and suggestions. We all remember how perseveringly and arbitrarily he held to this principle as an editor, and we respect and honor him now for it. By his editorial influence he has done as much for the dignity and reputation of our school of medicine as any living man can do. Time cannot efface it, and we shall respect it more and more as the years come and go. It will suffice, therefore, to say that the policy already incorporated shall, so far as possible, be emulated. THE CLINIQUE will continue to represent the "clinical idea." That which experiment, experience and knowledge can portray will be printed for the benefit of the practitioner. We shall seek always to show the truth of the homœopathic principle, the advance in the theory and practice of medicine, the accomplishments of surgery, and the revelations of pathology. To publish a newspaper will not be our aim. In the main, we shall record the clinical reports of the college and the transactions of the clinical society which the journal has always represented. We shall also encourage the clinical contributions of our friends. In no sense shall we enter into the arguments and differences which may arise in the general profession. We have no chip upon our shoulder nor malice in our heart. We seek only to record the clinical proof that our school represents and follow the advanced science of medicine and surgery. Trusting in the support and encouragement of our friends and the good will of the profession at large, we shall do our best to fill the position of the editor who made this journal what it is.

H. V. H.

Clinical Chips.

Lycopus is a remedy always to be thought of in cases of exophthalmic goitre ; its action upon the sympathetic is cumulative ; it relieves the polyuria, the enteritis and the gastric crises of the primary stage and it is of equal value in correcting the tachycardia, the exophthalmus and the goitre in the later stages. Its use should be continued for a long time for appreciable results.

Picric acid is a remedy we should not forget in all cases of neurasthenic exhaustion ; anæmia, due to nervous debility, is its clinical sign.

Chloride of gold, in the second decimal trituration, is a better and safer remedy than iodide of potassium in degenerative conditions of the nervous system due to syphilis.

The daily use of the high normal salt enema, in typhoid fever, is an adjuvant worthy of consideration. It will often reduce a high temperature with greater safety than a remedy.

Chionanthus simulates the symptoms of chelidonium in hepatic disorders when diarrhoea is a constant factor.

The arsenite of antimony is indicated in pneumonia with loud rattling rales and a feeble heart action. It is therefore very useful with aged patients.

Agaracine, in the first decimal dilution, has relieved many cases of chorea wherein the gastric symptoms were pronounced. A clinical indication is observed in the spasmodic contractions of the abdominal muscles.

Argentum nitricum should not be overlooked in cases of chronic gastritis where neurasthenic symptoms are prominent.

Methylene blue, in the third decimal potency, is a remedy worthy of study in malarial fever where cystic symptoms are prominent.

Miscellaneous Items.

The new catalogue of Hahnemann Medical College and Hospital, of Chicago, will go to press this week.—Attention is again called to the meeting of the American Institute at Atlantic City, June 20; everything is being done to make the scientific and social features a success.—The bureau of obstetrics will report at the next meeting of the Clinical Society. Dr. F. H. Honberger, chairman.—Dr. H. A. Noyes has located at Pittsfield, Mass.—Dr. H. R. Chislett has moved to 3128 Prairie Ave. He has also made a change in his hours to 11 A. M. to 1 P. M.—G. H. Meissler leaves Chicago to locate at Haplehurst, Neb.—Dr. Honberger has removed his office and residence to 360 Oakwood Blvd.; Dr. E. J. Burch has moved from Chicago to Carthage, Mo.; Dr. T. W. Deachman has moved to 1309 Masonic Temple; Dr. Alice Duffield has located at 5537 Madison Ave.; Dr. N. Lindquist, Plymouth, Ind.; Dr. A. V. Holmes, Paxton Blk., Omaha, Neb.; Dr. Freeda M. Piles, Valparaiso, Ind.; Dr. Chas. H. Helfrich has removed from 64 W. 49th St., New York, to 542 5th Ave., New York.—Dr. James Sinclair has been reelected superintendent of the County Hospital of San Louis, Obispo Co., California.—Hahnemann Hospital is full to overflowing with patients both surgical and medical.—Dr. G. F. Shears was unanimously elected president of the Illinois State Homœopathic Society for the ensuing year.—All the trunk railway lines have granted one and one-third rates, on the certificate plan, to the American Institute.—Dr. R. Ludlam, Jr., will continue his father's practice at his office and residence, 1823 Michigan Ave.—We are pleased to announce the marriage of Prof. Orrin Lelroy Smith to Miss Caroline Burnet Spelman, of New Orleans, La.

THE CLINIQUE.

Vol. XX.]

CHICAGO, FEBRUARY 15, 1899.

[No. 2.

Original Lectures.

CLINICAL SURGERY.

EXTRACTS FROM THE CLINICAL LECTURE OF GEO. F. SHEARS,
SENIOR PROFESSOR OF PRINCIPLES AND PRACTICE OF SUR-
GERY IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL,
CHICAGO.

RETENTION OF URINE; LITHOTOMY; RECOVERY.

I desire to call your attention to-day to the following interesting case of retention of urine :

Case 1. A. L. P. æt. forty, a man of fine physique, can lift a thousand pounds. He has always had some little difficulty in voiding the urine. About fifteen years ago he began to have pain in passing the urine and during the last twelve years has carried a catheter constantly. About three years ago the urethra became so small he could not introduce his catheter. He came, at that time, under my charge, and finding a stricture of the urethra, I made an internal urethrotomy and furnished him with a sound to maintain dilatation. For some time following this he had no difficulty in voiding the urine by the use of the catheter, but within the last year the desire for urination has become so frequent that he is obliged to use a catheter every forty minutes during the day and every hour or two during the night. No urine is voided naturally and the frequent introduction of the catheter not only prevents work but sleep. The urine contains pus, blood and mucus. In addition to this trouble he has an incarcerated hernia.

Retention of the urine may be due to many causes. Paresis or inco-ordination of the muscles of the bladder, acute inflammation of the urethral mucous membrane, obstruction of the urethra by foreign bodies, blocking of

the urethra by enlargement of the prostate gland, absolute or partial closing of the urethra by organic stricture, or from direct injury to the urethra or bladder wall from traumatism.

If this man had been sick at some time from peritonitis or typhoid fever, if he had been subjected to some great shock, had had some operation about the rectum or anus, if he had hemiplegia, paraplegia, Pott's disease of the spine, or spinal ataxia, retention might be looked upon as due to the first named cause, paresis or inco-ordination of the bladder muscles. In such cases retention may be almost painless if the retention is of slow increase and due to paraplegia, but under other circumstances it may be accompanied by much pain and distress. A typhoid case of this character was that of Mrs. W——, who was brought into the hospital a few weeks ago. For three weeks she had had a continued fever, and as the fever began to subside, a tumor, dull on percussion and globular in shape, was found between the pubes and the umbilicus. As the patient had at no time complained of the inability to pass the urine—indeed had urinated quite frequently—the fever and the tumor led the physician to make the diagnosis of appendicitis, and the patient was referred to the hospital for operation. My suspicions were aroused by the form of the tumor, and the insertion of a catheter settled the diagnosis. In that case the retained urine increased so insidiously that it was not suspected. Degeneration of the detrusor muscles and abolition of the normal reflex due to typhoid fever was the cause; and the slow distention gave rise to no prominent symptoms, the sphincter muscle yielding when pressure became sufficiently high, and some urine trickling away gave the idea of normal urination.

In this case, however, the patient is as perfect a specimen of physical manhood as could be found and does not know what it is to have been sick, except as heretofore stated.

While the patient has now some pus and blood in the urine and must urinate frequently, the urethra is not

especially sensitive to the passage of the sound. In cases of acute congestion the passage of the instrument often causes such agonizing pain that it is impossible to insert the sound without an anæsthetic. Another objection to this theory is the fact that the catheter has been needed for several years and during that time its use has been accompanied with very little pain. Again, retention from acute congestion is usually due to some such cause as gonorrhœa, an irritating injection, the rough use of a sound, or some condition which produces an obstruction. In this case there is no history of gonorrhœa or of long standing gleet; there are no abscesses; and no indications of urethral spasm. Probably no other condition is more frequently the cause of retention of urine than hypertrophy of the prostate gland; in this disease the prostatic urethra is elongated and deflected and the vesical orifice often raised above the base of the bladder, thus leaving a pouch. The abnormal growth of the middle lobe together with the enlargement of the lateral lobes may completely obstruct the urethra so that but little urine can pass through. Prostatic enlargement, however, is a disease of middle life, rarely appearing before the fiftieth year of age; moreover it is accompanied by increased urethral length and the enlarged prostate is usually easily felt through the rectal wall. None of the conditions mentioned are noticeable in this case.

Retention due to stricture of the urethra may be eliminated from the fact that we are able to introduce a No. 18 English sound. There is no history of traumatism or of perineal abscess. This latter condition is not a very common cause of retention of urine, and yet it was only a few weeks ago that such a case came under my observation. The patient was seventy years of age and was supposed to be suffering from malaria (chills and fever). Finally he began to have difficulty in urinating, and a physician was called with whom I saw the patient in consultation. The retention of urine was almost absolute. The patient complained of no especial pain in the perineum, but

presuming the case to be one of hypertrophy of the prostate, I made a careful examination of the perineum and rectum and found, to the surprise of every one, a large perineal and peri-rectal abscess, the cavities extending almost around the rectum.

The abscesses were opened and the bladder drained, with the result of prompt relief to the patient.

Examination of this case shows no perineal abscess and we are, therefore, by exclusion brought to our last cause of retention of urine, namely obstruction by a clot, a stone, or some other foreign body, or some new growth within the bladder. We will, therefore, proceed to carefully examine the bladder by the use of the sound.

In using a steel instrument in a bladder there are certain precautions which should be undertaken: The instrument should be thoroughly examined to see if it is free from rust, and, if it has been nickel plated, to see that it has no surface roughness which is liable to lacerate or tear the urethra.

The same precautions of boiling in a soda bicarbonate solution that are taken with ordinary surgical instruments, should be utilized in the case of the sound and the lubricant employed should be aseptic. The glans and foreskin should be thoroughly cleansed and the surgeon's hands should receive the same attention as when a surgical operation is to be made.

In passing the sound the patient should be lying in the recumbent posture with the head and shoulders slightly elevated, the knees separated and the muscles relaxed. The handle of the sound is kept low until the tip enters the membranous urethra; the penis is now pulled up with the left hand, the sound swept round until it is parallel with the long axis of the body, and as the end of the sound meets with resistance the fingers of the left hand are put down in the perineum behind the scrotum and pressing against the tip of the instrument, tilt it up; the handle of the sound is raised from the abdominal wall and gently depressed between the thighs. The fact that the sound

has entered the bladder may be recognized by the ability of the surgeon to rotate the handle.

Having entered the bladder, we now proceed to examine it systematically. The sound, having been introduced to the furthest extremity of the bladder, is turned first to one side and then to the other and gently drawn out until the curve reaches the vesical neck; there seems to be no obstruction to the passage of the instrument, neither do we detect any roughness which would indicate the presence of a stone. By pressing down above the pubic region the anterior wall of the bladder is brought into contact with the sound, and by introducing the finger into the rectum the posterior wall is brought into contact with the sound. By none of these manipulations, however, are we able in this case to discover any foreign body. Failure to detect a stone, however, is not proof positive that no stone is present; it may be so encysted that a rough surface is not presented to the examining sound; it may be covered by lymph or a blood clot; it may be lodged in some sinus, or it may be covered by a prostatic overgrowth. I am convinced, however, that while we are not able to discover the exact cause of the retention and of the cystitis, that the condition of the patient has become so critical, his suffering is so pronounced, that we are warranted in opening the bladder for further investigation and for the relief and treatment of the cystitis.

The pus and the blood in the urine lead me to select the perineal route, by means of which we may have the added advantage of drainage from the lowest and most dependent portion. Within the last few years the great immunity from sepsis that has followed strict aseptic operations has led to a renewal of the supra-pubic operation for stone, and also the renewal of supra-pubic cystotomy for bladder drainage; but I cannot believe, from a careful study of the results, that it is the preferable method in the treatment of infected bladder. For large calculi it has its place, but for the treatment of a pus cavity and the bladder in many cases of stone, may be looked upon as a sac generat-

ing pus it cannot be recommended. So long as fluid has a tendency to seek the lowest point and water to run down instead of up hill, and, furthermore, so long as I can point to over one hundred consecutive cases of perineal cystotomies without a death, I shall be induced—other things being equal—to make use of the perineal route. In order to give more room, I shall make the operation as for lateral lithotomy. The patient having been brought down to the edge of the table, the thighs flexed on the abdomen, and the legs on the thighs, a grooved staff is introduced into the urethra and pulled well up against the symphysis. My assistant holds the staff exactly in the middle line with the groove inclined a little toward the right. I make an incision from an inch in front of the anus and a little to the left of the raphe downward and outward to a point midway between the anus and the tuberosity of the ischium. The first incision is made deep and is continued at its upper angle until the staff is reached; fixing the groove with my left finger, the knife is passed over the finger and into the groove, and then passing the knife forward with its point in the groove of the staff it enters the bladder at its neck. As the blade of the knife is withdrawn it is made to cut the prostate for about three-fourths of an inch; the staff is now withdrawn and the finger is introduced into the bladder through the external wound. With one finger in the bladder the anterior wall is pressed down with the other hand so that it is brought into contact with the examining finger; in the same manner the posterior wall is examined with the fingers in the rectum. In making an examination by this method I come upon something hard, but freely movable; removing the finger the scoop is introduced and by its use and careful irrigation two small stones are extracted. These stones are of the mulberry variety, and their greatest diameter is one-half an inch.

It seems hardly possibly that these stones can have existed for fifteen years and necessitated during twelve of these years the use of the catheter. It would seem that in so long a period stones of a much larger size would have

developed, neither can I quite understand why they should produce absolute retention of urine. If obstruction to the passage of urine was due to the dropping of these stones into the urethral orifice, thus shutting off the flow of urine, it would be probable that upon the introduction of the sound their presence would be detected. However, time will determine this question. For to-day I shall introduce a drainage tube into the bladder and fix it firmly in place by stitching it to the skin. Upon being placed in bed this drainage tube will be extended so that it may be brought into a vessel placed under the bed. In this way the bladder will be placed absolutely at rest by the immediate removal of the urine as soon as it enters the viscus. If, after ten days of drainage and daily lavage of the bladder, evidence of bladder irritation subsides, the tube will be removed and the wound be allowed to heal.

Three weeks later, upon presenting the patient to the class, Dr. Shears made the following remarks.

According to my custom, in order that you may know the exact result in every case operated upon before you, I present to you to-day Mr. A. L. P. For a period of ten days we kept the drainage tube in the bladder—at the end of that time it was removed. In eight days more the wound healed and now for three or four days he has been passing the urine by way of the urethra. You will remember that I was doubtful about the stones being the entire cause for the retention, but now that doubt has been removed. The patient passes all the urine through the urethra without the use of the catheter—the first time in twelve years. He is able to retain the urine two hours. The absolute retention as the result of the presence of those stones is unique, partial retention being the common condition. It is true that a small stone in the urinary bladder, as is the case with a small stone in the gall bladder, is more liable to occlude the orifice of exit than a larger one. Not long ago, during a laparotomy, I examined the gall bladder of the patient and found a stone as large as a walnut, and yet the patient had few symptoms referable to the gall

bladder and no symptoms of obstruction to the flow of bile. Again, only last summer, in this amphitheatre, I removed a large stone from the bladder of a patient whose only symptom was pain on urination.

The presence of stones explains one trouble from which he suffered—namely, stricture. You may remember in his history it is stated that two years previously I made an internal urethrotomy for stricture. At that time no stone could be discovered and I was inclined to doubt his statement that he had never had gonorrhœa. Now I believe it to be true. My record shows several cases of stricture due to stone, and this condition, together with distress and retention, should awaken the gravest suspicions of the presence of calculi.

The patient will be discharged to-day, being instructed to have the bladder washed out daily with a boracic acid solution until he is able to retain the urine for four or more hours. At some subsequent date I will operate for the radical cure of the large hernia.

*CLINICAL INDICATIONS FOR THE USE OF
STRAMONIUM IN THE TREATMENT OF
INSANITY.*

A LECTURE DELIVERED JANUARY 17, 1899, BY W. E. TAYLOR,
M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE
AND OF MATERIA MEDICA IN THE HAHNEMANN MEDICAL
COLLEGE, CHICAGO, AND SUPERINTENDENT OF THE ILLINOIS
WESTERN HOSPITAL FOR THE INSANE.

While my provings of stramonium have not been as satisfactory as those made with hyoscyamus, the clinical results from using the remedy have been very gratifying. Stramonium is a powerful narcotic and possesses the power of deranging the sensorium and the cerebrum in a marked degree. It confuses the mind, causes headache, vertigo, perversion of sight, taste, smell, and false hearing.

A small dose will cause a slight desire to sleep, but poisonous doses produce violent delirium, persistent wakefulness, hallucinations and delusions.

The face is usually swollen and red; a sense of suffocation exists in the throat; the limbs tremble, and the patient is inclined to be very whimsical.

Stramonium does not cause much fever; it affects the pulse very slightly, and the kidneys and bowels are disturbed only indirectly, or from reflex irritation.

The pupils are dilated, the eyes are staring, and illusions always exist. While the mouth is dry and the lips are cracked, there is an abundance of saliva which the patient swallows with great difficulty.

The taste is perverted and there is a great craving for water, which when taken even in large quantities does not satisfy.

To a casual observer the stramonium patient and the hyoscyamus patient appear to be very similar; but a careful analysis of the stramonium disease reveals a condition radically different in many of its phases from that produced by hyoscyamus, so much so that, while both remedies exert a beneficial influence upon the sensorium, I have received no benefit whatever from stramonium in a hyoscyamus patient, and *vice versa*.

To impress upon your minds the prominent stramonium picture I will proceed to give you what I regard as characteristic symptoms, or in other words the keynotes that will govern you in differentiating between these two very important remedies.

Stramonium has a dullness of intellect, a sense of stupor, great indifference, poor memory, inability to carry on a connected conversation, the patient is very apt, after speaking one or two words, to forget what he was taking about. Hallucinations are usually present and they are very prominent. The patient acts and looks frightened; sees imaginary persons, animals and other objects; looks about the room, under the bed, and in the bed for some imaginary being; attempts to catch or dodge what he thinks he sees; imagines that persons are outside the room calling his name; speaks of having been told certain things by some spirit; fancies that he hears music, and when alone con-

verses with imaginary persons. He also imagines that he is dead, or going to be killed, or that the world is being destroyed. He is melancholy one moment and gay the next; the patient wants light, and company, and always dislikes to be left alone; desires to be taken out of the room, but when out does not know where to go, will move a few steps in one direction and then back, and finally seems better contented when he is again in the ward. On account of vertigo, he cannot walk in the dark or when blindfolded. He imagines that he has done some great wrong, or is saying, "I never did a wrong thing in my life and do not know why I am pursued." The eyes are wild and staring and have a vacant look. The pupils are always dilated more or less. Unlike hyoscyamus, the pulse is above normal, but as a rule the temperature does not change. The patient will cover his head with the bedding, and sometimes crawls under the bed. He imagines that he sees colors and beautiful visions.

In appearance the face of the stramonium patient is inclined to be bloated; the mouth, tongue and throat are usually very dry and parched, and water does not seem to satisfy them.

Practically I have found this remedy to be especially adapted to many cases of puerperal mania occurring during and after pregnancy; also in catalepsy, where the patient is constantly talking, but does not seem to have the will power to move the hands and the arms.

I will now give you three cases which have been cured, apparently, by the use of this drug, all of which I regard as typical stramonium cases:

Case 1. Mrs. P., age thirty-nine years; farmer's wife; the mother of two children. For a number of years her health had not been good, but had exhibited no symptoms of mental derangement, nor had any of her ancestors been insane. In October, 1897, her ovaries and womb were removed. She made a speedy recovery and remained very well until the 1st of May last, when she became irritable, peevish, and was inclined to cry. She slept very little, her appetite failed, her mind became very weak, and the last

of May she became so deranged mentally that it was necessary to restrain her, and June 1, she was brought to the hospital for treatment.

She was tall and slim, with dark complexion, dark eyes and regular features. The pupils were greatly dilated, and she had a wild, staring, vacant, look; all the time acting as if she was watching or looking for somebody in the distance. She refused to eat; did not sleep for weeks; her speech was slow, at times incoherent, and she was constantly attempting to remove her clothes, and in the attempt would oftentimes tear them. When left alone she would disarrange her bed, often putting the pillows and covers under the bed, and often acting as if she wanted to escape from something.

She did not want to be left alone, and was always worse when left alone or in a dark room. She would resist the nurses when they attempted to feed, dress or bathe her, but would not strike them, never used obscene language, and never talked to them unless first spoken to. While she wanted to leave the ward and was almost always at the door, she would not go but a few steps after passing through it. When taken out for an airing it was necessary to carry her, as she seemed to have a dread that something was going to happen if she moved. She had hallucinations of sight and hearing in a most aggravated form, also delusions and illusions. She suffered from vertigo when in the dark or when her eyes were closed, and was afraid to walk or even to step when her eyes were blinded, for fear of falling. She would often grasp an imaginary object and her eyes seemed to follow something about the room, constantly imagining that she had committed some great wrong.

During the first two months she became greatly emaciated; her mouth, throat and tongue were parched, but at no time did she have fever. Her pulse ranged from 70 to 80. The skin was dry and drawn tight over the bones, and nearly as brown as a mummy.

We gave stramonium from the first, and while I felt positive that it was the right remedy, I many times despaired of affecting a cure during the first two months. The process of recovery became apparent in August, and on the 13th of November she returned to her family cured. Reports since her discharge are to the effect that she is perfectly well.

This woman's mind was full of delusions; she thought herself dead and in heaven at times, and at others she

thought that she was going to be tortured in various ways. She had illusions of sight, and quite often a dirty rag would appear to her to be a beautiful dress. She had hallucinations of taste and smell, as well as of sight and hearing. She was never noisy, except occasionally when left alone she would pound on the door, or call for her husband whom she thought was outside. She did not fight, swear nor use obscene and indecent language, as we so often get in cases that call for hyoscyamus.

I believe the abnormal physical changes, resulting from the operation, were similar to those in cases of puerperal mania, and that the obstinacy was due to the very radical interference of nature in the phenomenal reproduction. I presume that the process of repair began when she commenced taking the medicine, but the effect was not very apparent, although her moods changed, for sixty days. We used a low potency at first, but during the last used the higher dilutions.

Case 2. Mrs. C., aged thirty-two years; farmer's wife. Slight build, brown hair and eyes, fair complexion, the mother of three children. She had never had any serious disease or injury, nor did insanity exist in her family.

About the middle of November, 1897, she became pregnant. During the spring and winter she worked very hard, but enjoyed fairly good health, until about the first of May, 1898, when she became very forgetful, could not sleep at night, and was inclined to be irritable, and her physical condition failed. Her appetite was very poor, she was despondent, and would sit for hours in a listless manner.

In July she exhibited unmistakable signs of insanity. She gave no attention to her home and family, was careless about her dress, had homicidal tendencies, would attempt to escape from the house, and it became necessary to watch her night and day. She slept only under the influence of powerful sedatives. She was committed to the hospital July 13, 1898. She was very insane; she could hardly be induced to walk, and it was necessary to almost carry her to the ward. Her eyes looked wild and were always wide open. She was constantly fumbling about the bedding or her clothes, as if searching for something. She would tear her bedding and clothes when not in restraint, but she was not inclined to be nude. She would invariably remove her

stockings and shoes when left alone, and at night would take her nightdress off and wrap a sheet around her. Her pulse was 110; breathing quick, and temperature slightly above normal; face full and slightly red or dark red.

When left alone or in a dark room she seemed greatly disturbed, and would pound on the door and walls, and was constantly busy doing something. She talked very little, and never loudly, nor did she use abusive or obscene language. She would not fight, but resisted terribly when being fed, dressed or bathed. She would remain in bed only when firmly tied. During the first five days she did not urinate, but after taking two or three doses of apis melifica she had no further trouble in that respect.

During the first ten days I attempted to quiet her by the use of chloral and antikamnia, thinking it would be impossible to relieve the mania before the childbirth; but as I failed completely and she was growing more violent, and the hallucinations were becoming more distressing, I gave stramonium with very gratifying results. The change was not rapid, but very gradually her mind cleared, she took sufficient nourishment and passed through an easy labor August 14.

The first day after the birth of the child she was disturbed for a few hours, when she wanted the nurse to kill the baby, as she was too weak, she said, to do it herself. She had no fever, the discharges were perfectly normal, and on the twelfth day she was up and dressed. The stramonium was continued until September 13, when she was discharged cured. We have had several letters from her, stating that she was never better, was doing her own work, and feels as if she were perfectly well.

Case 3. Mr. E., age forty-three years, farmer. Never had any serious illness or injury. Was not dissipated, used tobacco and stimulants very moderately; no insanity in the family. In May, 1898, he began to act very strangely, looked wild, could not sleep, and lost his appetite. He talked constantly about people owing him vast sums of money, said that he was told to kill them if they did not pay him; that he could see ships coming from the old country loaded with his money; and that the spirits were constantly talking to him about his riches.

He was admitted to the hospital in August, 1898. He was very quiet and well behaved, and on most subjects talked quiet rationally. The pupils were dilated, and he had a wild stare, refusing to look a person squarely in the face. His sleep was disturbed and the appetite poor. He

disliked to be left alone or in the dark, and would become dizzy when attempting to walk with his eyes closed. His pulse was 80, and his temperature normal; he would not speak to others unless first spoken to, and at no time was noisy. When alone he would talk to himself and gesticulate, and sometimes shake his fist. Once he ran away, saying that some one told him that the doctor was going to poison him that night.

We gave him stramonium, which relieved all of his hallucinations very promptly, and as far as I am able to learn he seems now perfectly well. He has a distinct recollection of those hallucinations, and says they appeared to him as real then as my conversation does now.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.
 ORRIN L. SMITH, M. D., RECORDING SECRETARY.

JANUARY MEETING, 1899.

The regular monthly meeting of this Society was held in the amphitheatre of the Hahnemann Medical College at 8:30 P. M., Saturday, January 28. The attendance was large, and all present were eager to hear the

*REPORT OF THE SECTION ON THE MEDICAL
 DISEASES OF WOMEN.*

E. STILLMAN BAILEY, M. D., CHAIRMAN.

VI. ON THE USES OF THYROIDINE IN FIBROID TUMORS OF THE UTERUS, GOITRE, AND IN SOME FORMS OF OTHER DISEASES. —In a paper I had the honor to present to the Clinical Society on the subject of the "Medical Treatment of Uterine Fibroids."* I disclaimed any desire to express any favorable opinion of this remedy that did not belong to it rightfully, and wished to report my failures side by side with whatever measure of success I may have met with. I still have no theories to propound nor prejudices to exploit.

During the past year I have had flattering attention paid to my report, and a large part of my paper to-night is the presentation of cases watched and judged and reported by other physicians, more than twenty having responded to my request to report their experiences in the use of thyroidine.

The criticisms passed upon my paper a year ago have served to increase my watchfulness, and I still insist that every case of fibroid should not be railroaded to the operating room; but my real theme lies in curing cases that are amenable to remedies, and the question is to find the remedy.

FROM DR. R. L. SNOW, CHICAGO.—GOITRE. I herewith enclose a record of three cases of thyroidine treatment.

Case 1. William D—, age seventeen; a native of Michigan and of English descent. Six months previous to his visit to me he noticed his neck beginning to enlarge; severe frontal headache, coming on in the morning and leaving him in the evening. He often complained of a smothering sensation when lying down; with tinnitus aurium; vertigo; respiration after exercising slightly all day were about 28 to the minute. In the morning upon rising about 25; pulse while standing 97, sitting 90; some swelling of the feet; but no organic lesion of the heart perceptible; urine normal; bowels regular; left testicle enlarged to the size of a pint cup, painless and nodular, and began to enlarge synchronously with the thyroid; the thyroid, both lobes, being enlarged to the size of a quart cup. Thyroidine tablets (Bailey's) four after each meal with ten drops of belladonna 3x given alternate days, and at the end of five months there was no perceptible enlargement of either testicle or thyroid, pulse being 76 and in every way seemingly in perfect health. I could see no change in this young man's condition until the treatment had been continued about three weeks, when the testicle began to contract and the swelling to disappear, the thyroid gland following in the same manner at the end of five weeks treatment. There were no other remedies given, and the diet was not restricted. I think this case will interest you and probably others on account of the enormous enlargement and disappearance of enlargement of the testicle. I may state further that this young man during the first three months treatment became anæmic and lost twenty pounds. During the last two months his health began to improve, the anæmia disappeared, and when I discharged him he had regained sixteen of the twenty pounds weight.

Case 2. Thomas S —, age nineteen, German descent, native of Chicago, light complexion and of rather heavy build appealed to me for treatment in August, 1897, with the thyroid gland being very much enlarged; severe frontal headache, which came on nearly every day about 11 A. M. and lasting until sundown; eyes and mucous membrane of nasal and buccal cavities were much congested, the tongue especially being of a purplish hue; respirations were panting and 30 to the minute, pulse 100 and wiry; much nausea and pain shooting from stomach to thyroid gland, of a neuralgic character. This patient did not remember when thyroid began to swell, but up to one year ago only the right lobe had been enlarged to about half the

size it was when I saw him first. During the past year it had enlarged very rapidly, producing the symptoms above mentioned. This patient was given four thyroidine tablets (Bailey's) four times a day, with no other remedy for one month, when swelling had decreased considerably, but the patient had lost twelve pounds in weight, very anæmic and developed a severe bronchitis, when the remedy was discontinued and I prescribed carbonate of lime and cod liver oil (1 drachm 1x to 12 ounces) a tablespoonful four times a day, after meals and when retiring. This treatment was continued for three weeks, when all unfavorable symptoms disappeared, and the thyroidine again given as before. At the end of three months from the time I first saw him the thyroid enlargement with the exception of a small lump in the right lobe, the size of a pigeon's egg, when the patient at this time complained of no pain whatever and weighed twenty-six pounds more than when I first saw him, and I discharged him cured.

Case 3. The following case will no doubt interest you on account of its following a course contrasting with the others:

Mrs. W——, aged thirty-three years, married, an American, of rather slender stature, came to me with the following history: When two months pregnant with her last child, which was then two years of age, she became very grieved over losses, and the thyroid gland began to enlarge, and had gradually increased until it became as large as a cocoanut, and was obstructing respiration, which was only about 13 to the minute, pulse 58, while standing; severe occipital headache, and had become almost totally blind; very anæmic, with tinnitus aurium, and a sensation of falling backward. She had consulted an oculist, who had told her the optic nerve was paralyzed and there was no help for her. I may state further the menstrual periods were about every twenty days, and lasted six or seven days. I did not give this patient thyroidine on account of her anæmic condition, but gave her a drachm of the citrochloride of iron to fifteen ounces of cod liver oil, of which she took a tablespoonful after each meal for one month, when she looked and felt much better, but the headache and sensation of falling backward and blind condition were no better, the pulse being then 65 and respiration 16 to the minute; thyroid gland about the same. I gave her thyroidine tablets (Bailey's), four after each meal, and told her to return in two weeks, at the end of which time the headache

had almost totally disappeared, but the other sensation of falling backward and the condition of the eyes and goitre were about the same. This time I examined the patient's ears and found much impacted cerumen, which I removed by syringing with hot water, when the sensation of falling backward ceased immediately. I told her to continue the remedy as before and return at the end of two weeks. When the patient again returned it was at the end of five weeks instead of two, when she was pale, weak, panting respiration, pulse 93 to the minute, no fever, and complained that she had not had her menstrual period since she last saw me, but was extremely cheerful and encouraged on account of her eyesight, which had almost wholly returned to her. The gland had decreased quite a little. I should have stated that during the five weeks this patient was absent she almost doubled the doses of thyroïdine. Owing to this fact I did not give her any more, nor did I see her for three months, but prescribed cod liver oil and iron as before, when she returned to me with the goitre almost entirely gone, but very anæmic, rapid pulse, 110 while standing, respiration 20, and her menses had appeared about thirty days apart and lasting but two days. Patient stated that she felt very well, had no pain whatever, but was still very weak. I advised her to continue with the cod liver oil, and at the end of one month the patient returned looking and feeling perfectly well, with pulse, respiration and eyesight normal and goitre totally disappeared, and I discharged her cured at the end of six months.

FROM DR. ALICE A. BRABB, ROMEO, MICH.—GOITRE. I ordered thyroïdine nearly a year ago for a case of sarcoma of the uterus. It was too far advanced to hope for a successful operation. She had suffered two years from hæmorrhages, which she supposed to be due to the menopause. The uterus was so bound down by adhesions that it could not be moved and the family were opposed to anything being done except by remedies. I controlled the hæmorrhage and thought I would see if the thyroïdine would prolong life, but she was unable to take it for more than three weeks on account of the heart. She died three months later. I gave the remainder of the tablets two weeks ago to a goitre patient. Said she guessed she was born with it, but did not develop very rapidly until after marriage; the neck now measures seventeen inches. After taking the tablets a week she experienced marked relief in breathing and, as she expresses it, the "puffiness is nearly gone," although

the goitre is not much reduced in size yet. She is fifty years of age. I shall order more of the thyroidine this week for two cases of fibroid. The growth of one was checked twenty years ago by electricity, but now it is beginning to grow again and she has a constant but slight hæmorrhage. I have removed two polypi and am not sure yet but that there is another intra-uterine.

FROM DR. FRANK WIELAND, CHICAGO.—GOITRE. I have used the preparation (thyroidine) in three cases of goitre: First, on a woman of thirty, living in Ohio. In sending for her fourth ounce she made this remark: "Sometimes I think my neck is smaller, and then again I do not." I can report no further on her case, as I have not seen her.

The second was that of a woman of about the same age. I have seen her since I heard from you. To use her words—"I have taken the tablets so irregularly that I can hardly expect results, but I know my neck is no larger."

In the third case, that of a girl of eighteen, the results have been fine. After about six weeks her goitre is scarcely apparent. She can now wear a high collar for the first time in years.

Possibly later I can inform you further.

FROM DR. HELEN M. BUCHANAN, CHICAGO.—DYSMENORRHŒA. I used the thyroidine in a case of dysmenorrhœa with great success after other remedies had failed. The patient, a girl of sixteen, had two days of severe spasmodic pain with every menstrual period. She is practically free from pain now. Used the remedy three months.

I have under observation a man who has keloid. The spots have been increasing in number and size for several years. He is taking thyroid extract, six grains per day, and there certainly is a decided change in the color and thickness of the spots. The pigment is much less. They are nearly white in the centre and much flatter. He also had some enlargement of the thyroid gland, which has disappeared.

I have had no opportunity to test it in uterine fibroid sufficiently to be sure of results.

FROM DR. H. M. HANNAH, CHICAGO.—Unfortunately the cases in which I have given thyroidine have been to the flotsam of the practice and I have no record of the results.

However, before the days of Dr. Bailey's potentized thyroidine I did have good results from the fresh sheep's thyroids minced fine and eaten raw three or four times a day;

about a teaspoonful at a time for three or four months, in a case of exophthalmic goitre, accompanied by palpitation and accelerated pulse and enlarged thyroid glands. At the end of the fourth month she had become very tired of the fresh thyroids; and Armour having begun to put his preparations on the market, I got the tablets and she continued taking the remedy in that form until at last accounts she considered herself well. The tablets were divided and taken in half or quarter doses.

I am aware that this is pertinent to your requirements only inasmuch as it is along similar lines. I believe the remedy worthy of persistent application.

FROM DR. J. R. KIPPAX, CHICAGO.—PSORIASIS. My experience with thyroidine is extremely limited. I have obtained very satisfactory results from its use in three cases of goitre. A rebellious case of psoriasis attended by some thyroid enlargement has shown marked improvement under the use of thyroidine for the latter condition. Its administration in two cases of interstitial fibro-myoma of the uterus, that have come under my observation, has not been followed by any material change in the size of the growths. No aggravation worthy of mention has been noticed from its use. Your thyroidine 1x. tablets, prepared by Ida Hall Roby, is the preparation I have used.

FROM DR. HELEN M. LYNCH, HIGHLAND PARK, ILL.—I have not kept a report of the cases in which I have used it and so can give you only a summary of impressions concerning it. I have used it principally in cases of hæmorrhage at or about the climacteric, and have found it useful in controlling these. Have given it in doses of from ten to fifteen grains daily of the tablets prepared by Armour & Co., and have not discovered any untoward results so far as nausea or disturbed action of the heart are concerned. I think, though, that I mentioned to you that it seemed to produce almost a complete abolition of the sexual instinct in at least three cases in which I have used it, and that this persisted for months after the discontinuance of the drug. I have prescribed it in several cases of goitre, but with no results so far as I have been able to observe.

FROM DR. G. G. HALL, SO. WOODBURY, VT.—GOITRE. I have tried thyroidine in two cases of goitre. One case was a girl of fourteen years. It was a pronounced case, as the neck measured thirteen inches and the girl was of slight build. She received the 3x trit., about half an ounce of the tablets. The goitre materially reduced in size so

markedly that her people did not consider it necessary to do more for it.

The other case was in a lady forty years of age, and I cannot see as it has yet made any reduction in the size of the goitre, although it has gotten no larger. Dr. E. E. Vaughan told me, when the thyroïdine failed, he combined it with electricity, and had not failed to cure all the cases he had met with even in people of quite advanced years. This is as far as my experience goes with thyroïdine. I shall continue to use it as the cases present.

FROM DR. FREDERICA R. BAKER, CHICAGO.—*Case 1.* Miss S——, age thirty-two, is a superintendent of schools in S. Dakota. Drives a team of colts from ten to forty miles a day. Mother died of cancer in the uterus at forty. Two years ago patient noticed a growth in the left breast. It feels hard and is not adherent to the muscle. It is about the size of an English walnut, and when driving it hurts her; seems to grow quite fast; no menstrual trouble; no pelvic trouble; heart normal; the lungs are sound. I gave her conium 3x for one month. She complained of the arm feeling very heavy. Pain in the breast extends over the entire side; she cannot drive more than ten miles a day. In May, 1898, I began to give her thyroïdine 3x two discs every day. She reports no bad feelings from the remedy and it was continued until September 19, when reported growth all gone, has no pain unless driving hard just before period. General health, good. I only saw this lady once, in September, 1897. She was visiting here and came to see me. The last report by letter is October 10. Reports in good condition; the growth in the breast has all disappeared.

Case 2. Miss E. A——, age sixteen. Puberty fifteen, normal. Has goitre; neck measured fourteen and three-fourths inches in August. Gave thyroïdine 3x twice a day. October 20, neck measured thirteen inches; remedy continued. December 1, neck measured twelve and one-fourth inches. During last month I have given iodine 6x once a day with thyroïdine. The goitre diminished and remain two and a half inches smaller.

Case 3. Mrs. McK——, age thirty-six. Never well since child was born twelve years ago. For last four years has had growth in left side of uterus, size of egg, hard to touch, movable with uterus. Pain in left side of burning character, extending down leg at times. No leucorrhœa, no history of excessive flowing. General health not good. April 8,

began thyroidine, four tablets per day. Complains of sore breast, pain around the heart, heavy, dragging pain in left side, headache. May 3. For last two weeks only took two tablets a day. No more bad symptoms. June 27. Remedy continued; no further complaints of former symptoms. July 8. Feeling very well. Thinks the side is less painful. August, patient went East and I had no more reports from her. The marked improvement satisfied the patient that she had been given an excellent remedy.

FROM DR. SARAH HOBSON, CHICAGO.—I have used the thyroidine in only two cases since your paper last January.

Case 1. Miss K. D., age twenty-two years, nurse; overworked; severe basilar headaches, aggravated by sewing, study or indoor confinement; relieved by physical exercise out of doors; sensitive spots over the fourth cervical, fourth and fifth dorsal, at coccyx and on the ribs along axillary line; pulmonary, cardiac, digestive and genito-urinary organs free from pathological symptoms; sleeps well; appetite fair; slight enlargement of thyroid gland of long standing. A year and a half earlier this same kind of headache had been relieved by zinc valerianate. That proved unavailing this time and the hypophosphites "made her sleepless and nervous." Thyroidine 1x one grain two to five times a day was given for three months with occasionally aconite, chamomile and argentum nitricum. Some improvement was noted, but it was not so great as to be very satisfactory. Thereafter, no medicine was given but the life regulated so as to obtain a maximum of sleep, early hours, outdoor life, freedom from excitement and responsibility. In November, after eight months of this life, the patient reported no headaches, no spinal tenderness, but the glandular swelling of the neck was not changed.

Case 2. Rose N., age twelve years. April, 1898. Complains of marked enlargement of thyroid gland with breathlessness and rapid heart beat after exertion. No organic disturbance of heart discovered; general health good. The gland was painted lightly with iodine every other day; pyrophosphate of iron administered once a day; iodine given internally. The improvement was very slight at the end of a fortnight and thyroidine substituted for the iodine. Local application continued. At the end of another fortnight there was decided improvement and the thyroidine was discontinued. After four months patient reported no further difficulty.

The subsequent history of the first case and the local application in the second case make these cases of little value. Such as they are, I am glad to contribute them. I had a case several years ago similar to this second one, but in a woman of thirty years, where the same good result was obtained by the local use of iodine without internal remedies.

FROM DR. FLORENCE N. HAMISFAR, CHICAGO.—I have just commenced the use of thyroidine in two cases. One was of such interest that I report it, using the patient's own language: "I have a fibroid tumor. From October until February other remedies had failed to make an impression. I was using Dr. Beckwith's thermo-ozone treatment. In February, I took two grain tablets of the Armour's preparation of thyroids three times a day for one week. I felt an unusual and delightful *lightness* of body and increase of energy, and experienced a new joy in living. The second week I took *two* tablets three times a day, twelve grains daily. At the end of the second week I went to sleep on Saturday afternoon and did not waken until Monday morning. Then I was roused and asked if I would not take some nourishment. I asked for milk, and a very large glass of ice cold milk was brought me. I drank it and began to dress, but everything seemed so far away, objects seemed to recede into vast distances. Sounds also vanished as if moving away from me. The urine was very scant and contained a thick, mealy sediment, very unusual. Then my heart seemed too weak to beat. I thought I was dying. A cup of hot water and then a cup of black coffee and two hours of terrible weakness and gradually after that sight and hearing returned. But the fibroid tumor, of the multiple variety, in the uterine walls actually seemed smaller, and a decrease in size of abdomen followed steadily, although I left off taking thyroidine and employed only the thermo-ozone treatment."

Was this a proving of thyroid?

FROM DR. ADELIN GOODRICH SOULE, FREEPORT, ILL.,—FIBROID TUMOR OF THE UTERUS. I began the use of thyroidine in March upon my mother. Dr. Ludlam will remember seeing the case a year and a half or two years ago, when I took her to Chicago, having just learned by accident that she was the victim of a uterine fibroid. The doctor advised operation, which I at that time favored and hoped in time to persuade the patient to have it done. Fortunately, I read your report in the January or February

CLINIQUE and decided to try thyroidine. When I began its use I must confess I had not much faith in it, especially in mother's case, as the tumor was of such size and there were so many accompanying symptoms in complication. The tumor extended about two and one-half inches above umbilicus and a large, rather pointed portion extended to the left and up above the left hip another more round in shape—to the right reaching well into the groin—both *very* hard and about the size of an infant's head. I cannot tell how many years this tumor has existed, as she has kept the condition to herself; and all I can ascertain as to time is that for years she has known there was some enlargement, something hard; having been a fleshy person it was not recognized, and as stated above it was only by accident that I found its presence. It being sub-peritoneal she has never been the victim of hæmorrhages, and never any history of peritonitis. Has had much hearing down; back-ache; frequent micturition, at times copious flow of urine at others scanty. Has had much disturbance of stomach, vomiting of food, inclined to be very sour, much distress from food. Heart's action irregular, palpitation. All these complications, if you would call them such, have improved from the very first application of the remedy. Has had no indications of heart symptoms for months; appetite *very* good, has to be a little careful about the use of acid foods, as tomatoes, etc. No bearing down at all. Can walk without any discomfort or bad results, can be on her feet the greater part of the day about housework; says she feels as light as a young girl. She has never had much pelvic pain, but about Christmas time last year (1897) was attacked with severe pains in left groin and side with extensive swelling. I put her in bed and kept her there, giving chiefly bryonia and kali. phos., and placed compresses of sea salt water and heat over the pain. When she got up in two weeks' time the swelling was reduced and pain much relieved; but this pain troubled her off and on, being aggravated by her being on the feet, up to the time of beginning the remedy. It gradually grew less and less, so that it is of the past, not being present for past five months, and as I have stated can be on her feet about housework all day. Her aged parents live a half mile distant; she walks there and back two or three times a week with perfect ease, no unpleasant results following. This she has not been able to do for years before. In the summer I examined the abdomen and found the tumor softer

and reduced in size. Yesterday (December 18) I examined again, and to my surprise and comfort could scarcely find the enlargement on the right side, while that of the left had been reduced fully one-half, being at least two inches out to the hip, while it extended well up above the hip when the remedy was begun. That extreme hardness and tenseness of tumor much reduced. During the past summer she lost flesh to an extreme; as you will remember, I wrote you some time ago, asking if it might not be due to the thyroidine; I imagined it must, as she was so improved in every respect. At your suggestion I lessened the amount of medicine taken. I found that she had doubled up on the remedy, thinking that if a little was good, more would be better; and so instead of taking three tablets four times a day, she was taking four tablets six times a day. I then emphatically ordered three tablets four times a day and she has taken on more flesh, and looks far better than she did when I saw her in the summer. I began the remedy giving one tablet three times a day. Have never had any unpleasant symptoms arise from its use save the loss of flesh, and feel confident it would not have occurred had the patient followed directions given. I gradually increased the dose and frequency. I am fully convinced that thyroidine has been most efficacious in my mother's case.

FROM DR. E. J. BURCH, CHICAGO.—My experience in the use of thyroidine is limited to about a half dozen cases of uterine fibroid and twice that number of sub-involution seen in your clinic last summer, and two cases of fibroid and three of sub-involution occurring in my practice. The remedy was given in the second decimal trituration four times daily, in connection with local treatment. In the cases of sub-involution the uterus was reduced in size, and three cases were apparently cured.

While the fibroids have not been markedly reduced, the comfort of the patients has been enhanced, and their general condition greatly and invariably improved.

No unpleasant effects from the remedy were noticed, with the exception of slight nausea, which occurred in about half of the cases. These patients have not been under observation sufficiently long to warrant a definite conclusion as to the merits of thyroidine, but there has been such a decided amelioration in their general discomfort that I feel hopeful as to ultimate results.

FROM DR. ELLA J. CRANDALL, MILTON, WIS.—*Case.* Mrs.

C—, came to me October 14, 1897, for an examination. Found interstitial fibroid of uterus as large as the uterus would be with a fœtus three months.

I began using electricity, placing one pole over the abdomen and one in the uterus. I have given ten electrical treatments and have kept the patient on thyroidine 3x all the time since then. The patient had passed the menopause a year before she came to me. The tumor has ceased to give the patient any trouble except a little uncomfortable fullness at times. I think it is some smaller, but not very much.

This case is one where the patient absolutely refused any surgical interference, so I tried to do the next best thing with fairly good results. The patient is well pleased.

FROM DR. A. S. ESHBAUGH, KANKAKEE, ILL.—I would say in reply to your letter that I have used the thyroidine 1x in one case, and that a case of small sub-mucous uterine fibroid. The woman had with this condition, as I have observed now in two cases of uterine fibroids, an almost daily morning *chill*, followed by slight rise in temperature, accompanied by more or less aching through limbs, back of neck and head, lasting through the balance of the day. The use of the thyroidine was invariably followed by an aggravation of the chill and fever and aching and quite a considerable of pain through the region of the tumor. It was so evident that the woman soon learned to connect it with the "brown tablets," and objected so seriously that I felt obliged to give up the use of the remedy in the case. This has been my only experience with the remedy.

FROM DR. C. H. THOMPSON, SANTA ROSA, CAL.—I am sorry to say that I cannot report much. I procured one four ounce package of the 1x tablets and used it in part for a fibroid tumor of my wife. I cannot say positively that I have seen any decided decrease, though there may be; it certainly has not grown in the year past, and may be it has decreased. It is not larger than a lady's (small) fist. I have not used it in any other case of fibroid tumor, but I did try it for about six months in a goitre with negative results. I have recently procured more of the remedy and shall try again. I should be glad of more facts or hints in regard to its use.

FROM DR. E. S. BAILEY.—*Case 1.* Miss — age twenty-eight years. June last was told by Dr. Pennoyer, of Kenosha, while an inmate of his sanitarium that she had a fibroid tumor of the uterus. The shock and fear

was especially grievous. Thyroidine 1x five tablets every four hours was administered. I saw this patient in consultation a fortnight later and confirmed the diagnosis and suggested the trial of the remedy, believing that as far as we know it is the best remedy we have at our command. From this time on until October 15, the lady never missed taking the remedy at the appointed hour, and so desperately did she cling to its possible curative effects that she would have taken any quantity. The odor became very offensive to her, and the name of the remedy was facetiously changed to "billy goat." Despite the anxiety of the patient and friends and every possible advantage taken, the general nutrition and health of the patient greatly improved, but with this improvement the tumor seemed to fatten on the animal extract and grew rapidly. In five months the fibroid made a most vigorous increase in all directions. October 17, I made a complete hysterectomy (Kelly method), the patient making a most happy and complete recovery.

The fibroid was multilocular, branched, and I counted one hundred and fifty buds or tiny fibroids on the surface. The tumor is in the laboratory up-stairs. The drug had no effect on checking the tumor, it may possibly have fed it and helped to make it grow larger. The only thing in real evidence in this case was that the weight of the patient increased almost twelve pounds, and she went to the operating room in a fine physical condition, with health better than in five years before.

Case 2. Mrs. —, thirty-five years of age. Formerly a nurse in the Hahnemann Hospital. Four years ago she came under my care for a uterine fibroid. The first time I visited her she was confined to her bed and had been for four weeks, because of a uterine hæmorrhage that had become almost constant, and she was very anæmic from losses. For two years she was an invalid. The tumor was intramural, the size seemingly of a large fist, causing pressure symptoms downward and forward. For two years I carried the patient along under such remedies as the fluid extract of geranium, china and scale, doing the best I could with varying forms of relief. Sometimes the hæmorrhage would stop for a few weeks, but the losses were so great that her condition was that of an invalid almost all the time, and this condition of constant anæmia was to her the ever ready excuse for not being willing to have the growth removed. Her husband would not give his con-

sent to operative work. October 5, 1897, I saw the patient and explained to her the claims that were being presented concerning the uses of thyroidine. She consented to take the remedy and watch her own case and report. I did not incorporate her case in my former report, the patient having moved away. January 9, present year, she came to my office to report for the first time in over two years. She has lost all traces and expression of anæmia. She does her own housework and spends not a little time nursing her sick neighbors. She has steadily improved in general health since commencing the use of this last remedy. She has not had a uterine hæmorrhage in nearly two years. For one year menstruation has been perfectly normal every twenty-eight days to the hour until the last two months, she has menstruated four times, each time lasting three days. She has no inconvenience from the fibroid tumor whatever. She knows that it is smaller in size. She feels perfectly well. She tells me that she has faithfully taken the thyroidine and that only for two years, averaging a four-ounce bottle of the 1x every six weeks. She not only thinks well of the remedy, but will not go away from her home without it. She incidentally mentioned the fact that she had had some trouble with her heart of late, and on inquiry she expressed the thought that it had all developed since taking the thyroidine. I gave a placebo and directed her to leave off thyroidine for a couple of months.

This is to my mind one of my best cases for results. After two years of utter prostration she has been practically well two years and what the future may have in store no one can tell, but I shall be pleased to report the inability of the remedy to complete the cure if it be so.

January 25. After three years I re examined this case, the patient calling at the office so that I could do so. I found a uterine fibroid not much larger than a small fist in the anterior wall of the womb, a dense fibrous band the width of a finger seemed to come from the uterus forward, implicating the bladder and forming a firm anterior adhesion; laterally the tumor was movable. The changes that had taken place during this time, the growth that filled the pelvis and caused a pressure on the rectum had disappeared entirely. There has been a good deal of pressure on the bladder. Some of the time she has bearing down sensations, but a few hours' rest in bed relieves this. She complains of gases in the intestine, has a fine appetite and is really feeling splendidly. The patient says, "There

must have been a good big change, for you told me when you first examined that the tumor was as large as a child's head."

Case 3. A CASE OF ELEPHANTIASIS OF THE LEFT LEG. In one case of elephantiasis, when the leg, in a patient sixty years old, in a very few days came to measure twenty-six inches above the knee, just below the knee nineteen inches and at the ankle twelve inches. After commencing to use thyroidine 1x five tablets for a dose every three hours, improvement was noted in three days. The immediate cause of swelling could not be traced. The measurements had diminished three inches, when the patient complained that she could no longer take the remedy, it nauseated her so. I could do no other way than stop its administration, and in three days more after the thyroidine had been stopped the original measurements as first taken had returned. To all appearances the remedy had had the desired effect and as indicated. For ten days the patient was attended at her home, being confined to her bed. During this time the leg continued to increase in size; it grew helpless and threatened at two points to burst its skin at places where there was great tension from venous stasis. I again requested a trial of thyroidine, and in ten days the measurements of the leg had reduced to twenty inches where it had been twenty-six and the stasis was very much less. In a single day the nausea from its use returned and this time the patient said "No matter, I see it takes down the swelling and that's what I want, stomach or no stomach." To-day, January 25, the swelling at the knee has reduced seven inches and the patient can again use the leg to some extent. A steaming process has materially helped in reducing the size, but had the stomach tolerated thyroidine I, in all probability would not have had to resort to it. I offer the case not as a cure but as a suggestion.

Case 4. FIBROID TUMOR OF THE MAMMARY GLAND. Fibroid hardening in the left mammary gland in a young woman. This patient consulted me a month ago, anxious to know about the painful condition of the left breast which was at times very much swollen, very tender to the touch, and nodular. This condition was particularly noticeable immediately prior to menstruation and lasted during the period. For some months at a time this swelling would be gone and coming again might last a few weeks or months. I had treated this lady for endometritis and I think in this case, as in many like it, that the great sympathy existing between the mammary glands and the uterus and

vice versa, that the induration was benign, no evidence of malignancy prevailing and that the tumefaction had to do entirely with a distended milk duct and its lobule, and its real cause was uterine and not epithelial. I advised thyroïdine, and in one week's time the symptoms of pain had entirely vanished. I do not think the case cured, but this case is, I think, a most favorable one for the trial and persistent use of thyroïdine.

Case 5. Mrs. —, age twenty-eight years, was admitted as a patient of mine in the Hahnemann Hospital, August 10, last. The history of her case was briefly that she had "womb trouble." It was told her that she was full of cancers. A year ago she had come from her home in the country to have some operation "on the womb," and waking up from the anæsthetic she found that her left breast had been amputated. The surgeon's explanation to her was that after she was asleep he discovered a growth in the breast, so amputated it. The uterus was not operated. The breast was poorly excised, in my opinion. A very small part of the gland was left and a very long scar was left, with imperfect adjustment of the edges. The right breast began to swell some. The uterus I found hard and enlarged, a severe cervicitis and endometritis. I curretted, and did a cervix operation. The patient came out of the chloroform only to complain of her throat; a swelling of the thyroid gland supervened that threatened the patient's comfort in breathing. For several days this was a painful complication. The patient gradually improved in health until November last; then the right breast began to swell and the scar on the left side grew very sensitive. December 1, she came to the city under my treatment. She said: "I cannot button my dress or clothing over my chest; both sides are so sore." Could not bear the finger's touch on the scar; it was so painful. She could not sleep at night; could not rest in bed at all because of chest pains, and the thyroid began to swell again and produced choking symptoms. She also noticed lymphatic glandular swellings in the neck.

The uterine troubles have been normal for past two months, and painless, the first since her child was born seven years ago. The bearing down sensation in the pelvis is all she now complains of.

January 25. The patient reported to-day. The right breast gives her no trouble; swelling has disappeared. *The pain in the scar* has gone also. The dragging and bearing down if anything is worse, though it is better now

than in the summer. The only remedy she has taken is thyroïdine 1x. A supply for two months more has been ordered, which she will take and report.

Remarks. In my report read a year ago I agreed to report to the society the progress made in caring for the cases I then had under treatment. As these cases were at that time reported in detail I shall refer to them only by number.*

Case 1. A multiple fibroid of the uterus; galvanism and thyroïdine. Whichever be the curative agent in this case your conjecture is as good as mine. Yet the history is that for the past ten months the patient has not had an electric treatment but has at least a part of the time taken the thyroïdine. She remains well—the fibroid gives her no inconvenience. The hæmorrhages give her no trouble for she is about her active life in comfort and so far as she realizes as well as ever.

Case 3. Uterine fibroid. November 30, 1898, came at my request from her Wisconsin home for examination. After going over the history of a year I was able to tell her that I could not see in any way how she had imperiled her interests by keeping up the use of thyroïdine, which she had religiously continued to do. During the summer she suffered severely from a fall down a flight of stairs, hurting the abdomen not a little; but even with this most unfortunate traumatism the real size of the tumor by measurement had not increased. To the sense of touch, however, it seemed very hard, possibly more so than a year ago. My judgment is that a stasis has been reached. Its growth may start at any hour, or its resolution may be favorable. If it is no better, it is no worse. The thyroïdine will be continued.

Case 4. I received a letter from this patient January 21, 1899, in which she assures me that she has passed a very comfortable year regarding the fibroid. The winter has been unusually comfortable. As to the tumor itself, it is still present as it has been for many years. I do not presume to say how she really is, as her home is three hundred miles away; but in a week's time she promises to come to me, and possibly before this report is printed I shall have examined it, and beg to amend my paper according to the finding.

*THE CLINIQUE for January 1898, page 81.

Case 5. A sub-mucous uterine fibroid. This case was reported as one of the hæmorrhagic character and an almost intolerance of remedies. Briefly, three months after my report of the case I made a complete abdominal hysterectomy, removed a large fibroid. The patient has made a perfect recovery, and to-day, January 21, sent me an intimate friend of hers for examination. I found a large fibroid in the anterior wall of the uterus. I placed this patient under thyroidine 1x for a trial treatment of six months.

My report seems over long even now, and my cases are not all reported. I have recommended the use of thyroidine during the year in thirty-one cases, but as a very imperfect report could come from their enumeration, I prefer to rest the value of the report and with it the value of the suggestion with reference to the remedy itself to such cases as have been under my observation now for a period of years, rather than months, and to those of my fellow practitioners whose reports to me I have just submitted.

VII. IODINE AS A GYNÆCOLOGICAL REMEDY. BY DR. E. J. BURCH.—The gynæcological prescription is to be based upon the general condition of the patient, the same as any other prescription, so the remedy under consideration will be briefly discussed from that standpoint.

As to the type, the iodine patient is tall, emaciated, weak, young, with dark hair, skin and eyes. Mentally, she is below par. She is forgetful and apprehensive—feels that something dreadful is impending. The mind threatens to give way. She is unable to remain quiet; must keep herself busy, physically, else is miserable; thinks it would almost kill her to stop and rest. She is impulsive. At times the desire to kill herself, or some one dear to her, comes upon her suddenly, and with such force that she is almost or altogether unable to withstand it. There is not the brooding over trouble, until suicide is decided upon, which is found under *ignatia*, or the vindictiveness of *nux vomica* and *sepia*. She realizes that her impulse is unnatural, and endeavors to resist it.

The skin has an earthy color, and is shriveled, giving the patient an old appearance. The remedy is like sulphur here, but the latter has abdominal plethora, flushes of heat, soreness on top of head, the hour-before-dinner aggrava-

tion, etc. The abdomen, under iodine, is retracted, rather than prominent.

The glands develop at the expense of the rest of the body, the mammæ being a conspicuous exception to this rule—these wither. The enlarged glands are distinguished by their hardness and painlessness. The enlargement of the thyroid, under the prolonged administration of iodine, is not questioned, and should be borne in mind by those who give the remedy in physiological doses. It is not to be forgotten that the tonsils, liver and spleen are included in the general glandular enlargement of iodine. Enlarged tonsils and an enlarged uterus are often associated.

A prominent symptom under iodine is constant hunger. Many remedies have hunger at certain times of the day, or for certain kinds of food, but the iodine patient is always hungry, and is not particular as to her diet. As her hunger increases, so does her weakness, both mental and physical. Eating brings speedy, but only temporary relief. Ultimately there appear sour eructations, flatulency, pain in the stomach, and diarrhœa, with watery, cheesy, undigested stool, having a morning aggravation.

Iodine has the mental restlessness of arsenicum, but, unlike it, is unable to bear heat; the patient must remain in a cool place.

Coming now to the effect of iodine upon the female generative organs, we find that it causes the uterus to become enlarged and hardened, and lessens its sensibility. There is a marked tendency to metrorrhagia, which is prone to come on immediately after stool. It is claimed that, in carcinoma of the uterus, with great hæmorrhage, iodine is often palliative. Here there is likely to be severe pain over a wedge shaped territory between the uterus and the right ovary. There is a leucorrhœa, which is yellow, corrosive, and often bloody, being worse at the menstrual time.

The texture of the ovaries is firmer than normal, and they may be the seat of cystic tumors. They are not sensitive.

A peculiar and easily explained clinical indication for iodine is this: The uterus feels like a foreign body in the pelvis.

While general œdema is conspicuous under this remedy, it does not seem to cause pelvic extravasations, such as are found under apis and arsenicum, for instance.

As to the use of the iodides, the iodide of lime is preferable to simple iodine when the patient presents more of

tendency to faulty bone development, less mental involvement, and other calcarea conditions.

If the subject has a weakened heart, is easily exhausted (especially by climbing stairs or elevations), and if eating immediately aggravates, but otherwise the indications for iodine are exhibited, arsenicum iodide will be better suited to the case.

Potassium iodide is called for more especially in cases presenting œdema of the hands and eyelids, showing faulty work on the part of the kidneys. If large quantities of mercury have been taken, the iodide of potassium is almost certain to be required.

After the abuse of iodine, hepar sulphur is the remedy.

VIII. THE PREVENTIVE TREATMENT OF PATERNAL HEREDITARY SYPHILIS DURING PREGNANCY. TRANSLATED WITH NOTES BY DR. R. LUDLAM. Part 1.—That certain drugs may be carried to the unborn foetus through the maternal vessels is an undoubted fact; and the possibility of so treating the foetus in utero as to prevent a threatened hereditary disease without interfering with the health of the mother, has long been a subject of speculation and inquiry. Some of our best homœopathic physicians are persuaded not only of the possibility but also of the efficacy of such ante-natal medication; and their views, which perhaps are more theoretical than practical, have been set forth in a most plausible and enthusiastic manner. To a large extent, however, it is true that the results which have been claimed for this kind of prophylaxis are matters of faith rather than of fact. The positive, clinical proof that we have such a desirable and beneficent resource should be, and we believe soon will be forthcoming. Whatever will facilitate this consummation so devoutly to be wished is worthy of our most serious attention.

The best illustration of this type of foetal therapeutics is to be found in a recent lecture by the celebrated syphilographer, Prof. Fournier, of Paris,* in which the following propositions are maintained:

1. That the *mediate* treatment through a healthy mother of a foetus that is threatened with paternal hereditary syphilis constitutes a powerful safeguard for the child.
2. That in numerous cases where it has been resorted to early the child escapes all the dangers that are proper to this form of hereditary syphilis, especially the risk of its death before birth, or soon after.
3. That this happy result is so frequent as not to have escaped notice, and, what is rare in questions of this kind, there is an almost

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unanimous agreement among the syphilographers and obstetricians of the present day in urging the necessity for this kind of therapeutical intervention.

4. That this consensus of opinion imposes upon all physicians the obligation to act in such a case, and to institute the treatment for the child through the mother which has become a real duty on their part.

Two significant cases such as the busy physician is pretty sure to have seen are cited, and so graphically that we must quote them.

A gentleman presents himself at your office and says: "Doctor, I have not come to consult you for myself, for, as you see, I am quite well; but I am herefor another reason. I was married a short time ago and my wife has become pregnant. I should certainly have congratulated myself upon this fortunate occurrence but for one thing, which worries me. I had syphilis just before my marriage, and now I have been told that a sad condition besets the children of syphilitic fathers; that either they die before birth, or they are born in a most pitiable state. With this prospect I have come to consult you, and to learn if there is anything that can be done to keep my child from inheriting the disease that I have had?" * * * *

Whilst a man with syphilis takes only an indifferent view of his condition before marriage, he develops a very natural anxiety concerning it so soon as there is a prospect of his becoming a father. This is a curious physiological fact that I have observed hundreds of times. Many of these syphilitic subjects give no thought to this matter when they conclude to marry. There is no longer any appearance of the disease, and they believe themselves cured. Attracted by the beautiful eyes of a young girl, or by a plump *dot*, they marry with a light heart. Then, when the wife becomes pregnant, these same persons are psychically transformed, and are haunted with the recollection of their old disease. What will happen because of its bad reputation for hereditary consequences? What will come of this pregnancy of only a few weeks' duration? Will the child be born alive, and if so, what kind of a future is in store for it? And, worse yet, if it is born with syphilis, will it expose the disease of its father, or will its mother be infected?

In the second case the woman is not pregnant for the first time, for she has already passed through that ordeal several times and is again *enceinte*.

A gentleman whom I did not know came in and told me the following story: "I was married several years ago and now my wife is pregnant for the fifth time. The first four pregnancies were disastrous. Three of them ended in abortion without cause, and the fourth was still worse, for my wife had what was said to be hydramnios. Beside, the child, a pretty little girl, was so hydrocephalic that it could not be born without crushing its head. You can imagine the tableau in a family that was awaiting the birth of a coveted child.

"A celebrated accoucheur that my physician called in to perform the operation took me aside, when it was all over, and insisted upon knowing if I had ever had syphilis. His suspicion was correct, for I had had it shortly before my marriage; and the worst of it was that I had been badly treated for it. I denied it, however, for one does not care to tell these matters to everybody. He added: 'Very well, but you will have to take mercury if you wish to have a healthy child.' I did not do

so, but I made a firm resolution to have no more children—four experiences of that sort were enough! But, despite my resolve, my wife is in the same situation again, which explains my alarm and anxiety. Can it be that what has happened four times will repeat itself? So I decided to come to you to learn if there is not some way of averting the fifth calamity that I foresee."

Taking these two cases as typical, the protection of the fœtus that is threatened with paternal syphilis is carefully considered. Its treatment is mediate through the mother, and even through the *healthy mother*. The following points are carefully elaborated: (1) It is rational, (2) it is free from danger to the mother and (3) above all it is salutary for the fœtus.

It is rational because it has for its object the introduction of an antidote, (mercury or potassium iodatus) for the threatened infection of the fœtus. That the drug does reach the fœtus experimental proofs are given. Porak (1878) found the iodide of potassium in the urine of the fœtus forty minutes after it had been given to the mother. Cathelineau and Stef found mercury in the ashes of a burnt fœtus whose mother had been treated with it. They even calculated the dose that had been given her. Hence Porak said most impressively that: "Since remedies may pass through the placenta, we should have a fœtal therapeutics." What was rational theoretically has become an empirical reality.

Concerning the non-effect of this prenatal treatment upon the mother, while some have claimed that it might cause or increase the gastric troubles that are incident to pregnancy, and the anæmia also, nothing of the kind really happens. Nor will the tolerance of specifics that has sometimes been observed among syphilitics interfere with the prophylactic results to the fœtus.

Not only has experience failed to confirm these theoretical objections, but it has emphatically disproved them by showing that a pregnant woman, even if she is not syphilitic, may take this specific treatment without harm if it is properly given. In my own practice under these conditions I have never had the least trouble. Indeed, in what concerns the tolerance of these two drugs I have not found the least difference between the women who had and those who did not have syphilis. I am satisfied that this mode of treatment for healthy pregnant women has never occasioned the least harm, or inconvenience, or been the cause of the slightest mischief. And all of my colleagues whom I have questioned on this point have expressed the same identical opinion. Prof. Pinard especially, whose authority in such matters is so great, told me quite recently that he also "had yet to encounter the first case in which this treatment had seemed injurious in any way whatever."

Clinical experience confirms this view of the case, but as the author says, this method will not always prevent the

death of the child from syphilis. In the majority of cases, however, it is a real safeguard for the child. Where a healthy woman marries a syphilitic husband and the specific treatment is properly given during the first pregnancy, she almost always goes to term, and the child is born alive and healthy. Much depends upon the time of beginning the treatment, for if it is postponed too long from the date of conception the risk is increased.

It is possible that the child may escape the paternal inheritance of syphilis and be born alive and well without any treatment; but such a result is neither frequent nor habitual, for it is not the habit of this paternal influence to remain inactive when left to itself.

The best proof of the efficacy of this form of foetal hygiene is, however, derived from the treatment of those women who have already had and lost a number of children from paternal syphilis. Four such cases are given in detail.

Case 1. A young man contracted syphilis in 1831. I treated him for five months and then did not see him again. In 1838 he married. The first child died at the ninth day from "congenital debility." The second one was riddled with syphilis from the fifth week and soon died of marasmus. In desolation the husband came to me bringing with him his young wife, who had begun a third pregnancy. I examined her and found her absolutely free from any suspicious sign of syphilis, and otherwise well, healthy looking, exempt from any uterine lesion, etc. I began a specific treatment which was continued religiously through her whole pregnancy. It consisted of 0. gr. .025 millig. of the proto-iodide of mercury in alternation with 1 to 2 grammes of the iodide of potassium daily; the wine of quinia and a syrup of ferrum occasionally. The result was the delivery at term of a sound and perfectly healthy child; and that child which is now almost five years old, has had no signs of syphilis.

Case 2. My friend, Dr. Ribemont-Dessaigues, was consulted for a young family under the following conditions: The husband had had syphilis a dozen years before; it was very much neglected, and treated for two months only at the beginning of the attack. The young wife had already been pregnant four times, and although she was strong, of excellent health, and had escaped the specific infection, she could not carry her children to term. She had become pregnant again some weeks before. As the result of a very careful examination Dr. R. was obliged to attribute the still-births to the syphilis of the husband, and he therefore prescribed a specific treatment for the young woman. That treatment consisted of pills of the proto-iodide and the syrup of Gibert given alternately and continued during the entire pregnancy. The result was the delivery at term of a fine child that now is two and a half years old and that has never shown the least symptom of syphilis.

Case 3. This case is from Prof. Pinard, and is condensed as follows: A healthy woman married a syphilitic subject for her second husband. Four pregnancies in five years ended in abortion with children that were macerated. She had never had any treatment. In her fifth pregnancy she took the specific treatment from two and a half months to term, when she was delivered of a living child.

Case 4. A young man contracted syphilis, was treated for it during

two months only, and, not having any sign of it left, was married some years later. His wife escaped infection, but became pregnant six times and aborted as often without the least appreciable cause. During her seventh pregnancy she took the specific treatment and gave birth to a healthy child which I have now watched for eight years, and in which I have never been able to detect the least sign of syphilis.

To these cases, which are significant and convincing, others from various sources might be added. They all attest the utility of this maternal treatment not only in saving the life of the child and in its exemption from that horrible disease, but also in preventing such incidental affections as hydramnios, placental alterations, foetal dystrophy, and especially hydrocephalus. But what remains of the lecture and the suggestions that grow out of it must be left for another paper on this very interesting subject.

VOLUNTEER PAPERS. IX. FRACTURE OF THE PARIETAL AND TEMPORAL BONES, WITH RECOVERY. By DR. R. ARNOLD, of Manistee, Michigan—*Case*. November 10, 1898, I was called to see D. F——, aged nine years, who had received a severe injury to the cranium. A short time before, according to his mother's statement, he had fallen from the baluster of the stairway upon which he was sliding, striking his head on the bare floor. He immediately lost consciousness, was rigid, and she believed him dead. When I first saw him he was in a stupor but soon became delirious. There was bleeding from the left ear, which continued several hours, and also vomiting, which continued for a few days. During this time, while not unconscious, he was stupid and inclined to sleep. I made no effort to stop the hæmorrhage from the ear, but gave arnica, aconite, camphor and kali mur. as they were indicated. For some time after the accident he was completely deaf in the left ear, but hearing gradually returned until now it is nearly normal.

December 8, he was able to walk to my office and upon examination I then found a depression of the outer plate of the left parietal bone about the size of a quarter of a dollar, irregular in shape and close to the temporal bone, although I could not detect any fracture of the latter. The little fellow is very bright and as well as ever. I had him under observation just ten days. I wish to acknowledge the assistance of Dr. A. F. Ferguson, who is an uncle of the patient.

DISCUSSION: Dr. SHEARS: The case submitted by Dr. Arnold is an interesting one and the result, so far at least,

very satisfactory. The symptoms would indicate a fracture of the parietal bone and a portion of the temporal bone, the line of fracture extending downward to the base of the cranium and involving the middle fossa. Deafness and bleeding from the ear, especially when preceded by complete unconsciousness, are very significant of fracture of the petrous bone. A mere depressed fracture of the parietal portion of the temporal bone would hardly be accompanied by bleeding from the ear, which instance indicates rupture of the drumhead and more extensive laceration. This fracture may be looked upon as compound even if the scalp was not lacerated, for it communicated with the external air through the Eustachian tube and the ruptured drumhead. As no localized paralysis followed, there probably was no rupture of blood vessels of large size.

The outcome thus far is satisfactory, but the ultimate result is still in doubt. If, as the doctor reports, there is a depression in the outer plate of the parietal bone, there is in all probability a depression in the inner plate—judging from the severity of the symptoms following the accident. If this be true, the patient is not yet safe from the remote effects. Severe and continuous headache, epilepsy and even insanity are conditions which are liable to result from the long continued irritation of a depressed fracture.

Whether an operation should be made now to remove the depressed bone in order to prevent the occurrence of these conditions referred to, or whether the expectant treatment should be followed and an operation only made if the remote effects supervene is a question which can only be decided by a careful weighing of the evidence; but the question is certainly worth a careful consideration.

X. HÆMOPTYSIS; A CASE. BY DR. J. HENRY HALLOCK, of Adirondack Mountains, Saranac Lake, N. Y.—*Case.* J. B. C., aged thirty-eight, tall, slim, and with that peculiar formation of chest which, with one experienced in examining many cases of tuberculosis, causes suspicion at once.

It may have a good expansion, say three to four and one-half inches. but is narrow in its anterior posterior diameter, and has wide intercostal spaces with prominent

clavicle and scapula. Its general appearance is that of a *lean*, long chest.

He was of nervous, active temperament, and had been a life-long sufferer from post-nasal catarrh, but was otherwise well and a hard worker at his profession, the law. A year and a half before coming under my care he had had a pulmonary hæmorrhage. It came on suddenly, as all hæmorrhages of that kind do, just as he had finished a busy day's work; less than a teacupful, but he was much alarmed and hurried to his physician, who assured him that it would amount to nothing and that he had not the slightest reason to be so worried. He soon found he was as well as formerly and proceeded as before with his business for a year longer.

At this time he began to have slight variations in temperature, a rapid pulse and a sense of hoarseness that was very annoying, enough so that he consulted a throat specialist and continued regular treatments for some weeks; but as the condition of the larynx did not improve and the morning expectoration was increasing, a specimen of sputum was sent to a bacteriologist, who found elastic lung fibre, pus corpuscles and tubercle bacilli in plentiful numbers. A physical examination revealed a slight solidification at the apex of each lung, and of course there was no missing a diagnosis, and he was advised to hurry away to the Adirondack woods, where he fell under my care.

My reason for reporting this simple case is, that, as I look over my case book, I see some twenty cases where a hæmorrhage was the first warning, and many of these were nearly a counterpart of the one reported. And while there is a chance for a patient who has reached the second stage, his prospects are poor indeed, compared to one properly handled, who has recognized his disease in its incipency.

Here was a patient having the typical chest formation, a bad chronic catarrh and a hæmorrhage from the lung; positive evidence, yet allowed to drift into the second stage.

If one had wished to make their diagnosis doubly sure in this case, and it is always well to use every means at our command, an examination of the sputum at the time of the hæmorrhage would probably have detected the bacilli.

Or the use of tuberculin as a test would have surely demonstrated the fact. This agent should be used much oftener than it is. It is absolutely safe when given properly. There are no bacilli in it. The broth in which the culture is grown simply takes an active principle from the artificially grown bacilli. This is especially valuable where

there is no expectoration. And many of the ablest German and American authors declare it one of our most reliable agents, and one that should be utilized in all suspicious cases. Yet in this case it was hardly necessary. For, I am convinced, after a large experience among such patients, that a hæmorrhage from the lungs or bronchi, barring an injury or heart disease, is almost positive evidence of a weakened spot from tubercular deposit.

Austin Flint, in his work on phthisis, reports cases going as long as sixteen years before breaking down, but they eventually developed tuberculosis. My experience has been that when a hæmorrhage occurs early the patient may be expected to show unmistakable evidence of the disease in from one to five years, though I have known of cases going much longer and having sometimes repeated attacks of hæmoptysis.

When this patient came to me he was well advanced in the second stage. He had to spend several weeks of trying work to prepare his business for a long absence, and during this period the disease developed rapidly, cavities were beginning to form and he was expectorating quantities of pus. But I am glad to say that in spite of his having lost a year and a half of most valuable time, I was able to guide him on to a slow recovery.

There never was a greater mistake than to send such a patient into any strange climate expecting that with home instructions he would be able to so conduct himself as to derive the full benefit of that climate.

He commenced by sitting out quietly on a sheltered porch six hours a day. This was soon increased to ten hours; and as his fever and active symptoms left he took gentle exercise at certain hours each day, breathing deeply, exercising, chest gymnastics and walking.

Phosphorus, hepar sulph., and iodium did their part, but more credit must be given to the air loaded with oxygen, where every breeze blows over many miles of forest trees, each giving off its oxygen for man, and feeding on the poison gases which are injurious to animal life.

In eighteen months he was able to return to his work, with an arrested disease. He had gained in weight and strength, had ceased to expectorate, his temperature and pulse were normal, and while he called himself well, the degree of health he was able to attain was very much below what it would have been could he have known his condition a year sooner.

Editorial.

PROFESSOR LUDLAM'S ILLNESS.

So many prominent medical men have died during this past year that when news escaped the censor that Professor R. Ludlam, the President of the Hahnemann Medical College and Hospital, the best known gynæcological surgeon in the homœopathic ranks, and for twenty years the editor of this journal, had submitted to a serious surgical operation, his many friends became exceedingly anxious, and we have been kept busy answering numerous letters of inquiry and sympathy.

We are glad to announce that Professor Ludlam is doing well, and has a good prospect of not only recovering from the immediate effects of the operation, but of being able to take up his professional work with the same vigor as of yore.

In view of the rumors that are afloat we deem it is only just to his friends to make a brief statement of his case, the operation and its results.

Dr. Ludlam has had an inguinal hernia for many years. On Tuesday, January 31, while making an hysterectomy the hernia escaped from the truss. The doctor finished the operation and went to his home with the hernia unreduced and did not succeed in replacing the intestine until some three hours later, and until some considerable force had been employed. The reduction of the hernia did not alleviate his pain, and after suffering all night, he called upon his colleague, Professor Shears, for assistance. At that time he was in great distress and was vomiting material of a fæcal character. Professor Shears believing the case to be one of obstruction of the bowel due either to paresis of the intestine or reduction of the hernia en-bloc, advised operation, and requested consultation with Professors Bailey and Chislett. These concurring, Prof. Ludlam was taken to Hahnemann Hospital, and the abdomen was opened by



DR. RICHARD H. STREET. DR. EDITH GERTRUDE WATTS.
DR. STANLEY A. CLARK. DR. GEO. M. O'LEARY.
DR. HUNTINGTON EDW. LANE.

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Dr. Shears in the presence of Drs. Bailey, Chislett, Vilas and R. Ludlam, Jr. A section of the ileum was found bruised, blackened, parietic and flexed acutely upon itself, the bowel above being greatly distended. The distended bowel was opened, its contents evacuated and the walls sutured. The damaged bowel was suspended by sutures in the wound in order that it might be kept under observation. In forty-eight hours evidence of restored function was manifested, and now upon the eleventh day convalescence seems assured.

To Dr. Ludlam's wonderful vitality and his willingness to submit at once to surgical measures, is due the preservation of a life so valuable to his colleagues and the whole homœopathic world.

THE EDITORIAL COMMITTEE.

SPECIAL CLINICAL COURSE.

A special clinical course, entirely free to physicians who make application for a reserved seat and signify a desire to attend, is to be offered by the faculty of the Hahnemann Medical College and Hospital of Chicago during three days of March next.

The details of this clinical course are well matured and a schedule will soon be sent through the mail. The entire time from early morning until night will be occupied in a careful presentation of selected clinical cases. Attention will be given to every form of internal medicine, and modern surgery in every department will be demonstrated.

While these general clinics are being conducted in the large lecture rooms, all of the specialties in medicine will be represented in the sub-clinic rooms to small classes, each practitioner being free to attend such clinics as desired.

In this course we believe an opportunity is afforded of which many practitioners will gladly avail themselves. To be able to see in a few days a number of operations, note the technique and essential points, and yet not lose valuable time, combines in one visit to a noted medical centre

that which ordinarily would require a great expenditure of both time and money. We sincerely hope that the endeavors being made for this occasion will be heartily met by a full attendance, believing that those who attend will feel they received a full equivalent for all it cost.

C. H. V.

MEDICAL SUPERVISION.

To those of us who are so fortunate as to live in the region which the geographers term the temperate zone, the varying seasons bring an ever changing round of amusements.

Succeeding the pleasant ones already gone and forgotten, the last of the year's cycle is at hand, and the full enjoyment of the seasonable sport of college baiting and doctor harrying is upon us.

In the good old times to which we are all so fond of alluding, but to which it would now be difficult to assign a definite date, by common consent and born, it is hoped, of the part which he bore in the great problem, the medical man is believed to have been allotted a definite place, and upheld by the general public as one competent in matters pertaining to his profession. It is even said that no suspicion of unworthy motives attached to him from his advocacy of the rights of medicine, and the holding of a college position was not presumptive evidence of a sinister pecuniary profit therefrom.

But a change has taken place, and we seldom hear allusions to this idealized physician; perchance only in some classic essay. The press bristles with violent denunciations of our colleges and long screeds bewailing the ignorance of our physicians. These are supplemented by articles from physicians who go about lecturing to conventions, and sending by mail their bills to be spread before our State legislatures, accompanied by the remarks of the authors on various occasions. From these we learn that without the aid of these men the interests of our over-worked brethren would suffer; that they come from distant

States to assist in placing safeguards about our medical preserves similar to those enjoyed by their associates, and that immediate measures must be taken to stop our colleges from graduating wholly unprepared practitioners, and to restrain from further practice those who have already graduated.

No persons, we think, are more seriously interested in these matters or better prepared to protect the interests of the profession than those who have given their lives to teaching and training students for medical practice. Most of these surely respect conscientious efforts, whether of individuals or legislatures, to improve the conditions of medical practice. These have been improved in several states by the passing of suitable laws, and more especially by the appointment of temperate and qualified persons to administer these laws. But as no one ever became well informed by accident, so no body of men ever became learned by violence, or properly trained by laws alone. Most medical colleges are the outgrowth of many hardships and the labors of devoted citizens who sacrificed much to their completion, and which improve as their resources permit. But if there are those which under a guise of teaching foist on the public graduates unfitted to begin the practice of medicine, and we are not prepared to deny that there are such, they can be suppressed in most States with the law which now exists. As to the practitioners who have outlived their usefulness and are said to require constant examinations to keep bright their declining knowledge, are they not so few in number that it would be better to leave their merits to the judgment of the community in which they reside, than to the care of expensive and cumbersome boards, composed too frequently of men chosen for political rather than for medical qualifications?

We dislike the imputation of unworthy motives by any who are partisans for or against any of the many bills now seeking endorsement. There is an opportunity for honest disagreement, and great care and deliberation should be exercised before any change is made. The frequent recur-

rence of jangling disputes is also unseemly. Reiterated charges of self-interest, and of monopolistic and paternalistic designs will avail nothing; and we do not think it likely, even though it be fiercely asserted, that the coin of Judas is still in circulation. The whole subject is an ever recurring question, and the same old straw will doubtless be threshed over again and again.

As an interesting point in the present altercations it should be noticed that these constantly recurring attacks on our physicians find little to encourage them from the attitude of our foreign associates. In a not infrequent visiting with these men now extending over a number of years, we have ever found them, and especially those of Great Britain, considerate in their expressions of our capabilities, even flattering in their kindly observations. We especially recall the remarks of Sir John Erichsen, President of the Royal College of Surgeons and surgeon to Queen Victoria, yet a man so distinguished as to need no titles of nobility, during one of these visits, in which amid the mingled jeers and plaudits of the assembled students, he substantially stated in the most emphatic manner, that during his visit to the United States he found a "phalanx of surgeons whose education and skill are not excelled in my own country. And when I say this I mean not only in the cities, but scattered throughout the provinces as well." We also recall at another season a visit made by Sir Henry Holland, President of the Royal Institution of Great Britain and attending physician to the reigning Queen (whose eventful life has by him been so well summarized in his volume of personal recollections) and an informal reception tendered him while he passed through the United States on his way to view the Falls of Minnehaha. Ever courteous and affable, a deep impression was made by his consideration for and appreciation of the attainments of the medical profession of this country, an expression of which may be found in the volume to which allusion has been made. We have not the volume at hand, but we recall that substantially he declared it had been a

great pleasure to him to render some services in return for the kind attentions he had received, but that slight opportunity was afforded in a country whose medical literature and medical men were "in no wise inferior to our own." In the visits of our physicians to other foreign countries the fullest appreciation has been accorded, and in St. Petersburg, General Toropoff declared it to be but a pleasure to extend personal attentions to our medical men in recognition of the debt "we all owe to the progressive and skillful treatment which characterizes the work of the American surgeons." In Moscow (at the last international meeting) no country's representatives were more cordially received than our own, and none were more honored. We passed again last year over this ground, and the mere fact of being an American physician was to ensure cordial treatment and the opening of otherwise closed doors.

In view of the still excellent reputation of our profession abroad as evidenced by the appreciative attitude of our neighbors, the fair condition of our surroundings and the work demanding our best energies and attentive consideration, would it not be wiser for us to forego a little of our polemical feeling, cease our unseemly wrangles and settle down to the pursuit of the ways of peace?

C. H. V.

Miscellaneous Items.

Readers of THE CLINIQUE will be glad to know that the proceeds of the charity football game, which occurred last November, amount to \$4,445, and through the kindness of the Chicago Athletic Association and its President, Mr. Wooster, the amount will be raised to \$5,000, for the endowment of a bed in the name of the Chicago Athletic Association. This money has been turned over to the treasurer, and we are therefore richer by that amount. Thanks are due the C. A. A., and especially the ladies of the executive committee of the Federation of Circles.—Dr. Anna H. Rakestraw, of Salina, Kan., died in Chicago, February 3, 1899.—Removals: Dr. P. J. Hendrickson, from Trenton, Mo., to Jefferson City, Mo.; Dr. L. N. Slaughter, from Wilmington, Del., to Pitman Grove, N. J.; Dr. L. C. Hatton has located at 75 Forty-third St.; Dr. J. W. Willis, from Woodhull, Ill., to Galesburg, Ill.; Dr. W. R. Boyer, from Sabetha, Kan., to Mt. Morris, Ill.; Dr. Abbie Stewart has removed to 938 Washington Blvd., city; Dr. D. W. Wilkins to 5219 Washington Ave.; Dr. J. J. Theorell to Porter, Ind.; Dr. A. R. F. Grob is located at 406 Grove St., Milwaukee, Wis.—Prof. A. L. Blackwood, who has done such good work in the surgical department of the college, will hereafter work in the chair of theory and practice in conjunction with Prof. Halbert. He has already started a new general medical clinic on Thursday afternoons. He will give the report for clinical medicine at the Clinical Society this month.

W. L. G. W. W.
W. L. G. W. W.

THE CLINIQUE.

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[No. 3.

Original Lectures.

A CLINICAL LECTURE, ILLUSTRATED BY SEVERAL GENERAL MEDICAL CASES.

BY H. V. HALBERT, M. D., PROFESSOR OF THEORY AND PRACTICE
IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF
CHICAGO.

I have often made the statement that in our diagnosis and treatment of cases we should first ascertain, if possible, the causative factor. This is our starting point around which we build our theory both as to disease and cure. Next in importance is the duration of disease, which has much to do with prognosis as well as treatment; indeed, it is an important consideration to know, at the outstart, whether our case is acute or chronic, simple or complicated, benign or organic, and the duration tells us much in that respect. Then comes the history of the case, which is the most complicated and intricate part of the whole record. It should include not alone the family history, but all the etiological factors which pertain to the progress and development of the disease. In this the patient's "complaints" are keynotes.

But for the accurate prescription we must be guided by the symptoms alone; these do not include simply the patient's idiosyncrasies in the line of complaints, but all the objective and subjective characterizations of his condition. Something peculiar, prominent and uncommon will generally be a guiding expression of his suffering and the reason for his consulting a doctor.

Then, too, we must admit all reasonable adjuvants in the way of treatment, for nothing which aids the remedy is inimicable to the performance of a cure. With a logical view of the case and a considerable application of our treatment we shall not only be better physicians but our results will be more lasting.

As an illustration of our clinical work and the use of our remedies I offer the following cases with the hope that they may be of some service in your future study.

CRATÆGUS IN CARDIAC HYPERTROPHY WITH ACUTE DILATATION.

Case. Mr. S., a young man sixteen years of age, had worked hard at manual labor since his twelfth year to support a widowed mother. He had in fact done a man's work before his physical maturity would permit it. For some time he had shown some signs of cardiac hypertrophy and had been cautioned by physicians to take good care as to his heart. About a year ago, during some gymnastic extreme in the nature of sport, he was suddenly admonished that something had "given way" and for relief was obliged to take to his bed. When I first saw him he was obliged to lie down, respiration was labored and irregular and the heart's action was greatly exaggerated and erratic. There was decided præcordial bulging; the apex beat was considerably displaced, downward and to the left, and the whole cardiac dullness was greatly extended; the impulse was heaving in character with considerable mitral systolic blowing and the corresponding diastolic intensification; there were also signs of considerable pulmonary engorgement and some pain in the chest region.

The patient was put into a warm bath for twenty minutes, and then carefully returned to bed. Aconite 3x was administered every half hour, and continued hourly for a day or two afterward until he was somewhat relieved. Cratægus, five drop doses of the tincture, was then administered five times daily for a long time. The effects of this remedy were most remarkable; the cardiac irritation gradually lessened; the area of dullness decreased and the rhythm improved; at the same time all the general symptoms improved rapidly. He has now been using the remedy for several months and the result is most satisfactory. I have every reason to expect a cure of the extreme symptoms and believe the heart will be reduced to a safe hypertrophy, which will virtually be a cure.

In my experience in this case and others, I do not believe we have ever had so safe and so sure a remedy as cratægus for such conditions. While it is a cardiac tonic, it is not a dangerous one like digitalis, and it can be continued indefinitely without untoward results.

ONOSMODIUM IN MIGRAINE.

One of the most unsatisfactory diseases to treat is migraine; it responds so tardily to any indicated remedy that the natural tendency on the part of every physician is to palliate such conditions with temporizing drugs. The fact that this disease is due to some constitutional neurosis makes the cure doubly difficult unless we can remove the irritating cause. The following case may be a good illustration:

Case. Mr. R., age thirty-six, a lawyer by profession, consulted me for headache of long standing. His vocation had been an exacting one, for he had reached a point of considerable prominence, and in every way was an overworked man. His temperament was nervous, and his inheritance pointed strongly to a neuropathic constitution. He complained of these periodic attacks of headache for many years and had consulted all kinds of specialists and resorted to every conceivable method of relief which heretofore had failed to cure.

The headaches were paroxysmal and occurred regularly twice a week. The pain started in the left supra-orbital region, spreading back in the line of the fifth nerve, and finally terminating in the occiput; the pain was tense, throbbing and blinding in character, and was followed by utter collapse for twenty-four hours. Generally vomiting was persistent, though no gastric conditions could account for it; vertigo and temporary hemianopsia were frequently present during the crisis, and vasomotor perversions were marked.

Onosmodium 1x did not give any relief during the attacks, but its good results were obtained by its persistent use in the inter-paroxysmal states. The second week showed a slight improvement and in a few months the severity of the attacks had so decreased that he paid little attention to them. It is now quite a year since my first observation of the case. So far as the migraine is concerned he is perfectly cured, and his general health was never better.

Conditions of migraine are no doubt due to periodic irritations of the Gasserian ganglion; whether they are caused by peripheral irritations or central disturbances affecting the fifth nerve it is hard to tell. It is quite clear to me, however, that onosmodium systematically administered is one of our best remedies in such cases. More than this, it relieves the neurasthenic headaches which always follow in such conditions.

THYROIDINE IN PSORIASIS.

Without infringing upon the department of skin diseases, I wish to report this case for its general medical significance. This disease has been so long treated, unfortunately, as a skin disease that there is, to my mind, no wonder at the unfavorable results. I have for some time made a careful study of this line of diseases and have concluded that the skin involvement is purely a secondary symptom. I believe it is associated with a change in metabolism incident to the atrophy of the thyroid gland. The mucin increases and the general myxœdematous conditions certainly point to a thyroid involvement. Thyroidine, I believe, is an irritant in extreme dosage, and particularly when there are signs of goitre. In atrophy of the gland it is medicinally of value, but should be used in potency.

Case. Miss S., aged eighteen, had been under the care of a prominent old school specialist for a long time, and finally change of climate was advised as the only hope. When she came to me her body was literally one mass of scales. She gave all the evidences of a myxœdematous patient, and the thyroid gland was considerably atrophied; the skin was dry and impoverished and the general symptoms gave the appearance of a general debility. Mentally she suffered from a pronounced hebetude. Thyroidine 3x was given six times daily and continued for several months. A few days ago she called at my office and there is not the slightest appearance of any eruption. All of her other symptoms have improved, and, judging by my past experience, I shall expect a perfect cure.

ROBINA IN HYPERCHLORHYDRIA.

While I consider functional diseases of the stomach, which are characterized by hyperacidity, amenable more to

diet than to the remedy, I still believe some remedy is necessary to perfectly restore the digestive function. I have resorted to many experiments in conditions of typical hyperchlorhydria, and no remedy has more completely covered the totality of the symptoms than robina. It does not answer in conditions of ulceration wherein there is a more deeply seated tissue involvement, nor does it avail in the least in cases of chronic gastritis where the acidity is decreased. In cases, however, where albuminoid digestion is too rapid and starch digestion is perverted it is a valuable homœopathic adjuvant.

Case. Mrs. S., age forty, came to my clinic for an obstinate stomach trouble which had affected her for many years; she had been through the routine of "bitter tonics," stomach douchings, electric massage—all to no purpose. She complained of acid eructations, and vomitings of "intensely sour food;" she had an extreme appetite but suffered with some gastric pains an hour or two after meals; the stomach and bowels were distended with gas most of the time and flatulence was extremely irritating. She craved meats but could not tolerate vegetables; her doctors had for the most part kept her on a diet which only caused greater burning and distress in the stomach; she really craved solid food but did not dare take it. In appearance she was emaciated and cachectic and one would think she was suffering with some organic disease. She was directed to eat meats and eggs, and to drink plenty of milk. Every other day lavage was performed on the empty stomach to relieve it of its acid excess and then she was directed to eat a hearty meal. Internally robina 3x was given every two hours. The remedy and the treatment were continued for a long time, a decided improvement being manifest from the beginning. It is now six months since she came under our care. The acid eructations have disappeared; the vomiting has ceased; the bowels are regular; the anæmic condition has improved; she has gained in flesh and strength and calls herself a well woman.

The cure in this case can be safely attributed to the use of robina and the symptomatic correction of the diet.

APOMORPHIA FOR THE ALCOHOLIC AND OPIUM HABITS.

Case. Mrs. M., a young woman twenty-four years of age, came to my clinic for relief from the awful habit of

alcohol and opium excess. She was in the extreme of nervous debility, and was nearly a physical wreck. This habit had been kept up for a year and was incident to a previous use of morphine hypodermics for the sake of an obstinate neuralgia. She had been in the habit of taking deodorized tincture of opium in large doses and alcoholic stimulants ad libitum, her appetite was dethroned and she was bothered by a constant nausea, constipation, insomnia, delirious headache, extreme emaciation and a pronounced hysteria were some of the many symptoms she complained of.

Without promising any cure, which certainly is difficult in such cases, particularly in an out-clinic, we took the management of the case with the promise of her best endeavor to help us. For the sake of continuing some stimulation she was given hypodermics of strychnia, $\frac{1}{10}$, three times daily and apomorphia 3x was given internally, at first, every hour. Gradually, both remedies were decreased in frequency and in strength. The woman stuck to us nobly and in three months she was entirely cured of the bad habit. To the apomorphia I attribute most of the good results. I believe its homœopathic action not only reduced the abnormal craving, but at the same time restored the tone of the stomach digestion which prompted her to have a more natural craving for food instead of for stimulants.

CEDRON IN MALARIAL FEVER.

Among the many cases of malarial fever in the soldiers who came under my care in Hahnemann Hospital some failed to respond to the usual remedies used in such cases. One in particular held on longer than the others, and yielded to no treatment in particular. The periodicity of his chills and fever was indeed "clocklike" in recurrence, and we would count upon the aggravations each day with the utmost accuracy. The enlargement of both the liver and spleen were pronounced and obstinate, more so than in any other case coming under my observation. The general anæmia was extreme, and there was a peculiar intermittent gastralgia occurring with the febrile crisis. In conjunction with these conditions there was a manifestation of choreic

symptoms; these involved the face and shoulders mostly, and the twitchings were very bothersome during the inter-febrile state; often there were hysterical spasms, which greatly debilitated the patient's strength. The heart also became very irritable and somewhat irregular. The moment that cedron was given he began to show signs of improvement, and it was continued until he was cured, in about three weeks.

We learn of the value of this remedy in such cases not only for the periodicity of the febrile aggravation, but for the nervous phenomena as well. Choreic and hysterical symptoms yield to its use, particularly when associated with malarial conditions, when the chill and fever return with such clocklike precision.

VESICARIA IN ACUTE PROSTATITIS.

Case. Mr. H. was a hard working young man whose vocation demanded much outdoor exercise. During the recent inclement weather he contracted a severe cold and suffered somewhat with lumbago. Falling into the hands of some "orificial" enthusiast, his lame back was accounted for by the usual fissure and papillæ theory. He suffered accordingly the customary financial and sphincter dilatation; his suffering, instead of being relieved, was greatly augmented, and soon he experienced the fever and extreme rigors incident to an acute attack of prostatitis. Micturition was painful and difficult and soon hematuria ensued; his pain and nervous exhaustion were so extreme that he was put into the hospital and for a time was only relieved by hypodermics of morphine. The urinalysis showed a decided presence of albumin, blood clots, and much pus. It was necessary to resort to the use of the catheter, and defecation was extremely painful. He was given vesicaria 1x, hourly for some time, and the relief, though gradual, was pronounced. The painful tenesmus was alleviated, and soon he was able to void the urine naturally. After three weeks of hospital care and the continued administration of this remedy he is about able to go to his home.

The value of this remedy is observed in its primary action upon the prostate and its secondary relief of the resulting cystitis. I am sure it is almost of specific value in such obstinate cases which are so difficult to cure.

ABSINTHIUM IN EPILEPTOID CONVULSIONS.

Of the many remedies used in the unfortunate disease of epilepsy, this is one rarely thought of. Without doubt, however, it will be found to be of great value in many of the cases of minor character. The pronounced feature is the fact that there is not a complete loss of consciousness, and none of the important symptoms persist with any degree of regularity. It, therefore, is not of value in all typical cases of epilepsy, but is useful in many of the cases with simulating symptoms. The characteristic symptom is a peculiar vertigo, on rising, with a tendency to fall backward. This is often taken for a loss of consciousness. The following case may afford a good illustration :

Case. Mr. D., a man thirty-five years of age, had suffered with spells of this character and had been treated for a long time by the usual bromide methods. After my examination I concluded that it was not typical epilepsy and that vertigo was the real symptom. Attending this there were signs of constant cerebral and spinal congestion and all of the visceral symptoms which attend true epilepsy. He did not have a voracious appetite, but on the contrary was bothered with nausea and a tendency to frequent vomiting. There were evidences of persistent tremors and the epileptoid attacks partook more of the character of hysteria with opisthotonos. Absinthium relieved him entirely in the course of a few months. He was given five drop doses of the tincture four times daily for some time and then the third potency was used.

CHLORIDE OF GOLD IN DISEASES OF THE NERVOUS SYSTEM.

Of the many remedies which have been experimented with in the degenerative diseases of the nervous system few have yielded result worthy of much consideration. Such diseases at best have, under any treatment, manifested but slight tendency to recovery. Chloride of gold, however, I believe, is a favorable exception. I have studied it in many complicated diseases, and I am now satisfied that it will accomplish more in sclerotic and exudative degenerations than any other remedy heretofore used. The following cases may be given as illustrations :

Multiple sclerosis. Case 1. Mr. D., age forty-five, a teamster by vocation, was injured by a fall from his wagon. Some time later there were signs of spastic paraplegia, with the attendant symptoms of temperature, touch and pain sensation variations; fulgurating pains were quite pronounced; tremors disturbed motor activity and various symptoms of medulla involvement were manifest. He soon became incapacitated for any work and his sufferings were intense. Previous to my assuming the case no relief had come to him from any form of treatment, and I did not entertain much hope of helping him myself. However, chloride of gold was given him in the second decimal potency—one tablet four times daily. This was continued for several months and the improvement was beyond my most sanguine expectations. The fulgurating pains have entirely disappeared; the tremor has lessened; the reflexes are more normal, and his general health has greatly improved. I fully believe that the progressive degeneration has been stopped, and that we can promise the man something in the nature of recovery.

Exudative localized meningitis. Case 2. Mrs. S., age thirty-six, had suffered with severe paroxysmal pains in the left temporo-sphenoidal region. Her suffering became so severe and continuous that the strongest anodynes were resorted to for temporary relief. These after awhile failed to ease the pain, and as a last act of desperation she was placed in the hospital. By the aid of local applications and hypodermics of morphine she was temporarily comforted, but as soon as the opiate effect passed off her paroxysms were renewed with increasing furor. Chloride of gold 2x, one tablet five times daily, was given internally and the hypodermics of morphine were gradually stopped. In a few weeks her improvement was pronounced and she went home; the remedy has been continued and she has had no return of her paroxysms.

Morvan's disease. Case 3. Mr. L., a cook by trade, appeared at my clinic with a well pronounced hypertrophy of all the fingers on both hands; in some of the fingers this had progressed until painless whitlows had formed with more or less disseminated necrosis; analgesia and anæsthesia were present and some atrophy had appeared in the hand and arm muscles. A brachial neuritis was the apparent causative factor and his hands were utterly useless in his business. He had been the rounds of all the clinics, and had undergone the usual strychnia treatment without any ap-

parent results. Chloride of gold 2x was given for some time. The improvement is remarkable, and I expect a decidedly favorable result.

These are only samples of cases which I expect to report in the future, as greatly benefited by this remedy.

LEUKÆMIA, DIAGNOSED BY A BLOOD ANALYSIS.

Case. Miss C., age twenty-one, came to my clinic from a neighboring city. For two years she had been suffering with a gradually increasing anæmia and exhaustion; along with this a tumor, which started in the left hypochondriac region, and slowly developed until at the time of my examination it filled a greater portion of the abdominal region. To palpation it was doughy and elastic, and there was no sign of cystic or fibrous involvement. No pain or other prominent symptoms were manifest. She simply complained of her weakness and the constantly increasing tumor. The uterus was normal in position and size; the examination of urine and other renal investigations revealed no kidney complication; the liver was somewhat enlarged but otherwise quite normal; the thoracic region presented no abnormality, and in every way she seemed in good condition with the exception of the anæmia and the tumor.

I was quite positive that the tumor represented a splenic enlargement, but the question of importance was in regard to the character of the leukæmia. If it was of lymphatic development I could possibly offer her some hope from the consultation of a surgeon; if, however, it was of the spleno-medullary form there could be no possible hope, inasmuch as the power of blood coagulation would not be sufficient to permit an operation. Accordingly, I made a microscopic examination of the blood with the following results: Red blood corpuscles were greatly decreased in number and many of them nucleated; the white cells were greatly increased—1,000,000 in number—and presented myelocyte cells characteristic of the medullary leukæmia. I was therefore obliged to tell her that recovery was impossible.

The interest in this case is found entirely in the microscopic examination of the blood, and teaches us the

importance of such investigation in cases of this kind. The differentiation between this and Hodgkin's disease consists in the simple leucocytosis of the latter. It may also be noticed that leukæmia is rare at the age of this patient.

ON MOIST BORIC ACID DRESSINGS.

NOTES FROM THE SURGICAL OUT-CLINIC OF PROF. C. F. BARKER, M. D., IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

Surgical dressings, it is well known, have undergone a gradual metamorphosis. A better knowledge of the causes of inflammation has led to very many changes in the management of both infected and non-infected tissues. In the light of present bacteriological learning, many substances once greatly valued in the surgical treatment of wounds are rapidly becoming obsolete. Calendula and arnica, for example, are now believed to owe whatever germicidal virtues they may possess to the alcohol contained in their solutions. Their continued use for surgical purposes seems to be largely owing to an inertia engendered by habit.

On the other hand, the injudicious use of some very poisonous modern antiseptics—notably carbolic acid and corrosive sublimate—has doubtless led to as much harm as has their intelligent employment accomplished good; for these, and their like, have been used, in season and out of season, by many who are apparently oblivious to the serious local and constitutional effects that have often been produced by them. Among the mischievous results produced by the stronger solutions of these drugs are lowered vitality and often necrosis of the parts to which they have been applied, and occasionally their absorption has caused debility or even the death of the patients themselves.*

The reason for the extensive employment of such poisonous substances is that in the laboratory, at least,

*The five per cent carbolic acid ointment, once so commonly applied in the treatment of extensive burns, was the direct cause of many deaths.

they have been found to be the most potent germicides. It has been very difficult to find non-poisonous, and at the same time, efficacious antiseptics.

While it is easy to prevent germs from entering many of the wounds which the surgeon himself makes, we know of no means of quickly and effectually sterilizing tissues that have already become infected. The process is always a gradual one, and the surgeon can only *aid* nature in overcoming the morbid conditions. Eminent authorities agree that germicidal applications have only a superficial effect in subduing advanced bacterial invasion. It is said that these antiseptic agents expend their power upon the microorganisms in the very superficial layers of tissues with which they come into contact, and that, in the nature of things, they cannot penetrate deeply; consequently, the infective process is only impeded by nature and by such surgical measures as free incisions, drainage, etc.

One reason for recalling a few of these well-known theories and facts, is that, in this clinic, as well as in private practice, we seem to have plenty of evidence that certain antiseptics *will* penetrate living infected tissues when such agents are properly and continuously applied. In this clinic our most pronounced success has been with *boric acid*, although in private practice we have also learned to regard ichthyol with great favor.

According to Sternberg and Andrews, boric acid is not a very active germicide, but Koch's tests show that anthrax spores entirely cease to grow in a nutrient solution containing boric acid in the proportion of 1 : 800. This certainly is not a very strong solution, and its effects would be far greater if it were employed to destroy ordinary bacteria—the staphylococcus and the streptococcus pyogenes, for example. Moreover, it has often been suggested that as the artificially reared microbes of the laboratory are always under very different conditions than are the same parasites in the living animal tissues, they may be more, or they may be less, sensitive to the destructive influences of certain antiseptics.

This points to the practical value of clinical tests. A series of clinical successes is of far greater value to the physician than is any amount of negative or superscientific argument.

Into the surgical out-clinics come many cases of acute and sub-acute infection. They present themselves in various stages of inflammatory development, and the question of their treatment is a very practical one. In some of them the skin is unbroken; it may be only reddened or it may be reddened and œdematous. In many the inflammation is plainly erysipelatous in character. In not a few fluctuation can be detected, and the pus only awaits release by the surgeon's knife. In quite a large percentage there are open wounds that are already discharging pus.

The part that incision and drainage play in such surgical cases is too well known to require any comment. Cases that require these measures *require them*. The question that we are considering is: *What dressings will quickly and surely aid in dispersing bacterial invasion in inflamed but undecomposed tissues?*

Our success with boric acid has mainly been with the saturated aqueous solution. This contains about four per cent of the drug, or 1:25. It is practically non-poisonous and can be applied to almost any extent of cutaneous surface without danger of producing toxic effects of any sort. We have frequently applied compresses moistened with this solution to the entire surface of a limb, for days at a time, and with only the best results.

This dressing is not only non-poisonous, but it is a simple, inexpensive antiseptic. With us, in such cases it has entirely supplanted the ancient poultices formerly so much used to relieve tension and to promote suppuration. We know nowadays that the ordinary poultices are prolific in spreading infection to adjacent structures.

For practical purposes in all acute pyogenic and erysipelatous inflammations, we apply thick compresses of plain, sterile gauze, moistened with the saturated boric acid solution. This is covered with gutta-percha tissues,

and held in place with a bandage. In hospital and in private practice these compresses can be applied *hot* and changed frequently if desired. In the out-clinic they are renewed once daily. The impervious covering insures the moisture lasting for at least twenty-four hours.

The best reason for our belief that this dressing, if continuously applied, does combat and destroy micro-organisms within the tissues, is found in the very frequently observed fact that many cases, apparently upon the verge of suppuration, *do not suppurate*, if treated in this way. We apply this dressing and the swelling, induration and redness gradually subside. Moreover, cases of erysipelas thus treated recover much more rapidly than when managed by other local methods. The swelling and induration about suppurating wounds and open sinuses always appears to be influenced for the better if kept moist with this solution. We have not tried this dressing upon inflammations of a more chronic nature, nor upon tuberculous or specific cases.

The following cases taken from our records serve merely to illustrate the sort for which this treatment is advised. This is the only interest they possess, since scores of a similar nature, equally instructive, could have been selected.

Case 1. Carbuncle. Patient is a male, fifty-eight years old and apparently in good health. Four days ago he noticed soreness in his back to the left of the lumbar spine. This has increased; the spot is now quite painful, and to-day he feels ill; his head aches, he feels chilly, his tongue is coated, and his appetite is poor. His temperature at present is 100° and upon examination we find in the left lumbar region an oedematous and brawny surface, about three inches in diameter, that is quite painful to the touch. Our diagnosis is *carbuncle*. There is no evidence of pus having collected at any part of this swollen area, so we apply the boric acid compresses (moist), cover them with the gutta-percha tissue and bandage. We also prescribe *ars. alb.* 3x internally and renew dressings daily. A week later this patient is nearly well, and in ten days from his first visit the redness and swelling have all disappeared. No suppuration occurred.

In such a case individual experience controls the treat-

ment. Some would have incised at once, without waiting for suppuration.

Case 2. Traumatic erysipelas. This man reports that several days ago he fell upon the ice and bruised his elbow. His whole arm and forearm are now considerably swollen. Over the olecranon process is a superficial integumentary wound, and for some distance, both above and below this wound, the skin is red as in erysipelas. He has fever, chilliness and headache. We prescribe *verat.vir.* internally and envelop the whole arm and forearm in the moist boric acid dressings and cover in the usual manner. The arm is kept moist in this manner for one week and he is discharged entirely relieved.

Case 3. Palmar abscess. Patient is a laboring man. He comes here with one hand greatly swollen, the palmar portion especially so. The fingers are widely separated with the swelling. There has been no wound. The pain and soreness began a week ago in the palm, near the head of the third metacarpal bone. This is still the most tender spot. We make a deep longitudinal incision along the upper third of this bone and liberate considerable pus from beneath the deep fascia. The cavity is thoroughly washed out with hydrogen peroxide and drainage is insured by means of a strip of ten per cent iodoform gauze and the moist boric dressing applied front and back. The patient is directed to carry the hand in a sling, palm down, to favor drainage and to report daily for dressings. A rapid recovery follows. *Silicea 6x* was the internal remedy in this case.

Case 4. Infection following circumcision. This child is two years of age. He was circumcised one week ago and was to return daily for dressing. During the past three days the mother has failed to bring him, and to-day she comes considerably alarmed because of the swelling of the shortened prepuce. We find the parts back of the glans red, œdematous, and painful when touched. We prescribe *apis mel. 3x* internally and order moist dressings of boric acid solution to be continuously applied. Three days later the swelling has completely subsided.

GENITAL AND PERITONEAL TUBERCULOSIS.

EXTRACTS FROM A LECTURE DELIVERED JANUARY 16, 1899,
BY R. LUDLAM, JR., M. D., ADJUNCT PROFESSOR OF GYNÆ-
COLOGY IN THE HAHNEMANN MEDICAL COLLEGE AND HOS-
PITAL, CHICAGO.

The first authentic case of tubercular disease involving the female generative organs was described by Morgagni in 1744.* He considered it a primary affection. It is only within recent years that this disease has been carefully and scientifically brought to the notice of the profession. Tuberculosis of the female genitals was almost an unknown affection only a very few years ago. Thanks to the patient and persistent researches of Virchow, Villemin, Koch and others, we now know something practical concerning this very interesting subject.

No doubt mistakes in diagnosis are even now frequently made, for the differential distinction between tuberculosis, carcinoma and syphilitic affections of those organs is not always an easy matter. Lesions of the vulva, the vagina, the cervix uteri, the endometrium, the Fallopian tubes, the ovaries, and even of the uterus itself, have often been improperly treated through ignorance of their special and specific pathology.

Genital tuberculosis may be a primary or a secondary affection. Tuberculosis may even be located in any portion of the body and remain latent, unknown and undeveloped for an indefinite period. If the disease has first manifested itself in the lungs, the intestines, the kidneys, the peritoneum, or the bladder, the genital involvement will be secondary. Many authors even now deny the possibility of a primary infection of the female genitalia. The frequency of this disease as a primary lesion when compared with the secondary variety varies greatly, according to different authorities. Mosler found *eight* out of forty-six cases; Frerichs observed fifteen out of ninety-six; and Schram found only one in thirty-four patients. Age does

*" Tuberculosis of the Female Generative Organs."

not decidedly influence this affection, although it most often occurs between the ages of fifteen and forty.

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Hegar believes that in the majority of instances this disease is acquired through auto-infection—that it is secondary to the involvement of other organs. Infection may occur through the lymphatic system, or by the perforation and discharge of a tubercular abscess into the genital tract. Infection may also take place from without—by sexual intercourse with a phthisical husband; it may occur at delivery, or during the puerperal period, on account of carelessness or neglect of the accoucheur. It may extend through the diaphragm from the pleura to the peritoneum, and from the peritoneum to the ovaries, through the Fallopian tubes, and finally into the uterine cavity. The opposite is also true. The involvement of the uro-genital organs is of much more frequent occurrence than is generally supposed, for there is a close relation between peritoneal and genito-urinary inflammation.

The direct connection of the genital organs and the peritoneal cavity by means of the Fallopian tubes readily accounts for the easy extension of the disease in either direction, and also for the frequency with which tubercular salpingitis is complicated with peritonitis. You all know that in such a case the salpingitis commences at the outer extremity of the tubes and therefore is often the direct cause of a specific infection within the peritoneal cavity. Implication of the external genitals may or may not occur, but the tuberculous poison generally extends to the most distant parts. Ulceration in the vagina, in case of advanced phthisis, sometimes gives rise to a form of self-infection which rapidly proves fatal.

* * * * *

The diagnosis of this specific lesion in any portion of the generative intestine is frequently uncertain and sometimes impossible. In many cases the deposit is not discovered until surgical interference discloses its presence, or it is found at post-mortem. This is especially true if the disease

is primary, and if it is located within the peritoneal cavity. The presence of tuberculosis in some other organ will often aid us in its detection within the pelvis and the peritoneum.

Chronic peritonitis complicated with lesions of the internal genitals should always have our most careful and thorough consideration, for the clinical history thereof will often afford us great assistance. A microscopical examination of the vaginal and uterine discharges, or of scrapings from the uterine cavity, will often clear up the diagnosis. In tubercular salpingitis we will always find a slight rise in the evening temperature, and a normal, or slight sub-normal temperature in the morning. No manual examination can be made that will positively decide the character of the disease, but it will sometimes prove the necessity of an operation. This is especially true in primary peritoneal tuberculosis, for the insidious inroads of the disease often make it impossible to form a correct and a positive diagnosis by any means except the exploratory incision.

Genital tuberculosis always has a grave prognosis. Should it be secondary to pulmonary or intestinal disease, the life and health of the patient may not be more seriously compromised by the genital involvement. Generally, however, cases of the primary order seldom reach the surgeon's care until too late to obtain any permanent relief. The most promising cases are those in which the tubal or ovarian disease is limited to those parts alone, especially if with a moderate degree of peritoneal dropsy. For certain it is that if tubercular disease within the peritoneum is ever curable, it is in this local and idiopathic form. Primary genital tuberculosis is more easily managed and cured in the young than in the old.

* * * * *

The treatment of this form of tuberculosis is medical and surgical. In young girls, especially among those who are delicately reared, or who have been confined and half-starved in fashionable boarding schools, we sometimes meet with cases in which the symptoms of "going into a decline," with abdominal dropsy are present. This is called

Cruveilhier's dropsy, and when it has not already gone too far, it is curable by a proper diet and hygiene, and by the careful use of the internal remedies. It has sometimes happened that the disappearance of this form of dropsy under medical treatment has been claimed as a cure of ovarian dropsy without recourse to surgery. The general indications for this kind of treatment in the early stage of peritoneal and genital tuberculosis are those of incipient phthisis.

In an operative way, if the miliary deposits are plainly peritoneal with dropsical effusion, but without any involvement of the uterine appendages, the exploratory incision may not only clear up the diagnosis but it may actually cure the case. How or why this result follows a simple incision of the peritoneum we do not know any more than we know why a similar cut into the tunica vaginalis testes will often dispose of a hydrocele.

It has been claimed that the mere admission of atmospheric air into the peritoneal cavity would prevent a return of the effusion, and cause the scattered tubercles to disappear. The rice-grain deposits may be absorbed, encapsuled, or they may undergo a calcareous degeneration that shall render them innocuous.

If the deposit has invaded the genital tract, the ovaries and the tubes should be removed at the time the exploratory incision is made. Sometimes, however, they are so agglutinated and adherent that it is impossible to take them away with safety. If all the abdominal and pelvic viscera are shotted with the deposit, if the ascitic accumulation is very large, and especially if the tubercles are soft and cheesy, an extensive operation will not be justified and the ultimate recovery of the patient will be doubtful. However, if she is not too old and feeble, and if there is no serious involvement of the lungs, all signs of the disease may disappear after the operation.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.

O. L. SMITH, M. D., RECORDING SECRETARY.

FEBRUARY MEETING, 1899.

The regular monthly meeting of the Society was held in the amphitheatre of the Hahnemann Medical College at 8.30 P. M., Saturday, February 25. Because of a severe storm only seventy-five students and physicians were present to hear the

REPORT OF THE SECTION ON CLINICAL MEDICINE.

A. L. BLACKWOOD, M. D., CHAIRMAN.

XI. GELSEMIUM AND MERCURIUS IN TYPICAL LA GRIPPE. BY DR. SARAH HOBSON.—The following cases are to reiterate the homœopathicity of gelsemium and mercurius to typical cases of grippe, rather than to present anything new. They are for the most part typical cases in adults, who could accurately describe their symptoms; cases seen early in the history, and were generally of short duration. Many of the season's cases have been unsatisfactory and long drawn out, because the patients delayed treatment, disobeyed orders, or dosed intercurrently with large measure of quinine, of whiskey, of throat lozenges or of drug store cough mixtures.

Case 1. Mr. R., twenty-five years; face deeply flushed; temperature 102°; terrific aching of head, back and legs, preceded by a single chill; nasal catarrh; neither gastric nor respiratory disturbance. Mercurius vivus ten grains, third decimal trituration in water, to be taken at frequent intervals. Patient returned to work in a few days.

Case 2. Mr. P., fifty-five years; prodroma of two days' misery, following exposure to raw, damp wind; subject to naso-pharyngeal catarrh; fever; headache; muscular soreness. Mercurius vivus relieved the foregoing, but for the subsequent cough, kali bichromicum was prescribed.

Case 3. Margaret, ten years; high fever; dark flushed face; restless; general aching, especially violent in head, eyes and back; naso-pharyngeal catarrh; nausea; with gelsemium and kali muriaticum the child was decidedly better in twenty-four hours and recovery was uninterrupted.

Case 4. Mr. J., forty years; pulse 112; temperature 101°; profuse coryza; muscular prostration; sleeplessness; persistent cough. This patient came saying he must go to business the next day (Monday). Three drops of gelsemium, first decimal dilution, every two hours did the work and he reported no day lost and a gradual return to his usual well-being.

Case 5. Mr. S., thirty-five years; precisely the same history as the preceding, but with catarrhal symptoms more persistent. Mercurius vivus followed the gelsemium.

Case 6. The M—— family. Parents and five children, each in some stage of influenza. In three, fever and muscular soreness with catarrhal symptoms predominated; they received gelsemium. Two had only naso-pharyngeal catarrh; mercurius. Two had troublesome coughs with sore throats; kali bichromicum. A single visit with remedies for three or four days disposed of the whole group.

Case 7. Miss A., twenty-five years; distinct dizziness and nausea, followed by moderate fever, muscular soreness, coryza and general misery, all of which was relieved in the course of forty-eight hours by gelsemium, leaving only a hoarseness and slight cough for a week.

Case 8. Mrs. H., twenty-eight years; typical symptoms of grippe with extreme prostration. The fever was relieved by gelsemium after two days, but naso-pharyngeal catarrh persisted with cervical glandular swelling, sciatic twinges, wandering neuralgic pains, sleeplessness, and extreme prostration for a period of two weeks; then a relapse after the third week. Mercurius biniodide followed gelsemium; benzoic acid and arsenic finally cleared up the case.

Case 9. Mr. M., seventy-five years; reported fever, nasal catarrh and muscular soreness with prostration. The acute symptoms subsided after three days on mercury. An obstinate cough and sleeplessness succeeded for a full month, and only gradually yielded to drop doses of the tincture of drosera for the night paroxysms and antimonial wine during the day. (Antimonium tartaricum 3x had failed to make any impression.)

Case 10. Mrs. K., thirty-eight years; sudden onset of

all the symptoms of grippe except the fever; the catarrh descended to the pharynx, mildly to the Eustachian tube, violently to the larynx and upper bronchi. Mercurius vivus in the beginning made some impression, then the protiodide; the cough was particularly obstinate, resisting mercurius, the kalis, bryonia, tartar emetic, but finally yielded to drosera and the prostration cleared up on arsenic 3x and long nights of sleep.

Case 11. Mrs. L., forty years; all grippe symptoms, with free discharge from anterior wall of external auditory canal; cervical glandular swelling. The intensity of fever and muscular soreness abated in the twenty-four hours on gelsemium; then mercurius vivus and the protoiodide were given. The temperature kept up to 101° for seven days, accompanied by a similar discharge from the other ear. The case was unsatisfactory, for the patient persistently used domestic and patent remedies intercurrently.

Case 12. Mr. D., forty-five years; history of chill, cold sweat, naso-pharyngeal catarrh, aching in the Eustachian tube, culminating in paroxysms of acute pain in the right ear. The mastoid region and all the region about the ear was extremely sensitive. Mercurius solubulis and later the biniodide of mercury were prescribed; the tympanic membrane was incised, and, after a few days, the posterior wall of the auditory canal, to release a profuse discharge. The ear was irrigated with peroxide of hydrogen until the discharge ceased, then a dry dressing of boric acid and tannin. There was absolute deafness on that side for ten days; partial deafness for two months, with pain in the head and swelling of the cervical glands on occasional exposure to cold. Hydrastis relieved the frequent nightly exacerbations of pain. Mercurius protiodide 3x was continued at infrequent intervals until three months from the onset of the attack, when examination of the ear revealed a normal membrane and no deafness.

As thus reported, gelsemium is generally immediately remedial in the first stage of typical grippe, for the vertigo, fever and prostration of musculo-motor centres; but mercurius or some other remedy is often necessary as a subsequent agent. Mercury, by virtue of its lymphatic and mucous membrane activity, as well as its milder neurotic action, meets the catarrhal condition as well as the general muscular and nervous misery. For the distinctively mer-

curial effect, mercurius virus, corrosivus or solubulis was used. But when the cervical glands were involved or the evil appeared to be particularly deep seated and obstinate, the iodides of mercury were required. Here, as always in the study of materia medica, I find the physiological indication of the drug far more satisfactory than the innumerable therapeutic symptoms. I like to draw for myself the *similia similibus* conclusions.

DISCUSSION: Dr. E. M. BRUCE: Gelsemium has always been a drug that has held a front rank in my work, and I am most pleased to hear so good an account given of its use in Dr. Hobson's hands. In the cases of grippe, where the fever is pronounced, the backache agonizing, with basal headache, but no great mental excitement, I consider it about the best prescription I can make. Mercurius vivus I have not been accustomed to prescribe as the doctor has detailed, but have used the merc. solubilis which is almost the same, however. I feel indebted to Dr. Hobson for her testimony of the most excellent results of merc. biniodide in glandular involvements.

Dr. HILL: Dr. Hobson's remarks upon gelsemium and mercurius vivus prescribed in la grippe with citation of cases, certainly could not have been given at a more opportune time than the present.

With reference to mercurius vivus, I have not prescribed it often in la grippe, not as often as the report of Dr. Hobson would warrant; and the suggestions from her paper will be profitable.

I see no reason why it should not be an admirable remedy in controlling especially those cases in which the glandular involvement is pronounced, or the severe pains in the periosteum and bones make the patient miserable. With gelsemium my experience has been most satisfactory. While we claim no specific remedies, I know of no one drug that has been so generally useful to me in the initial stage of this disease.

It is decidedly a remedy to be indicated at the begin-

ning of an attack, when we have the first chilliness about the spine, the aching and muscular soreness throughout the body, and the stupor and depression in patients who fail to react from the overpowering invasion of this disease. Given drop doses of the tincture of gelsemium and the change is pronounced.

Dr. LUCY M. BUSENBARK, of Des Moines, Iowa, who being present was invited to participate in the discussion, said in substance that this year the remedies mentioned in Dr. Hobson's paper had not been of such service as formerly. For the present epidemic, which was characterized by unusual prostration, she had derived more benefit from arsenicum and from bryonia for the gastric symptoms, than from anything else. Dr. B. had found that about once in two years the type of the influenza had so changed that it became necessary to vary the remedies accordingly. There was no doubt that the homœopathic method of treatment was much more adjustable to the changing types of this and of other epidemic disorders than any merely routine method. Besides, the cure was more complete and the sequelæ were less frequent and troublesome.

Dr. BLACKWOOD: Dr. Hobson's paper testifies to the efficacy of the homœopathic remedy, and brings before us in a concise and practical manner the expressions of this disease that are met and controlled by gelsemium and mercurius. We have a list of grand remedies, any one of which may be indicated in this disease, and must be administered if the patient is to be restored to health in the shortest, most reliable and safest manner. If I should add to those the doctor has given aconite, arsenicum, bryonia, eupatorium perf. and rhus tox. I would have the list that has served me in the majority of cases in the recent epidemic. Following the subsidence of the acute symptoms, when there has been prostration, depression, loss of mental vigor and myalgia I have found kali phos. beneficial.

XII. ARGENTUM NITRICUM IN DISEASES OF THE STOMACH.
By DR. G. M. HILL.—Several months ago in connection

with laboratory work in the clinical analysis of the stomach contents a number of remedies were given especial attention in the clinic. The object of this was: First. To determine, with the assistance of a better diagnostic technique, what one of the various diseases of the stomach was present.

Second. To note those symptoms, both subjective and objective, that could be most clearly understood as arising from the diseased condition demonstrated.

Third. To select such remedies which, having these symptoms prominent in their provings, would give the best clinical results and to keep a record of the same.

Attention was first attracted to argentum nitricum by observing its most beneficial action, when prescribed by Dr. Halbert in diseases of the brain and cord, in relieving so many of the gastric symptoms present from the impaired digestion of neurasthenia to the severe attacks of gastralgia incident to the gastric crises of locomotor ataxia.

These observations upon argentum nitricum in the nervous clinic suggested its more general application in diseases of the stomach *per se*.

A clinical record covering some months has not only clearly defined its prominent indications and recorded the results following its use, but has established it as a remedy of the first importance in diseases of the stomach.

The above excepts acute febrile and afebrile catarrhal gastritis and diseases of a malignant nature.

The action of argentum nitricum in crude doses is as follows: Upon the brain and cord it gives us first an irritability, later a debility followed by a paresis and paralysis. Upon the blood, the red blood corpuscles are affected leading to an ecchymosis and stasis; on the mucous membranes, an irritation and ulceration. Its action upon nerve and blood tissue as well as that upon mucous membranes would account for its fine record in such a variety of diseases of the stomach. Its affinity to the nerve supply of the stomach is, no doubt, the reason it controls so admirably the group of nervous symptoms incident to the gastric

derangements of patients living in the hurry and strife of a large city. It has been claimed that its beneficial action in gastric ulcer and in relieving the formation of gases in chronic catarrhal gastritis is purely local, in the first instance as a cautery, in the second as a germicide. From the small dose required to give the best results this would seem doubtful: Going carefully over the clinical record the following indications for argentum nitricum will not only be often present in the following diseases, but its use will be followed by the most gratifying results.

In chronic catarrhal gastritis flatulence is the most prominent symptom. Gas accumulates in large quantities, and its expulsion brings relief; vomiting of mucus copious in amount and glairy in character, cases of long duration.

In gastric ulcer the pain is of a severe nature starting usually below the ensiform cartilage and extending through to the spine or radiating to either side of the trunk, giving the girdle symptom. Pain is worse from eating and pressure; tongue red and glazed. One case of gastric ulcer gave an interesting history of two hæmorrhages, the one followed by vomiting of blood, the other followed the next day by passage of black, tarry stools.

In gastralgia the patients were anæmic; especially useful in women; were inclined to be emotional. Pains were referred to the epigastric region; very severe; may cause a collapse. Pain relieved from pressure and binding; double neurotic history. Two typical cases in which between the attacks the patients had good appetites and good digestions, but the attacks occurring about once in three to four weeks had required full doses of morphine to control the extreme pain; one of these patients would collapse, the pains were so severe. Given argentum nitricum he has never had a recurrence of the attacks, and has been under observation five months.

In nervous dyspepsia excitement would bring on a nervous belching of wind from the stomach—rumbling. We have noticed this belching irrespective of taking of food. The patients are of the neurasthenic type, rather from

overwork and worry than from abuse of stimulants; irritable, energetic, appetite often excessive, but digestion slow; trembling sensations about the epigastric region.

In hyperchlohydria it has given us the best results of any remedy, one case with a total acidity of ninety yielding promptly to its influence. The patients complain of acid belching after meals, formation of gases about an hour or so after taking food; animal food disturbs them less than carbohydrates; are irritable; tongue and throat red and glazed.

In the foregoing the nervous symptoms have been prominent where the best results have been obtained; the irritability is similar to that found under *nux vomica*, but the patients are suffering from worry and overwork, rather than from narcotics, and instead of being of a sedentary habit, are active and energetic, but restless and worried over their condition. This class of patients are numerous, and *argentum nitricum* has brought decided relief after the failure of *nux vomica*.

As to the methods of administration of this drug that have given us the best results. In cases of gastralgia, nervous dyspepsia and hyperchlohydria, the third decimal trituration, preserved in glasses topped black bottles, repeating a one-grain tablet every two to three hours, has given excellent service. Patients suffering from chronic catarrhal gastritis or gastric ulcer, would seem to make better progress when given the first centesimal dilution, i. e., a one per cent solution of the pure salt in distilled water. The solution is prepared fresh, an ounce in quantity for each patient, and prescribed in doses of from fifteen to twenty drops dilute before each meal.

In our record book *argentum nitricum* has taken first place in giving results gratifying to both patient and physician, and second only to *strychnia* or *nux vomica* in the number of prescriptions. Here is a rare sample of

BRACHIAL NEURITIS. *Case.* Mrs. C., aged forty-one, married, was taken four weeks past with severe pains along the clavicle from the base of the neck to the shoulder.

She was just recovering from la grippe; her family physician was called; the case was pronounced one of neuralgia. The pains not only increased in severity, but radiated first to the upper portion of the chest; its location at that time made her fear an attack of pneumonia; next came the involvement of the posterior aspect of the shoulder, later the arm, forearm and hand. She tells me she was subject to the most severe pains and totally unable to move her left arm. After two weeks the case was considered one of neuritis. A week later we saw the patient; to the eye she was pale and evidently weak from her illness, suffering acutely from the pains about the spine, shoulder and arm; she was unable to secure more than two hours' sleep during the day and night and feared her case a hopeless one. The examination revealed her arm blistered from the use of strong liniment; exquisite tenderness over the cervical portion of the spine, in the region of the clavicle, and along the course of anterior thoracic, circumflex, medium ulnar and musculo-spiral nerves. The power to move the arm was diminished more from the pain incident to movement than from a paresis. The grip of the hand was fair, the various sensations of the arm and shoulder normal. In getting her history we found several factors which either alone or in combination was sufficient to have been the exciting cause in what we diagnosed to be a case of brachial neuritis. She promised to endeavor to pass the night without codeine on our assuring her that we hoped for a natural rest by the following evening; she has not taken a grain of any sedative subsequent to that period.

That afternoon she was given of arsenicum, the second decimal trituration, a grain four times daily; later to this prescription was added, for the relief of the throbbing, atropine 3x, and during the damp weather rhus tox. Arsenicum has been continued from the first and has given her the greatest relief. That evening she slept three hours without opiates; the following night six hours. The pains diminished rapidly, and on the third day she not only had a nap but slept throughout the night. Locally, oil was applied to the arm to heat the integument and the arm and shoulder covered with cotton. Electricity was discontinued, to be given later if necessary. Massage, instead of being applied to the affected area, was given to the uninvolved portion of the body with the result, we think, of not only inducing the blood supply from the left side, but assisting to soothe the patient into a refreshing sleep. In six days

the patient had left her bed ; has such use of her left arm as to be able to dress her hair ; the tenderness has left all but the circumflex nerve action of the deltoid muscle still giving her a twinge of pain.

There is danger in these cases of an involvement of the shoulder joint, an adhesive inflammation followed by deformity and impairment of function.

She had suffered for years at her former home from intermittent fever. This winter she had for the first time complained of rheumatism.

Just previous to her illness she had been sewing, sitting near the window, her left side exposed to a draft from that source.

Her child, two years old, was ill, and she had been carrying him about as she told us on her left shoulder and arm. This gives us a history of malaria, rheumatism, exposure and traumatism, any one of which would have been sufficient to cause a neuritis. No wonder hers was a case of such severity. Inquiry from her physician, who expressed himself as having done all he could for her, as to the treatment she had received brought out the fact, that with the exception of aconitine for one day, she had taken only such drugs as acetanilid, phenacetine, anti-kamnia, codeine and morphine in doses of varying strength.

She was told all that could be done was "to keep her free from pain until she recovered." This the drugs failed to do, and she was only by their use able to secure two hours' sleep a day, to awaken with stomach and heart weak.

Electricity, both galvanism and faradism, had increased her pains, as had massage. The liniment had blistered her arm. She presented so clear a picture of arsenicum that we felt we could take away all opiates and trust it to give us marked results; arsenicum being one of our best remedies for neuritis.

She had the burning pains, thirsty, but for the first time in her experience she tells us water disagreed with her stomach; was restless at night, especially after midnight, always securing what little sleep she had before that hour; the pains, too, were more severe during the hours from 1 to 3 A. M.

Note. The primary involvement of the brachial plexus, later the spinal roots forming this plexus (radicular neuritis), and third, the involvement of the majority of the nerves having their origin in the brachial plexus.

The permanent relief from arsenicum prescribed on

indications, after the failure of opiates to diminish either the pain or inflammation growth.

DISCUSSION: Dr. E. M. BRUCE: This report of Dr. Hill's in regard to silver nitrate is very interesting. Silver has been getting the worst of it in the money world, but doctors have little to do there and should not be led to forget it in the medical.

I believe that it is of the most use in cases of nervous involvement where great quantities of tasteless, gaseous eructations are forced from the stomach. It would be well for the members to note the clinical observations of Drs. Halbert and Hill in regard to the use of the triturate and the aqueous solution of silver nitrate. All silver salts are reduced to a certain degree by contact with organic matter. But what is bound to happen if silver nitrate is brought into intimate relation to milk sugar? Please remember that the sugars are either aldehydes or ketones, and that one of the most powerful actions of this class of compounds is the power to reduce metallic salts. So when the triturating process of preparing even the third decimal is at an end we no longer have any silver nitrate left, but some form of reduced silver. That this compound is not a potent therapeutic agent it would be folly to deny, but my point is that it is not silver nitrate. In passing it would be well to also remember that the silver nitrate is going to be changed into silver chloride by the hydrochloric acid of the first gastric juice it meets.

Dr. BLACKWOOD: I was interested in Dr. Hill's case of neuritis. I have had a number of these cases. They were hard to control and were followed by more or less atrophy of the muscles.

Dr. HILL: The clinical results from *argentum nitricum* are due, I think in the main, to two factors, the large number of nervous symptoms present in gastric disturbances of city patients, and second, to the preparation of the drug, giving the preference to the freshly prepared solution.

The danger of paralysis and atrophy following brachial

neuritis is not so great as is the tendency to involvement of the shoulder joint, or a recurrence of the neuritis.

XIII. CASES FROM PRACTICE. BY DR. E. M. BRUCE.— I have nothing to report this evening but the details of a case of heart trouble and one of cystic disease, which are common enough, but in which the treatment was persistently conducted along simple lines, based upon careful diagnosis, sound therapeutics and a consistent hygiene.

Case 1. Traumatic involvement of the cardiac plexus. Within the past year or two vagaries in the heart's action have not been uncommon. There has been one case, however, under my care that possessed some peculiarities which may be of interest to the members of this Society and the readers of THE CLINIQUE.

The case is one of a gentleman of heroic mold, and in the prime of life. He is six feet four and one-half inches in height and weighs 245 pounds. Some three years ago he was under my care for lithæmic troubles, which yielded promptly to ordinary methods.

Last spring he came to see me for relief from a very distressing shortness of breath and great irritability of temper.

Physical examination showed the ordinary bodily functions nearly normal, but the sleep was poor and broken and there was more or less dyspnœa when lying down or upon exertion, such as ascending steps. The pulse was 80, and skipped every fourth beat. The sounds over the valves were not such as to indicate any valvular involvement.

In my previous examination the heart sounds were normal and the pulse was regular. I made a prescription of spigelia, and asked the patient to return in a week. In five days he returned, because he was not in any manner relieved. The pulse had the same irregularity; the dyspnœa was worse; and his usual calm, philosophical nature seemed entirely changed. He was irritable to the last degree over trifles. At that time I got this history: Seven years ago he had been in a railway accident and had been thrown against a tie, striking on the left side with sufficient force to shatter a heavy watch which was worn directly over the heart. Prof. Arnulphy saw the case and agreed with me that there was no organic disease of the heart. The patient was put on cratægus, five drops of the tincture three times a day. One week later he reported somewhat better, but not to any marked degree. I then

induced him to consider a vacation. He was given the cratægus to take three times a day, and a dose of anacardium at night, and departed for a quiet country town to do absolutely nothing but rest. In ten days he reported that the pulse irregularity was every seventh beat, the dyspnœa better, but that there was an itching of the palms that was maddening. This latter I believe to be due to too much anacardium, for it disappeared promptly upon raising the potency of the drug.

At the end of the third week of his rest he was so much improved that he insisted on returning to his business. The dyspnœa and irritability of temper had entirely disappeared, and the pulse would run twenty to thirty beats without a break.

The anacardium was stopped, but the cratægus continued for some months, with no other drug save a few doses of kali mur. and cactus grand. when for a few days there was some decided pain about the heart.

I saw him recently and took the pulse for seven hundred consecutive beats without a break. He can walk rapidly, run up stairs, or do any of the usual things of an active life without discomfort.

My idea of the case is the trouble was an involvement of the cardiac plexus of nerves due to the accident of years ago.

Case 2. Cystitis, sarcomatous testicle, etc. Some three years ago a gentleman came under my care for relief from a case of cystitis, which had been annoying for about two years. He had sought the aid of eminent men abroad without an signal success.

The history was one of difficult, frequent and painful urinations for a period of two years, to which the past two weeks had added an ailment of the right testicle, which characterized itself in acute pain running up the spermatic cord and over the distribution of the lesser sciatic nerve.

The findings upon physical examination were as follows: Organs and functions above the diaphragm seemingly perfect, except for some headache. Liver normal. Some slight intestinal involvement. The rectum had a patch of irritated mucous membrane involving the anterior portion about half way between the sigmoid and anus. The prostate gland was swollen and painful. The right testicle was hard, enlarged and very painful. There were

two strictures in the deep urethra. The hypogastric region tender to touch, particularly over the symphysis pubis.

The urinary analysis showed:

Quantity passed, 1000 c. c.	Bile, None.
Color, High.	Peptones, None.
Reaction, Acid.	Blood, a few Leucocytes.
Specific Gravity, 1.021.	Urea, 22 grams.
Chlorides, Normal.	Phosphoric Acid, 1.8 grams.
Sulphates, Normal.	Sediment, 2 per cent.
Albumin, None.	Mucus, Pus and Epithelial <i>Débris</i> .
Sugar, None.	Urates, Uric Acid and a few Oxalates.

The urination was frequent and painful with a delayed, stammering stream. I made one attempt to wash out the bladder, using a double metal catheter. It was followed by the worst type of chill and fever. So I began using the method of lavage, introducing nothing into the bladder but the antiseptic solution. The apparatus used was the same style as I have frequently described. The patient emptied the bladder as completely as possible. The urethra was then washed out and 100 c. c. of the following prescription introduced into the bladder.

℞ Boric acid C. P. powd.....	12 grams.
Fl. ext. hydrastis, non-alcoholic.....	10 c. c.
Water	500 c. c.

These washings were repeated until the last passed were fairly clean. It seemed impossible to remove all of the shreddy mucus matter with any amount of washing. The pain in the bladder was soon controlled for the most part by *stigmata maydis* (fl. ext.) and the quantity of urine increased. The irritation in the rectum yielded at once to the application of a tar cerate. This was followed by the application of a saw palmetto et *pulsatilla* cerate up against the prostate, which lost its sensitiveness and decreased somewhat in size. Under the hydrolytic dilatation the strictures lessened their resistance and the irrigating fluid passed into the bladder with but little trouble. At the end of two months 250-300 c. c. could be introduced into the bladder with but little inconvenience. Mucous shreds and pus were still to be found. The urinations were not quite so frequent, and were only occasionally painful. But all this time the condition of the testicle was getting worse. It was getting larger, harder and more and more painful. There was a specific history, but all measures for relief—internal, local and hygienic—were tried, but there was no relief. Fluid collected in the scrotum, which was aspirated repeatedly,

but it would gather again in twenty-four hours. The pain was getting unbearable.

Two months and one-half after my first seeing the patient I succeeded in getting his consent to see a surgeon. Dr. Shears saw the case and advised immediate removal of the offending organ. It took ten days to get the man's consent. On February 1 a sarcomatous testicle was removed. The cord was very much indurated, and the stump gave a great deal of trouble afterward. It was fully four months before it was soundly healed. The condition of the bladder remained about the same. As soon as the effects of the operation would permit, I began the use of permanganate of potash, 1 part in 8,000, gradually increasing to 1 part in 4,000. This, together with a carefully selected diet and the internal use of lycopodium, pulsatilla, stigmata maydis and belladonna kept the patient fairly comfortable. He was, however, obliged to rise three to four times a night to pass urine, and there was always some pain just at the end of urination. It seemed desirable to try some more active measures. Ichthyol was tried with no better success. Creolin was then tried, five drops to 500 c. c. of water. This gave results but they were not pleasant. The urinations became more frequent and more painful, and there was some little pain all the time, but the pus almost disappeared and the mucous shreds came away in large quantities.

The creolin was kept up for two weeks. The patient was then put back on the permanganate, 1 part to 6,000; lavage; saw palmetto and oil sandalwood 1x and sent off to Hot Springs. Under the influence of the warm climate and baths he grew better. On returning home the same treatment was continued. In six months there was not a pus corpuscle in the urine. The medicine was stopped and the permanganate washings taken on alternate weeks. Some shreds were still passed, but there was no pain, and the bladder would retain 450 c. c. with no inconvenience. It was still necessary to pass urine once at night.

The washings were kept up another six months on alternate weeks. Finally, after eighteen months, the shreds disappeared and the necessity to rise at night to urinate ceased.

It is now over two years since the testicle was removed, and there has been no further trouble in that region. The prostate gland is almost normal (maybe the removal of

the testicle aided me there), the strictures give no trouble, there is no difficulty in starting the flow of urine, and he is necessitated of passing water only six times in twenty-four hours. He eats and drinks whatever he pleases, and only thinks of his doctor on rainy days, when he remembers to put on his rubbers.

DISCUSSION : Dr. HILL : Dr. Bruce gives us a case of heart trouble which is both unusual and interesting. I would agree with him in that the cause was a traumatism of the cardiac nerves; the sympathetic rather than the pneumogastric filaments, from the symptom of tachycardia. While I have heard of *cratægus* being given in diseases of the heart, I have been unable to secure data on the subject and would ask Dr. Bruce if he has noticed any record of its provings.

Dr. Bruce's case of cystitis goes to demonstrate how stubborn this affection is, and often only persistent treatment will effect a cure. With reference to irrigation of the bladder, I had a patient develop urethral fever with a temperature of 105° F., following the introduction of the irrigator, and after that experience I can heartily endorse Dr. Bruce's method of introducing solutions into the bladder by the force of the stream.

Dr. BLACKWOOD : Dr. Bruce's paper brings to mind a point that may not be generally known—that three to five drops of *gelsemium* in the mother tincture given at the time of passing a sound will usually prevent urethral fever.

XIV. THE HOMŒOPATHIC REMEDY IN DEFINITE PATHOLOGICAL CONDITIONS. BY DR. A. L. BLACKWOOD.—It is the glory of our system of therapeutics that it meets and controls pathological conditions. And when heroic measures are not allowed to show their power the remedy quietly but more scientifically accomplishes the desired result. With your permission I desire to present a few well defined cases where the remedy met and controlled pathological conditions.

Case 1. Lady, age thirty-seven years. Complained of pain

extending down left arm which would gradually grow worse until narcotics had to be used to allay it. Ultimately there would be a discharge of pus from the pharynx ; this would gradually lessen and cease altogether in seven to ten days.

The pain in arm would subside with opening of abscess. About four weeks after, the pain would gradually appear in the arm and the whole cycle would be repeated. Seven years before her physician had opened an abscess in lower and posterior wall of pharynx, but had not been able to heal it from the bottom.

Diagnosis. Recurring retro-pharyngeal abscess. The patient was oversensitive, nervous, irritable, weakly, pale-faced, and had night sweats and suppuration. Silicea 30x was given. The result was the attacks occurred at lengthened intervals, and in four months she had her last siege and has remained well during the past three years.

Case 2. Mrs. S., aged sixty years, was injured during the fall of 1893 by being thrown from a moving train. She was attended by three surgeons and from their affidavits I take the following : "Her injuries were beyond the power of medicine and surgery ; her right arm and shoulder were almost wholly paralyzed ; the right lung was perforated by a splintered rib so that an abscess has formed which has gathered about every two weeks since the injury, when it breaks and discharges through the mouth a cupful or more of corrupt matter ; that previous to these semi-monthly discharges the plaintiff falls into a cold, rigid, comatose condition requiring hours, and sometimes days, of the most assiduous rubbing with hot applications, and everything known to medicine to keep life in her, so that they looked for life to become extinct at any time ; that after the abscess broke she would have some relief for a week or so until another formed. They speak of having to use opiates ; that her injuries were permanent and would be fatal."

On the 23d of February, 1898, I made my first visit and found the conditions as stated in the above testimony ; her temperature was 102.2° ; pain excruciating, everything indicating the formation of an abscess in the right infra-clavicular region, the centre of which appeared to be under the second rib. On the following day during my visit it discharged, and the quantity of matter was sufficient to fill a teacup. The patient was given silicea 30x every four hours. The result was that the recurrences became farther apart. On June 27, she had the last development of an abscess. The formation of pus has been controlled ; there

is no fever ; her weight has increased, and the patient feels better in every particular. There is still a pain about the shoulder and arm, which is gradually being removed.

Silicea is not the only remedy that controls the suppurative process, but it is one of them, and they are all just as efficacious when indicated.

Case 3. Mrs. F., age twenty-four. When fifteen had an attack of inflammatory rheumatism, which lasted several weeks; has not felt well since. Whenever exposed to the cold she would have cutting pains about the chest. Last December she had a light attack of rheumatism. Her physician saw her three times and pronounced her well, although she was complaining of pain about the heart.

At my first visit her face had an expression of anxiety; the pain was marked on making a change of position, or upon deep pressure over the heart. She was in the dorsal semi-recumbent posture; intercostal spaces obliterated; dyspnœa was marked; the pulse rapid; the apex beat obtainable when the patient leaned forward. Dullness was marked over the region of the heart in a triangular area, which had its apex above the base of the heart, extending to the right of the sternum and to the left mammillary line. The heart sounds were weak and the temperature was 101°. At the least move the heart beat more rapidly, with stitching pains.

Diagnosis. Pericarditis with effusion. The presence of the effusion, the sharp pain preventing motion, and, as a result of this, a desire to keep perfectly still, led to bryonia 3x, which was administered every hour. Hot applications were applied over the heart to relieve the pain. There was a gradual improvement; by the seventh day the effusion had disappeared to such an extent that friction sounds could be heard. Her temperature was 99°. Spigelia 6x was now administered, and it assisted in removing the remaining effusion and pain; when calcarea phos. 6x was given, with a verdict from the patient that she felt better than she had for years.

My thought in this case is: First, not that bryonia 3x will cure every case of pericarditis with effusion, but that it will control the pathological conditions and cure the patient when the symptoms of the patient, *plus* the pathological conditions, demand it.

Second. When bryonia carries the case part way and then ceases to benefit, spigelia will frequently complete the cure. Calcarea phos. I use at the close of an acute disease as a constitutional remedy, and believe it to be a great homœopathic tonic.

Case 4. Mr. P., aged thirty-seven. Strong, well built man. His work exposes him to great heat, and he frequently goes out to get fresh air and to cool off. During one of these cooling spells he felt severe pains in his knees, extending to the calves of the legs and to the ankles. At my first visit I found him sitting in a chair, with a look of anxiety; respiration difficult, rapid and short; the heart's impulse was strong, accelerated and audible. Inspection showed nothing abnormal apart from the heart's action. Auscultation revealed friction sounds synchronous with the cardiac movement. Temperature 102.2°. There was severe pain in the knee joints, the calves of the legs and the ankles, rendering it impossible to walk. There was swelling about the knees and ankles, and they were very sensitive to the touch. Thirst was marked, he had no appetite, and did not want food mentioned.

Diagnosis. Acute articular rheumatism with pericarditis. Colchicine 2x, three drops every two hours, was administered, which removed the various symptoms and cleared up the case. Colchicine is a remedy of great merit in this class of cases and reliable. Incidentally, I desire to call your attention to the frequency with which pericarditis accompanies acute articular rheumatism. I have noticed it in fully one-third of my cases.

Vierordt says: "That every person is individualized according to his physical development and his vital functions, but still more by the reaction of his tissue and his bodily functions to abnormal irritation. Hence every disease, according as it develops in this or that person, manifests a different and individual character." It is this individual character of the disease upon which the homœopathic prescription should be based; and, when this is done, it meets and controls the pathological condition scientifically and perfectly.

DISCUSSION : Dr. SARAH HOBSON : Silicea did for me a like good work a few years ago.

Case. Mrs S., seventy-two years, had an acute attack of otitis media. The fever and more acute symptoms had passed but the profuse discharge kept up; the patient's endurance was weakening. In consultation it had been pronounced tuberculous and hopeless; nothing further was advised than nourishment. Silicea the third decimal four times a day was administered for weeks; gradually the discharge lessened and then ceased. The old lady is still alive, has had no return and is doing the lighter part of her housework.

Dr. BRUCE: This report from Dr. Blackwood will induce me to give silicea another chance. It has not been a satisfactory remedy in my hands, but a report of its usefulness to such a marked degree coming from Dr. Blackwood is well worthy of emulation.

VOLUNTEER PAPERS. XV. THE PREVENTIVE TREATMENT OF PATERNAL HEREDITARY SYPHILIS DURING PREGNANCY. TRANSLATED WITH NOTES BY DR. R. LUDLAM. PART II.*—The clinical argument in favor of this form of foetal prophylaxis is convincing and satisfactory; and yet, with the instinct of a responsible teacher and practitioner, the author holds that there are conditions to which it is not applicable. Once more it is the exception that proves the rule.

From what has been said shall we therefore conclude that in every case in which a woman has become pregnant by a syphilitic husband she must be subjected to an anti-syphilitic treatment? Certainly not, for a good judgment will dictate that no such general rule should be adopted. As in all other cases, it is necessary to individualize; the physician should be governed by the indications and the contra-indications that are proper to special conditions.

Intervention, or the cure of the foetus through the mother, is obligatory whenever paternal syphilis threatens the welfare of the child. On the other hand, it would be wrong, irrational and out of place if the conditions were reversed.

No one, for example, would think of treating the mother if, either by its duration, from a long course of treatment, or by a protracted state of immunity the paternal syphilis had become decidedly inactive, or if she had already given birth to living and healthy children.

Here are two extreme conditions in which the indications for and against interference are clearly perceived. But what of other intermediate states wherein the course that should be taken is not so clear? What shall be done when there is no preponderating condition, and where the prognosis cannot be settled in one sense or another as to the outcome of paternal hereditary syphilis, with all of its consequences and its dangers for the foetus?

*Concluded from page 90.

Instead of discussing all the various points of clinical analysis that are concerned in these important questions, they are wisely referred to another occasion. But this is not done in a careless, offhand way, nor without a summing up of the practical relations of foetal intervention in suitable cases of paternal syphilis. The following extract is one of the clearest and cleverest of its kind :

It sometimes happens that after the thorough examination of a case of this kind, in order to decide upon the question of its intra-uterine treatment, we find about as many reasons *for* as *against* its adoption. How, then, shall we decide? I believe that in such a case its practice is both logical and prudent. And why? Because to do nothing is to risk nothing and to compromise the foetus; and because to intervene is simply to take the chance of failure. It is better to fail than to do nothing. In a doubtful case intervention is, so to speak, the mother's treatment, and it is, I think, the proper one.

Having decided to test this form of foetal medication for the prevention of paternal syphilis in the case of a healthy mother, two classes of women are subjects for the experiment. With the first of these, as Prof. Fournier very properly says, there is little trouble in gaining their consent. With them, for one reason or for another, the wife is aware of the facts of the case. Either the husband has frankly confessed to having had syphilis (which is the exception), or he has been exposed by some indiscretion, and sometimes even by such evidence as the birth of a previous child that had syphilis which could neither be disguised nor disproved.

Under these circumstances we have only to say plainly what it is that we propose to do and she will understand and give her consent to the course of treatment that is proposed. If we make it clear that the treatment is intended as a safeguard for her child, she will promptly accede to this proposition as a question of maternal duty.

Upon this point you may rely on my experience, for no mother will ever refuse what you demand in the interest of her child. Never, either in city or hospital practice, have I seen a single woman, who under such conditions had the slightest hesitation. From the moment that she is assured that your efforts are for the little one, she will consent to do whatever is best.

But cases of this kind are comparatively infrequent, and quite a different state of affairs usually presents itself. Here the woman is ignorant of any syphilitic history on the part of her husband, while, for herself, she is in good health. These are the conditions which must therefore be overcome : (1) To persuade her that she is in need of medi-

cal treatment ; and (2) to treat her by the use of mercury. How shall it be done?

For this problem there are only two solutions : Either by a frank and loyal, but somewhat softened avowal, to tell her the true story (after which the case enters into the former list); or to treat the woman as if she knew why and by what remedy she was being treated. Between these two methods physicians must choose that which concerns the husband, who alone must decide whether the facts shall be made known to his wife. But we know in advance what the husband's advice will be: "Treat my wife," he will say to us, "as you may judge best for the safety of the child ; but especially treat her *without telling her anything* and without causing her to suspect what she is being treated for."

Whenever we adopt this plan—and how can we do otherwise?—we shall find ourselves engaged with the husband in a disagreeable partnership of dissimulation and lying. I use these words intentionally, because misrepresentation and deceit are necessary in this kind of a therapeutical campaign. * * * *

The dissimulation will be obligatory, because (1) we must find a pretext for imposing our treatment upon a woman who does not feel the necessity for it; and (2) we must disguise the remedy that we employ, and which is the only one that is to be trusted with its special mission, under terms that are more agreeable and acceptable. For example, we must speak of our mercurial pills as tonic, or ferruginous pills, and of our syrup de Gibert as a eupeptic syrup, or "one that is designed for the relief of the vomiting and other ailments of the pregnant state," etc.

And, what is worse, we shall finally be forced to pervaricate (which is an added degree in matters of diplomacy); for if our patient asks what the pills or the syrup contains, or if she becomes suspicious (and what woman would finally fail to do so?), we shall be driven to categorical lying. All of which, as you perceive, is disagreeable and disgraceful for the physician whose professional habits are frank and loyal.

What might be termed this silent partnership in the work of deceiving certain innocent women who are about to become mothers has grown an abundant crop of professional thorns. A shrewd casuistry may define and defend its practice, but only as the lesser of two evils can it be forgiven to the conscientious physician. Nor should it be forgotten that the proposed prevention of syphilis in the unborn is designed not so much to shield the reputation of the father as, if possible, to ensure the health and to save the life of his child.

Concerning the peculiar vexations that may come to the physician from this equivocal and untruthful method of treating his cases, the text is amusing and suggestive:

Most often it is the woman's mother, the mother-in-law, who takes a part in the matter, becomes mischievous, overwhelms you with questions, and who sometimes even (it has often happened to me) visits your home, and says: "Ah, well! Doctor, why are you dosing my daughter all through her pregnancy? I have had a number of children and have never been treated in that way. Do you find that she is ill? It must be that you have discovered something, and if so, tell me about it. Or,

if you will not tell me, can it be that her husband has infected her with some horrible disease? If that is the case, I shall soon do full justice to my son-in-law, etc." And so you will learn how lies are piled upon each other.

Or the supreme disgrace may take another form, as happened to my lamented colleague, Professor Tarnier, and myself in a case of this kind, in which, to protect the husband, we had told the mother-in-law that the pills that we had prescribed for her daughter were not mercurial. One fine day she came to me in a furious temper and said: "I have had an analysis made of those pills of yours by my druggist, and have discovered that they are full of mercury!"

Incidentally the author defends this method of practice in what are confessedly very disagreeable cases, and such as may or must have come to the most of us. The conditions are such as are met with elsewhere, where we do what is most expedient, all things considered; the plan adopted looks to the safety of the child, and therefore is not incompatible with the dignity of the medical art; what has happened is not of our creation, or choice, and we submit to it as we do to other disagreeable matters of human experience.

Besides, the legitimacy of such conduct has often been recognized by the principal concerned therein, *id est*, by the mother. Among cases of the kind that I might quote is that of which I have just spoken and in which Prof. Tarnier was my consultant. When we called upon our patient, after the unfortunate analysis of our pills had been made and we were notified of the fact, the expectant mother took each of us by the hand and said: "I do not wish that you had not deceived me; quite the contrary; for what you have done you had reason to do, and, on behalf of my child and myself, I thank you for it."

A number of thoroughly practical points are made in the application of this method of abortive treatment:

a. An indispensable condition of success is to interfere at an early period, one that is as near as possible to the beginning of pregnancy. In fact, if we leave the hereditary paternal influence time to react upon the fœtus we shall fail to correct that irreparable impression. This is the induction of good sense and experience. By prescribing the treatment of the mother from the first months of pregnancy, one has often succeeded with it; while, if its application has been delayed, it has almost invariably failed.

I am positively of the opinion of Professor Pinard, who says: "An intervention that dates from the first months has every chance of success; and the earlier it is practiced the more certain the result. After the fifth month it is too late, and there is no longer any hope of success."

b. What remedy shall we select? Mercury is the only one. By analogy as well as by direct experience we find that it is a much better preventative than the iodide of potassium. It is also much more corrective of the hereditary influence than the potassium iodide.

Why one should add the iodide to mercury in any way (whether by direct admixture or intercurrently) I cannot understand. There certainly is no advantage in it. We should not forget that mercury is neces-

sary, indispensable, and the remedy upon which we are especially to depend for success.

Besides, mercury is a hundred times better borne, or tolerated, by women than the iodide, which causes coryza, boutons, and a metallic taste that poisons the breath, in the morning especially. We should remember to make the treatment as pleasant as possible for the patient, who *does not feel the need of it*, and who accepts it only through her natural docility.

c. Under the third head it is interesting to note what is said of the method and form in which mercury should be given. Frictions are inapplicable in case a secret is to be kept, and because the course of treatment is of necessity a long one. In response to the question as to what preparation of this drug is preferable, we read :

After numerous trials it appears to me that the protoiodide, given in the form of a pill, best suits the special requirements of the case. As a remedy it is active, generally well borne, and easy of administration. I think it decidedly preferable to the sublimate, which, when taken as a pill, sometimes disagrees with the stomach, and which in solution is really disgusting to women because of its frightful taste.

On the contrary, Professor Pinard has a predilection for the iodhydrargyrate of the iodide of potassium, which he sometimes gives in solutions and sometimes as a syrup. * * * *

d. Concerning the dose of mercury that is proper reason and experience are in accord. *A priori*, reason argues that it is not an adult that we are treating, it is not even a child, it is a *fœtus*. Therefore in foetal therapeutics a *foetal dose* should be sufficient. Consequently, we should pass such a dose to the foetus through the mother as best benefits the case, and experience proves that *the small dose is sufficient*.

These little doses, these foetal doses, what are they? Truly, I cannot say; for we must have a great list of cases before we can attempt an explanation of this sort. But what I can say is that the success that I have obtained has been caused by giving simple doses of from 0 gr., .05 centigr. of the protoiodide to 0 gr., .025 milligr. daily.

It is therefore useless to treat the mothers in question as one often treats syphilitics, with large doses increased to those which are intense.

e. How long shall this treatment be continued? The answer is unanimous: *Throughout the whole duration of pregnancy*.

f. Finally, how shall we direct the treatment? With Professor Pinard, some urge an uninterrupted, continuous course. Others (Professor Budin and myself being of the number) prefer an intermittent treatment, as for example: Twenty days of treatment each month, and ten days' suspension of the remedy to give the stomach a rest. Others still prescribe a course in which mercury and the iodide are given alternately, with or without intermission.

At the close of the lecture some excellent points are made to the effect that such divergencies of opinion, and of clinical preference, are to be expected because the subject is new, and thus far our experience is tentative. The essential fact is the thing, and the result is assured. With further observation in this mode of prophylaxis, the smaller and less important differences of opinion will fade before

the individual and peculiar indications that are present in each particular case. The following conclusions are reached :

1. When a fœtus is threatened with paternal syphilis a safeguard may be offered it by the treatment of its mother, although she is healthy, through the course of her pregnancy.

2. Success has been attained, and so often, by this *mediate* treatment, that it is the duty of the physician of the present day to practice it in special and similar cases.

3. In order to be useful this treatment must begin at a period that is as near as possible to the date of conception.

4. The essential basis of this treatment is mercury.

5. It should be given as best we may to meet the special and peculiar indications of individual cases.

Remarks. The Members of this Society and those who read it elsewhere will not fail to appreciate the fact that this lecture furnishes a remarkable argument in favor of the single remedy and the minimum dose. There is no need to enforce that argument by experience which is drawn from other and very different sources. It explains itself, and however imperfect will doubtless be a source of satisfaction to thoughtful and progressive physicians everywhere.

To have taken what is now classified as the only actual hereditary disease of our species, with its intractable nature, its tenacity, its defiance of remedies and its direct inheritance, for an experiment in fœtal prophylaxis was a brave deed. It was worthy of a great specialist whose practical familiarity with all phases of syphilis makes his testimony in favor of this sort of intra-uterine immunity absolutely invaluable ; and it is full of suggestions as to what may be accomplished in the near future by similar methods for the dyscrasia, and the latent predispositions of various kinds that beset us. For who knows but that the way to cure tuberculosis, or cancer, may lie in this direction ; and who shall say that if it is properly applied the minimum dose of the single remedy will not be as successful a prophylactic in the one case as in the other ? There is great encouragement for a careful clinical study of these related questions.

It would be interesting to follow up the history of cases of exemption from paternal syphilis through the use of "foetal doses" of mercury that were given the mother during pregnancy; for, if the child should continue to be healthy, and never after should show any trace of inherited syphilis, a wide application of this method of treatment, in suitable cases, would soon limit the prevalence of that horrible disease.

CLINICAL CHIPS.—In case of poisoning by laudanum, do not forget that the older the preparation the stronger it is.—Let a patient who has swallowed a fish bone gargle the throat with a weak solution of hydrochloric (muriatic) acid that will dissolve its bony parts and render it as flexible as a hair.—Appendicitis has been quite prevalent among physicians, hereabouts.—See the lecture on moist boric acid dressings at page 111.—In tuberculosis of the wrist joint treated by iodoform, Briegel reports thirty-nine cases of which more than half were functionally cured.—Dr. C. B. Brigham, of San Francisco, has successfully removed the entire stomach in a case of carcinoma.

Editorial.

FROM HOME TO THE HOSPITAL.

In case of sudden and dangerous illness, or of an extreme surgical emergency requiring an operation, it may become a serious question whether one should stay at home or go away to the hospital, "among strangers," for the best treatment, nursing and care, and the best results.

Without a word in disparagement of any good home from which, as has well been said, "it is not far to Heaven," or in lack of appreciation for the family physician who oftentimes under the most discouraging conditions has done, and still is doing so much for the relief of suffering in every-day ailments, we must enter a plea for the modern, well-equipped hospital. Not that all the sick in the land should take to the train, or the ambulance, and desert their homes for the general and special hospitals, which are too numerous already; but that a share of these cases, medical, surgical and miscellaneous, should be carried thither for the sake of a better environment, and more skillful nursing and treatment than they could possibly have at home.

It is a singular fact that with all the domestic comforts and luxuries, and even the hygienic conditions that are incorporated into the modern home, where the family is to live and to die, it usually happens that no arrangement is made for convenience, safety, or convalescence in case of the serious and sudden illness of one or more of its inmates. Even among the better classes, the average family home is almost as unfit as a church building or a hotel for taking care of those who are dangerously ill. It would be a forlorn thing to depend upon, "a sick room, or two" that were almost certain to be out of repair just when they were needed. Beside the trained nurse, so many facilities would be requisite on short call that such an establishment could not always be available, as a good hospital is sure to be.

The home is suited to the care of the sick only in proportion as we bring the hospital into it. Usually all that is required in this transformation is a trained nurse who knows her business, and who in a kindly way will counteract the mischievous influences of a too sympathetic household, while she obeys the doctor's orders implicitly and intelligently. But in case of serious injury, intractable disease and surgical conditions and emergencies of a grave character, the greater the danger, the greater the need of our hospital resources, and the best way to get them is to go there at once. That is what they are for; and why at an enormous outlay of money, energy, faith, charity, skill, experience, and all the virtues, they are kept in constant readiness for the most efficient service.

THE HYPOCRISY OF HYSTERIA.

The *Medical Record* for February publishes a spicy editorial on "The Hysteria of Hypocrisy" from which we borrow an extract or two :

More subtle than the effect of absinthe, and more insidious than the contagion of smallpox, is the instinct to reform, not one's self, but others. The heart of man—of the other man—is inconceivably wicked; the ways of the world are hopelessly annoying to those too good to live in it; therefore it is unquestionably the duty of those who have no sins of their own to prod the consciences of others and throw the strong light of their illuminating piety upon the dark corners of life.

It matters not what the subject of the reform may be, provided the reformers are sufficiently ignorant of the sins they would cope with, and are possessed with that inward fervor which rises superior to facts and takes no heed of natural laws.

Fortunately in this country this enthusiasm expends itself for the most part on subjects not wholly concerned with vital questions, such as the hunting up of revolutionary ancestors and the providing of stools for shop girls; but of recent years in England, where there is a leisure class, old women of both sexes have abandoned themselves with whole-souled fervor to the delights of the chase, and when the preserves are emptied of big vices, they must

needs beat the bush for some new game. It is bad enough when the hysterical conscience gets on the scent, as when a Darwin or a Huxley and a Spencer are religiously boycotted; but it is a little too bad when the good old English law is split up into a thousand instruments of torture and whittled to a fine point for moral reforms. For instance, the fostering of a kindly spirit toward stray cats and over-worked horses was a legitimate expression of humaneness, but the attitude of the Society for the Prevention of Cruelty to Animals when it objects to vivisectioning a few chloroformed puppies, for the sake of learning how to relieve human suffering, is an excellent example of this hysteria, and the laws against vivisection, as well as the famous conscience clause in the vaccination act, are enough to make justice "throw up the position."

It is a bad rule that is not reversible; and, while the *Record* is right, as usual, it is doubly so in this case, for not only is hysteria at the bottom of hypocrisy the world over, but the converse is equally true. Without an admixture of hypocrisy the backbone of hysteria, if it ever had one, would be broken; for, in the great majority of cases, the element of deception and of self-deception is one of its chief components.

According to the modern and very learned and foggy definition of hysteria, which ascribes its symptoms to protoplasmic exhaustion of the nerve cells, and a consequent loss of inhibitory control, the misleading and illusive quality of hypocrisy is not an essential part of it. The definition is good as far as it goes, but it is defective in its clinical relations to the mind, if such a patient can be said to have a mind. It does not include the morbid play of the emotions which underlies all sorts of hypocritical deception and hysterical deceit, whether in the sick room or out of it. Nor does it recognize the will as a lost means of inhibitory control which, neither in hysteria nor hypocrisy, can any longer keep the emotions and the intellectual faculties properly balanced.

Hypocrisy and hysteria are Siamese twins that cannot live apart. There is a medical and a spiritual side to their mutual relations, but those relations are practically inseparable. We may detect them, describe them and despise

them, but, as always in the past, they will continue to exercise a most unfortunate influence upon the health and the morals of the community.

THE EDITOR REDIVIVUS.

Our readers will remember that at page 94 of this journal its Editorial Committee wisely and tenderly published the early facts concerning the sudden and dangerous illness of its General Editor. It has been thought best to complete the story to the present time, and we modestly accede to the judgment of our friends.

After six weeks of indoor experience as a patient in the Hahnemann Hospital, where we availed us of the willing and devoted service that always is in waiting for its occupants, the hope for our recovery has been realized, and with a thankful heart we have returned to our home and to our labor. In *THE CLINIQUE*, the College, the Hospital, the Clinical Society, and in our professional capacity also, the residue of a renewed activity will be earnestly and conscientiously spent.

Especial mention should be made of the agencies that secured this result under very discouraging conditions. The almost intuitive diagnosis and the prompt and skillful operation made by Prof. Shears, with the support and approval of his colleagues, Professors Chislett and Bailey, were of a character to command the widest and the most hearty professional approbation. For not every surgeon has the ability and the courage to face such a sudden peril in the person of an old friend, to fence him about with efficient safeguards, and to save his life with such delicate coolness and intrepidity.

The after-treatment was most carefully conducted by the surgical *internes* and the special nurses who so kindly and faithfully obeyed the orders of their chief. Indeed, from Mr. Burt, our excellent Superintendent, down, everyone seemed to feel the warmest interest in our recovery and personal welfare. For all of which, as well as for the lovely tokens received from friends at home and abroad, we are profoundly grateful.

R. LUDLAM.

Hospital Notes.

THE SKIN AND VENEREAL CLINIC.

SERVICE OF PROF. C. D. COLLINS.

LYCOPodium IN ACNE VULGARIS.

Case 1. Lena M., æt twenty-four. German-American and single. At the age of fourteen began to have pimples on and about the face, neck, shoulders and back, which increased in number and severity until a physician was consulted, who only passed upon it superficially saying she would be all right as soon as the menstrual function was established. The patient waited for two years, when, at the sixteenth year, she began to have her regular monthly periods but to her dismay no relief was had from her skin symptoms. Various kinds of treatment were tried in vain for several years and the poor sufferer had become reconciled to her fate and had given up hope of a cure when I first met her. On February 14, 1897, she first came to me for treatment after having had her skin trouble for precisely ten years.

Objectively she had an abundance of inflammatory papules, pustules, comedones, crusts and scars all over her face and forehead presenting a very repulsive appearance. The secondary lesions were equally as conspicuous as the primary, and both in an aggravated form. Upon this inflamed base an impetigo had been engrafted as a result of secondary infection, in occasional places.

As a result of much retention of sebum, "deep seated" abscesses had formed with their characteristic inflammation, œdema and induration.

She complained of much irritation and burning, especially at the points of induration. Constitutionally she was not at all well, and she had had constipation and piles for several years; had not had a natural bowel movement for years without the use of cathartics; the breath was foul and the perspiration also. The eyes were jaundiced and the skin had a sallow, unhealthy look. She had grown thin and weak and more recently a troublesome leucorrhœa had developed.

The diet of this patient had been large quantities of coffee, considerable meat, bread and butter and potatoes.

Treatment. Lycopodium 30x four times a day. To shampoo the face several times a day with very hot borated

water, using considerable friction with a flannel wash cloth; the diet to consist of the fruit and vegetable diet only, but encouraging a broad variety of a mixed nature; coffee was entirely forbidden, but a cup of cereal coffee was allowed for each morning. The free use of pure drinking water was encouraged both with meals and between them, but no other form of drinks was permitted.

This treatment was vigorously persevered in and the improvement was very decided, so that she was discharged cured on April 30, just two and a half months from the date of the beginning of treatment. She had no other remedy at any time, and no local treatment other than to puncture the abscess points and to use the hot borated solution.

I cite this case for two reasons: First. To demonstrate that acne vulgaris is quite as frequently due to reflex irritation from gastro-intestinal derangements as from genito-urinary, notwithstanding the fact that acne is supposed to be a disease that is incident to puberty. Second, To show the wide range and dynamic force of lycopodium in potency, and its especial adaptability to this form of acne.

ACNE VULGARIS.

Case 15,047. Mrs. L., age twenty-three, from childhood has had an eruption on her face extending over both cheeks and forehead, but limited to said locality. She has applied for treatment to two physicians previous to her coming to the hospital and in each case was literally fed on arsenic, but without the least benefit.

October 15, 1895, was the date of her admission to this clinic. She had then been married three years and had had one child, but there had been no change in her condition. She was having successive crops of pustules and comedones, and already her face was scarred so badly that it resembled the pitting of variola. Her family history was very good and her own health had always been excellent with the exception of constipation and bilious attacks. Sulphur 6x.

October 22. Reports worse; more eruption, and there now is considerable itching and burning. Gave sulphur, 30x and lanced all the pustules and abscess formations visible.

October 29. Slight improvement only. The remedy was changed to lycopodium 30x, after which improvement was marked and continuous.

November 26. Better than for years; same remedy continued and patient directed to report in one month, which she did and gave a history of continued improvement.

She never reported again, so I was not able to follow the case to a complete cure, but it is to be presumed that she either got well at that time, or at least could have been completely cured had she persevered with the same remedy a little longer.

In this, as in the preceding case, the general constitutional symptoms improved in ratio with the local ones. There is little chance for improvement in these acne cases unless the totality of symptoms is the guiding principle in the selection of the remedy.

TERTIARY SYPHILITIC ULCER.

Case 15,033. September 3, 1895. This man, Henry K., aged fifty-eight, applied for treatment at my clinic giving the following history: When a young man, he contracted syphilis and had all of the usual manifestations of the same during the secondary stage. He was treated thoroughly for over a year and was supposed to be cured, for there were no other signs of the disease for several years. He then married and has had two healthy children which show no manifestations of syphilis, nor is there any evidence of his having transmitted the infection to his wife. There is no history of miscarriages and no sores or eruptions on the wife or the children. But about five years ago there appeared an ulcer on his left leg midway between the ankle and the knee which lasted for six or eight months, and was finally healed by skin-grafting. It remained well until one year ago when the whole tissue in that locality broke down into an ugly ulceration.

Examination of the ulcer showed the margins to be quite abrupt, regular in outline, circular, and the line of demarcation distinctly drawn. The diameter of the same was about two inches, its depth varying from one-quarter to two-fifths of an inch. The inflammatory symptoms were only of a passive character and subacute. Œdema was absent and there was no varicosis. The discharges were rather scant, sero-purulent and offensive. He complained of very little pain except a stinging, pricking pain at times, especially at night.

Treatment. Nitric acid 6x. The parts were to be kept clean by aseptic washes and tar cerate applied to the ulcer once a day. The improvement was prompt and continuous from the first and the patient made an uninterrupted recovery.

Undoubtedly this ulcer began as a gumma and then degenerated. Had appropriate treatment been given during the gummatous stage there would doubtless have been no ulcer, for its absorption is prompt and certain if taken in time. *Trauma* was undoubtedly a localizing factor in causing the gumma to occur at this particular spot.

It is interesting to note that this man had passed through a period of over twenty years without any active lesions of syphilis manifesting themselves and no evidence of having transmitted the disease, and yet he himself had gummatous ulcers in his old age. The question naturally forces itself upon us—When can we ever pronounce a case of syphilis cured?

PITYRIASIS RUBRA.

Case 15,039. September 24, 1895. Mr. C. S., aged sixty-two, a German, married and has three children, all of whom are well. The patient was always well and strong during his younger days until five years ago, when he had a severe attack of pneumonia, which left him in a very prostrate condition. After recovery he was nervously depressed for some time and then there developed an eruption on the right cheek, which gradually spread until it involved the right side of the nose and most of the cheek. This lesion is very irritating at times; it itches considerably and there is some burning; it is decidedly red, but pressure upon the parts transforms the color into a yellowish, amber colored line. The patient gives a history of being frost bitten twelve years ago and seems to think that this lesion resulted from it, but I cannot agree with him on that point.

The lesion is becoming progressively worse and exfoliates an abundance of dry, white amorphous scales.

Treatment. Arsenicum album 30x internally. October 8. Improvement, which continued in a satisfactory manner until December 24, 1895, when the same remedy was given in the 200x. February 25, 1896, he had a relapse, was nervously depressed and local inflammatory symptoms of a mild nature developed. Arsenicum iodatus

3x, and a cerate of arnica and bismuth sub. nit. to be applied locally. Improvement was again satisfactory until April, 1896, when the lesion was nearly well and the patient passed out from under our observation, not cured, but nearly so.

This is a disease which makes its attack at a time of physical and nervous depression. It often follows some depressing disease (as it did in this case), such as pneumonia, typhoid and malarial fevers, etc. It is always chronic, and when localized in a certain limited area may often remain for a lifetime.

PITYRIASIS RUBRUM PILARIS.

Case. November 22, 1897. Mrs. E. A., applied for admission to the Hahnemann Hospital complaining of a troublesome skin lesion. She is fifty-seven years old, has been married for thirty-two years, and has four children, all of whom are well. She has always been well until four years ago when there appeared a scaly eruption on the chest and limbs. She gave herself no concern regarding it for several months until it began to extend to other parts and especially her face, after which she applied to a physician for treatment but to no avail. She drifted about in the usual way, and when admitted to the hospital she presented the following picture: A dry, scaly rash covering the arms, legs, chest, face and head; in fact, nearly the whole body. The scales were dry, white or gray and loosely attached; very abundant, and leaving an inflammatory, or erythematous base beneath. This affected the lanuga of the body and to some extent the hair of the head. The scaling was also abundant from the scalp, where it would fill the hair full and even bunch up in great masses. The hair fell out sparingly until it became very thin. The underlying skin was sensitive and tender, but not greatly infiltrated.

Treatment. Complete rest was enjoined, and good wholesome food, and the best of hygienic surroundings were ordered. Internally, sulphur 30x was to be given. Over the very sensitive parts a simple coating of vaseline was applied to relieve the irritation. For about a week the case remained unchanged. Then the remedy was changed to arsenicum iodatum 3, after which her improvement was decided and continuous. She began to sleep well and to grow stronger, and on December 27 was discharged apparently well in every way.

Miscellaneous Items.

The Thirty-ninth Annual Commencement exercises of the Hahnemann Medical College and Hospital, Chicago, will be held in the Grand Opera House, at 2 P. M., March 23; the Valedictory to be given by Rev. Jenkin Lloyd Jones, and the banquet to follow in the evening at the Auditorium. A hearty invitation is extended to all our friends to be present.—The Alumni notice, to which we call especial attention, will be found in the Publisher's department.—By an unfortunate oversight the excellent portraits at page 94 in our last issue were not labeled *Internes of the Hahnemann Hospital* for 1898-99, as they should have been.—The brief clinical course arranged for the three days preceding the Commencement is brimful of promise for whoever attends it.—The annual meeting of the Homœopathic Medical Society, of Wisconsin, is set for March 24-5, at the Plankinton House, Milwaukee.—As we go to press the class of '99 is wrestling with its "Finals," and the outlook is very promising.—Curiously enough, there is no list of removals, neither of marriages among the doctors this month.—Prof. T. S. Hoyne, of this city, died February 4, in consequence of an operation for stone in the bladder.—The bound volume of *THE CLINIQUE* for 1898 can now be had by applying to the publisher, Dr. C. Gurnee Fellows, 70 State St., Chicago.—The twenty-third anniversary of the Clinical Society is imminent, and so also is the choice of hospital *internes* for the coming year.—The Section of Materia Medica and Therapeutics, Prof. C. H. Evans, Chairman, will report at the next meeting of the Clinical Society, which, because of Commencement week, is postponed to April 1.—Several interesting papers and letters must await our next issue.—The Special Spring Course of Clinical and Scientific instruction in the "Old Hahnemann" begins March 20, and extends to April 15.—The proper committee begs our readers not to forget to remember the meeting of the American Insti-

tute of Homœopathy at Atlantic City, N. J., in June next. — Professor Vilas is taking his semi-annual vacation. — Professor Kahlke is hard at work in the Vienna hospitals. — Two of our newest graduates have passed the examination for *internes* in the Cook County Hospital. — Professor Collins, whose Hospital Notes appear in this issue, is said to have the largest Skin and Venereal clinic in this city. — Hon. E. M. Phelps, Vice President of the Hahnemann Medical College and Hospital, is at Palm Beach, Florida, for a brief season; *apropos* of which is the fact that our excellent and generous Board of Trustees has paid the current hospital debt in full to February 1, 1899.

Here are a few clinical nuts stolen from the students who just now are being "passed" along :

Describe the nervous phenomena of the menopause, and give a list of remedies that cover those symptoms.

Give the structures that are cut in excision of the inferior maxilla.

Define Alexander's operation, and give the reasons for and against its use.

Differentiate between acute suppurative and tubercular lymphadenitis.

Give the indications in intermittent fever for natrium mur., nux vomica, arsenicum alb. and sanguinaria.

Differentiate an irreducible inguinal hernia from hydrocele of the cord.

Give the symptoms and treatment of ophthalmia neonatorum.

What symptoms call for kali phos. and magnesium phos?

THE CLINIQUE.

VOL. XX.]

CHICAGO, APRIL 15, 1899.

[No. 4.]

Original Lectures.

*A SPECIAL CLINICAL COURSE.**

I. THE GYNÆCOLOGICAL DEPARTMENT.

1. SERVICE OF PROF. E. STILLMAN BAILEY.

INTRODUCTORY REMARKS.—The Faculty bids me welcome you to the clinical course that opens at this hour. It is a pleasure to assure you that the clinics that have been arranged for the three days' session, show in some measure the variety of the resources of the institution, both in having the clinical material and the hospital facilities in caring for the same. Some patients that have diseases of especial interest have been induced to present themselves at this clinic for your edification, but aside from these, the work that will be presented in all the different departments is repeated over and over again during the sessions of the college. The general clinics and many of the sub-clinics are continued each week in the year. Such as we have we bid you witness and partake of in the way of diagnosis and treatment.

PUS-TUBES, GONORRHEAL ORIGIN, REMOVED FOURTEEN DAYS AGO; PRESENTATION OF CASE WITH CHARTS; TYPHOID FEVER COMPLICATIONS. *Case.* The short clinical history is that this young woman, eighteen years of age, contracted a vicious attack of gonorrhœa one year ago. She has scarcely had a well day since. The bladder complication has been persistent. The possibility of a syphilitic complication exists. The

*A brief clinical course for post-graduates was given in the Hahnemann Medical College and Hospital, of Chicago, March 20, 21, 22, 1899, a report of which is published in the following pages. The order in which the clinics were held is preserved.—[EDITOR.]

patient used the nitrate of silver cauterization herself ad libitum about the vulva and so ugly scar tissues have been made. Consulting a physician for the external parts she was told she only had gonorrhœa, *that it was nothing*, take iodoform powder in douches and a prescription permitting her to obtain morphine at any time was given her. She has carried morphine in her pocket for months, using as high as three grains daily and when a waking moment came, she saw the misery it was causing her and applied for a helping hand. Pain was the chief symptom, it was daily, almost hourly—pain without cessation.

She was hysterical at the slightest provocation, and just before menstruation wildly so, screaming for hours and calling for some relief from her pain. Examination revealed double pyosalpinx. She welcomed operative treatment, one moment crying because maternal instincts were to be blighted, and the next begging for no delay. The operation was extremely difficult, because of thin pus tube walls with dense adhesions. The tubes were removed intact, and for fourteen days no difficulty in convalescence was noted. I will remove the abdominal dressings, show the line of the incision, and remove the running suture of silkworm gut, which is the only stitch to remove. The healing is perfect.

I am glad to have this case to show you and present the following for your consideration: Gonorrhœa in women is a demon. This infection was vicious from the start. Some are not so, but all cases have possibilities not unlike this one. This patient never had a sick day in her life until this case of infection, but would any physician worthy the name, looking on the pale face of this once handsome girl, with the hectic cheek and wasted features, ever presume to say, "It's only gonorrhœa; it's nothing?" Adding to the wrong in non-interference in a vigorous treatment because "it's nothing," who would advise morphinism? The very spirit of the times cries out against these double lies. The custom of the past is no excuse against the information of the present day. With all the details that have been presented in this case I bid you, with me, as we see the real clinical features of this case before us, remember the possibilities that lurk in every case of gonorrhœal infection.

The typhoid fever symptoms began on the tenth day after the operation, when we noted nosebleed, slight delirium, morning and evening variation of pulse and temperature, slight hæmorrhage from the bowels and others.

April 10. The fever has subsided and the patient is convalescent.

[The Widal test of the blood made March 26 gave a typical typhoid fever reaction, as per report of Dr. Wilson, pathologist of the hospital.]

TUBERCULAR PERITONITIS ; ABDOMINAL SECTION, FOURTEEN DAYS AGO ; FIVE GALLONS OF A STRAW COLORED FLUID REMOVED ; THE ABDOMEN IS REFILLING. — *Case.* Mrs. ——. An epitome of the clinical history is that this patient, fifty-three years of age, has never been ill. She is of foreign birth, and from early life has been accustomed to hard work. Her parents died of old age away past the eighties, and this patient's husband was always well, losing his life in an accident. She has one child about fifteen years old. She worked, washing for families, never missed an appointment and worked up to a week before entering the hospital. She had, on entering here, a normal pulse and temperature, not an ache or pain, and she felt as well as ever the moment she got on the operating table. There was only one symptom in this case that was diagnostic, viz., "very rapid increase in the size of the abdomen." It is one of Dr. Senn's sure signs of tubercular peritoneum. The operation revealed (1) very attenuated abdominal walls ; (2) a peritoneum of a deep purple color ; (3) the presence of five gallons (measured) of a straw colored fluid, opaque ; (4) Fallopian tubes and ovaries, literally covered with tubercles ; (5) uterus and bladder having tubercular patches ; (6) visceral and parietal peritoneum in epigastric and hypogastric regions have nodules in various stages of development, some gray miliary, some stage of coagulation or caseation, none noted in necrotic stage, not a trace of tubercular condition of the lungs could be detected ; there was no abscess formation. The case presents such features that are extremely rare that I am bound to classify these tubercular developments as primarily, *genital* tuberculosis. The prognosis is always grave.

Two weeks ago I thought only of an ovarian cyst. I expected to find one. *The enormous distention of the abdo-*

men had obliterated all the signs of peritoneal dropsy, so-called. I only knew that a thin fluid was present. This of itself is a medium in which tubercular bacilli may multiply. I washed out the abdomen with a normal salt solution, and to satisfy myself and the visitors present at the operation that no cyst existed, I brought the tubes, ovaries (atrophic) and uterus up through the opening for inspection. The demonstration was convincing. I returned the parts, though reluctantly, as only a very small part of the nodules could have been removed if a large amputation had been performed. The sad part yet remains for me to tell the patient of her hopeless condition or rather of the probability of its being hopeless. The abdomen, as you will see, is refilling, the line of the tympanitic note is each day growing higher. I will redress the case and remove the continuous stitch of silkworm gut that closed the abdominal parieties. My prescription in this case is to give internally one minim of the valerianate of creosote in capsules every three hours, and continue for weeks. Further operative treatment rests on consent.

April 10. Seven gallons more of this fluid have been taken.

April 12. Patient died of exhaustion.

SEPTIC PERITONITIS.—While we are preparing for the presentation of the next case, I wish to present Dr. Honberger, Professor of Obstetrics, who will give the interesting features of a case of septic metritis and peritonitis, to which he was called forty-eight hours after the delivery of the child.

Case. Condensed summary: Called to care for the case, because a temperature of 104° , forty-eight hours after a forceps delivery. Four weeks have now passed; the patient seems to improve, but has given us a very erratic temperature and pulse all of the time. The greatest of any one variation being a fall from $105\frac{3}{4}^{\circ}$ to $96\frac{1}{4}^{\circ}$ inside of ten hours' time. Several times collapse has been fought and the patient brought back. The fight for life is still on. The intra-uterine douche and curettage, coupled with most persistent feeding, and the use of the remedies as

seemed indicated, viz., verat., vir., ars., terebinth, carbolic acid, bryonia and aconite have been used.

April 10. The patient is making a safe recovery.

LAPAROTOMY FOR CYSTIC OVARY AND SALPINGITIS; COMPLI-CATIVE SEXUAL NEURASTHENIA.—*Case.* Miss —, referred to this clinic by Dr. Alice Brown, of Chicago. Is aged twenty-two years; is being put to sleep with chloroform, and the preparations for the operation are complete. The question naturally arises, what are you operating for in this case? My reply is for a diseased tube and ovary, the left side being particularly painful at the menstrual time, and for one or two days the pain is excruciating, causing me to predict that the naturally convoluted tube is in a contorted condition with adhesions that are binding it down and allowing it no freedom of motion; I am also satisfied that after a curettement having been done as it has in this case, and the patient being still subject to menorrhagia, that a pelvic inflammation is responsible for it.

The operation having been made the following facts were obtained: The left Fallopian tube was fully six inches in length and bent sharply at almost a right angle and held by dense bands of organized fibrous exudate, making very extensive adhesions. The ovary had a dozen cysts. The right tube and ovary are brought up and examined; the former seemed normal, the ovary atrophic rather than large. From their appearance they were put back and left.*

*This patient did poorly under chloroform and then under ether. In writing this report I can truthfully say that it was not unexpected. She had been kept ten days in the hospital in preparation against just such a performance. There is a long and extremely interesting history connected with this case. It is in part this: Her father died of sexual and alcoholic dissipation. When the patient was in her cradle her mother noticed that she had the habit of masturbation, if such a thing can exist, and the mother and patient both agree that this habit has existed up to the present year. Official treatment was of no avail. The only thing that would prevent it was the free use of pure carbolic acid about the clitoris. The patient was badly born and the nervous conditions pursued her without mercy. I wish to add for her that when she was calm her bent of mind was deeply religious and she would spend hours daily in one of our large libraries intently interested in works of mental science and philosophy. I did not consent to operate for the removal of her mask of heredity, but as in any other patient having a disease in the pelvis that surgery would cure. I cannot but hope that in this case as it

POST-OPERATIVE ASEPSIS.—*Case.* I have before me the clinical record of a case of double ovariectomy for cysts, operated upon twenty-eight days ago. I have only one point to refer to. This record, which any one is very welcome to critically examine, is absolutely uninteresting, because it is so free from any deviation from a normal convalescence. One quite large ovarian cyst was rotten and was ruptured in its removal. It probably contained a pint of prune juice colored fluid. Adhesions were numerous and very vascular. I decided to use a small glass tube for drainage. One ounce or more of fluid came through the tube. The tube was removed at the end of forty-eight hours.

At the expiration of ten days the patient said: "I have a confession to make to you. Had you not better send for a priest?" I said, "No; it's just here between us." "You know how I asked you to get me another nurse, and you would not. You see that one would do only as she was ordered. You said on the second day, 'only small portions of hot water.' That's all I got with your permission; but I contrived to send the nurse out of my room about midnight for a thing I imagined she would go for, and when her back was turned I slipped out of bed, walked across the hall, found a tumbler, filled it, and drank all the cold water I could and slipped back into bed again. I had only two thoughts in mind. One was, 'I am going to have that drink if it costs my life,' and the other was, 'how sorry you would feel when you came the next morning and found me dead.'"

The position of the glass drainage tube had not changed and the patient certainly had no unpleasant symptoms following her midnight wanderings. It was no dream. A perusal of the record sheet shows that a decided improvement began during this night. She is up and around her room some, has a perfect wound, with no sign of hernia.

April 6. She still insists that she walked as above, the distance being fully sixty feet.

has been in others that the removal of any portion of the generative tract that is diseased removes a source of irritation that affects all. The sexual sense resides in the brain, and there it is in this case. She is too weak apparently to control the act. There is nothing vicious or depraved about this patient and she deserves all the care and attention to free her from the abnormal condition that she was placed and has remained in, first by heredity and environment, and of late a fixed habit against which she is persistently fighting.

She begged for this operation, removal of both ovaries, as a cure, and as a preventive against a possible maternity and the propagation of her kind.

2. SERVICE OF PROF. R. LUDLAM.

ALEXANDER'S OPERATION AND CURETTEMENT IN A CASE OF DISPLACED OVARY; MISFIT SURGERY; A SUBSEQUENT TUBO-OVARIOTOMY; RECOVERY.—*Case 28, 184.* T. S., age thirty-one, unmarried. The menses were established at the fourteenth year, and were normal until six years ago, when, because of hard work as a chambermaid in a small hotel, she gradually developed a severe dysmenorrhœa. She had treatment about a year; the cervix was dilated; menstruation was more regular after this, but quite free, and her general condition not improved. Two years ago she underwent an operation, the nature of which was not made known to her, and which gave her no relief whatever. One year ago the uterus was curetted, and for awhile she was better and began to work, but soon had to give it up.

January 11, 1899, she presented herself at this clinic, with strange, queer feelings in her head; is restless, sleeps poorly, has had to take opiates for two months. The menses recur regularly, lasting two days, with an aggravation of all of the symptoms. During the periods she has had backache, headache and pains in both iliac regions.

Local examination detected a displacement of the right ovary into the Douglas pouch. In each inguinal region there was a scar, which made it certain that Alexander's operation had been done.

Operation. January 27, 1899. A laparotomy was made in the hospital before a sub-class by Prof. Ludlam. Both ovaries and tubes were removed; the right ovary was enlarged, embedded in a mass of adhesions within the Douglas pouch, from which it was enucleated. The left one was sclero-cystic. The uterus was found to be firmly fixed anteriorly. She made a slow recovery, there being an abscess that was opened through the roof of the vagina.

This case is typical. It suggests the folly of operating for uterine displacements, in unmarried women especially, regardless of the causes of such deviations that may lie outside of the uterus altogether. In this case an ectopic ovary had dragged the womb backward and caused an intractable dysmenorrhœa, a cure for which was sought by hitching the uterus forward without giving any attention to the actual cause of suffering. And so likewise of the use of the curette a year later. Neither of these operations was adapted to the case, and both failed of a good result.

They were surgical misfits, of which there are by far too many in these later days. They represent a sort of blind surgery in which operations are made and repeated, without anything approaching a correct diagnosis either before, during or after the event. In this case there was absolutely nothing in the way of detecting the displaced ovary; and the obvious indication was to make a laparotomy, take away one, or both ovaries, and then stitch the uterus forward, as Koeberle did thirty years ago.

To my mind there are two valid objections to Alexander's operation: (1) While it pulls the uterus into something like its normal position, where it may remain for awhile, it leaves one in the dark as to the real intra-pelvic conditions, because, practically speaking, *the peritoncum has not been opened*; and (2) because in fixing the uterus forward in a peculiar way, it is liable to make matters worse by increasing the capacity of the Douglas pouch.

In a score or more of cases I have opened the abdomen when Alexander's operation had previously been made, and, despite the displaced and adherent ovary, this was the only one among them in which the uterus was found to be firmly fixed. If its lesion of place had been the only thing wrong the original operation would have been successful and sufficient, but, lacking a correct diagnosis, that operation was a blind performance and did no good. The experienced gynæcologist can almost always find and recognize a displaced ovary by the ordinary methods of local examination; but in chronic and obscure cases the exploratory incision, either through the abdomen or the vagina, is necessary to a careful and complete diagnosis.

By tipping the uterus forward so low down as in Alexander's operation, the Douglas pouch is made larger, and not lessened, as it should be, if we wish to avoid a predisposition to prolapse of the ovary and other forms of retro-uterine mischief. This is why some kind of ventro-fixation (hysterorrhaphy) is preferable to Alexander's operation. When we anchor the deflected uterus to the abdominal wall, well upward and forward, we invert and practically

obliterate the Douglas pouch. This is especially true, as I have demonstrated to my clinical classes, when the uterine sutures are placed, with Dr. Kelly's sanction, *behind* the fundus. The retro-fundal stitch is not, however, advisable if either ovary is left behind and the woman is liable to become pregnant.

The curettement was contra-indicated and failed because the lesion was outside of and not within the uterus. It could not possibly replace the dislocated ovary, or do away with the adhesions that had resulted from a relapsing peritonitis. Invaluable as it is in suitable cases, in young unmarried women who have never conceived the curette is very seldom called for; and those who use it indiscriminately do an untold amount of mischief. * * *

I do not know who made those two operations, but I am confident that no ordinary man, or men, could have overlooked the displaced ovary in this case, or stumbled upon such inappropriate means of surgical relief.

Concerning the morphine habit in this case, I think you will find that in women it is more often acquired through the menstrual suffering than in any other way. And I have learned that the radical operations which induce the surgical menopause will often cure that habit. There is, however, in nearly all of these cases, if they are chronic and intractable, a marked tendency to post-operative suppuration.

[The doctors were invited to examine this patient, to note the cicatrices, and to verify the position of the womb.]

CHRONIC PROCDENTIA OF THIRTY-FIVE YEARS' STANDING; DIFFERENTIAL DIAGNOSIS FROM INVERSION; ITS PROPER SURGICAL TREATMENT.—*Case 28, 194.* Sent to Prof. Ludlam for operation March 8, 1899. Mrs. T., aged sixty-two, has had nine children in rapid succession, six in five years, two being twins. She was lacerated at the time of her first labor and the uterus has protruded from the vulva for thirty-five years, being retained only during her pregnancies. Eighteen years ago she underwent four operations for the cure of this prolapse, and was benefited thereby, but three months later she became pregnant again.

At the eighth month premature delivery was effected but not until an episiotomy was made. The displacement returned, and although it is reducible, the organ has now remained outside of the body for eighteen years.

Meanwhile she has had a great variety of pessaries fitted by physicians both in Europe and America, but with such slight relief that she has lost all hope from their employment. Until the climacteric twelve years ago she menstruated regularly whenever she was not pregnant, with the uterus outside of the vulva; her general health has always been very good, and she is now an active, hard-working woman.

She complains of a denuded spot on the right side of the uterus, of the size of a half dollar, caused, as she says, by the escape of some little hard, shot-like bodies a few months ago.

Three conditions are responsible for this chronic and extreme prolapse of the uterus: (1) rapid childbearing; (2) an extensive laceration of the perineum; and (3) hard work. The first of these causes exhausted the healthy tone of all the sustaining structures of the uterus that might have been preserved by their more perfect involution if the pregnancies had been farther apart.

The laceration of the perineum so weakened the floor of the pelvis that its contained organs, having no support from below, dropped through the vulvar outlet; and, while the perineal rent remained, their temporary replacement did no good. Whatever benefit came from the operations that were made for its repair was destroyed by a subsequent labor, after which the old conditions returned. There are few cases of chronic procidentia that are not associated with extreme relaxation and laceration of the perineum.

Gravity and active bodily exercise for eighteen years have caused this extruded organ to grow almost beyond recognition; and the absence of the vaginal cervix makes it more difficult to diagnosticate it from an inversion of the uterus. This sulcus at the bottom of the tumor is very like that of inversion. The uterine sound will not pass, possibly because of stenosis of the canal, but a small

silver probe will, and we are therefore positive that it is a case of procidentia. Beside, the pear shaped form of the organ with its narrow portion downward, and the bladder on top of it, are strong confirmatory signs.

The object in making a careful diagnosis in this case is to decide intelligently upon its surgical treatment. If this organ was inverted I should first attempt its reduction through the cervical ring, which would grasp the top of the tumor. When so many years have gone by since its formation taxis would probably fail, in which event Thomas' method of making a supra-pubic incision, dilating the cervix from above and turning the body of the uterus through the ring, right side up, would be left to us. Once in its normal position the question of making a vaginal hysterectomy could soon be settled, and it might be done forthwith.

The mere fact that this woman's general health is good, and that she has always been able to work very hard, is no argument against surgical intervention (not interference) in her behalf. She would have all the more strength with which to recover from the operation, and that is a condition for successful surgery in any case. Moreover, this displaced and hypertrophied uterus is as much of a tumor as if it were a fibroid, and who would think of propping up an outlying fibroid with a pessary, or of advising a woman to carry it in this position for the balance of her natural life? For this tumor is not a growth that will dispose of itself; it must inevitably become worse as time goes on. Merely to push it up into the vagina, out of sight, is to tamper with the morbid possibilities of the case. This organ is of no use to the patient, and while ever it remains it will be a growing menace to her health. In the light of modern experience we can understand that this abrasion might easily become the gateway of an infection that would end her days; and the risk of such a mishap increases in ratio with the lowering of her vitality from advancing age.

You may perhaps think that a hysterectomy would not be justifiable in this case because of the general dilapida-

tion of the pelvic organs, but the cystocele and the rectocele, as well as the perineal laceration, could be disposed of after the uterus was taken away. In my clinic I have several times made a secondary colpo-perineorrhaphy in such cases and always with a perfect result.

Those of us who can go back to the early days of gynæcological surgery can remember when such perforated shot as came from this wound were used to secure the ends of the wire sutures, which explains their appearance eighteen years after she was operated upon.

RENAL INADEQUACY A BAR TO VAGINAL HYSTERECTOMY FOR UTERINE CANCER.—*Case 28, 193.* Mrs. G., age forty-five, has had nine children and four or five miscarriages. One conception rapidly followed another; three of her children died of convulsions, one was still-born and another lived but a day. In August last she began to feel badly, but not until January did she consider herself ill. Since then she has suffered severe pain low down in the back, that now extends down her thighs. There is a frequent desire to urinate, passing only a few drops at a time, accompanied by great pain. The menstrual discharge has merged into a thin, watery, blood streaked, now almost constant flow, with a very offensive odor. She gets no rest whatever on account of the pain in the lumbo-sacral region. There is no history of carcinoma in her family. Local examination showed that the vaginal cervix had been completely destroyed by a phagedenic ulceration, which extended to the vaginal surface and that sometimes bleeds copiously from the slightest touch.

This patient entered my clinic an hour ago and until this moment I have not seen her. The history that has just been read makes it only too plain that her case is one of uterine carcinoma, and that it is in an advanced stage. The character of the discharge, the local appearance and destruction of the cervix, the rapid development of the disease, the prostration, the anæmia, and the peculiar hue of the skin are clinically diagnostic. Only one set of symptoms, however, will interest us now, and that is the renal involvement, which, unless the lesion extends to the peritoneum, almost always ends such cases with uræmic

poisoning. This happens through the infiltration of the tissues about the cervix with the cancerous material to the extent of narrowing, or of closing one or both of the ureters. Hence a damming up of the urine, which either causes a sacculated condition of the tubes, or a hydro-nephrosis, that interferes with its escape by the bladder. This forced retention brings the risk of uræmia, or, what is worse, of urinæmia, with its attendant symptoms and final coma.

Now, this patient is very anxious to have the uterus removed, but I will not consent to do it until we have examined her case more thoroughly. The clinical evidence of carcinoma might possibly warrant a vaginal hysterectomy, but the urinary symptoms are a bar to the operation. We will first learn by careful tests just how many grains or grammes of urea are excreted daily. If the quantity is less than 180 grains, or 12 grammes *per diem*, it will be a sure sign of renal insufficiency, and, under the circumstances, of malignancy also. Then we will examine as to the patency of the ureters, which can be done by gaining access to the interior of the bladder, finding the orifices of the ureters and passing a probe in the direction of the pelvis of the kidneys. If there is an obstruction of the lumen of the tube we will find it, just as you would satisfy yourselves of the existence of a stricture by catheterizing the urethra. And upon these two methods of determining the nature and the degree of the urinary involvement will rest our decision as to the operation.

MULTIPLE FIBROMATA.—*Case 28,181* was that of a colored woman, aged forty, who was the subject of a number of uterine fibroids. Being a typical case, the clinic was closed by an invitation to the class to examine and discuss it at their pleasure.

A COLPO-PERINEORRHAPHY.—*Case 28,196.* Tuesday, March 21, 8 A. M. Prof. R. Ludlam, Jr., made this operation upon a patient that was brought to this clinic by Dr. Hannah Jones Payne. Prof. Ludlam, Sr., said that he had often thought that the value of witnessing operations

would be very much enhanced if the different steps thereof were explained and commented upon while the operation was in progress. Possibly this defect in clinical teaching may be remedied in the near future by other colleges, when they get ready to follow our example in this as they have in other clinical matters.

In vagino-plastic work especially the spoken word at the proper time may add very much to the quality of the instruction given, and make the difference between a vague impression and a positive lesson in surgical technique. For example, the irrigating speculum, with its constant flow of sterilized water, as you see it here, makes it possible to dispense with sponging, to save time, and to keep the field of operation so clean that one may see and understand the vivifying of the surfaces involved. The pains that were taken to denude those parts so completely that there should be no bits of epithelial tissue left behind lest they might interfere with the healing process; the perfect adaptation of the margins of the wound; and the introduction of the sutures in such a way as neither to strangle the tissues nor to hinder their union by first intention, were each discussed in turn while the class stood about the table and the operation was being made.

II. THE DEPARTMENT OF PÆDIATRICS.

SERVICE OF PROF. J. PETTEE COBB.

A CLINICAL LECTURE ON ENDOCARDITIS IN CHILDHOOD; ILLUSTRATED WITH SIX CASES.—As you would naturally expect, the larger number of cases appearing before a children's out-clinic would be those of a chronic and sub-acute nature; the great majority of our out-patients are chronic sufferers except such as are examples of improper feeding and exposure. This clinic is rich in examples of rachitis, tuberculosis of all types and hereditary syphilis, but I have selected for your consideration to-day another class of sufferers, probably more frequently neglected, because they are more frequently overlooked, *viz.*, valvular cardiac lesions in childhood depending upon endocarditis, either acute or recurrent.

Acute endocarditis is an inflammation of the lining membrane of the heart, affecting mainly the fibrous structure of the valves, the chordæ tendinæ, and the ring or margin to which the valves are attached.

Etiology. Age is a recognized factor in the etiology of endocarditis; it has been found in fœtal life, where it usually affects the right side of the heart, and is one of the causative factors in the production of congenital malformations. In infancy it is exceedingly rare, not a single authentic case being on record as having been found at autopsies prior to three years of age. From three to five years of age it is not so rare, and after five years of age it becomes common. The percentage of cases in children under fifteen years of age is about double that in adult life.

Endocarditis is probably never an idiopathic disease, but is always secondary to some other affection. It occurs most commonly in connection with acute articular rheumatism; it develops in the course of chorea and scarlatina, and less frequently is a sequel of measles, erysipelas, tonsillitis and diphtheria. In the vast majority of cases it is associated with rheumatism and should be looked upon as

a manifestation of, rather than a complication of rheumatism; it is not alone the cases of acute articular rheumatism with which it is associated, but also with the subacute cases; it often appears where the illy defined pains of childhood have not been recognized as rheumatic, where the articular symptoms develop later on. Some of our good observers go so far as to say that endocarditis is as characteristic of rheumatism in childhood as the articular lesions are in adult life, that endocarditis is the most constant symptom of rheumatism in childhood.

It is a significant fact that endocarditis picks out especially the cases of chorea that are associated with rheumatism. In this connection we should also bear in mind the recent observations concerning the appearance of subcutaneous nodules, erythema and an acid reaction of excretions in chorea, and the fact that these conditions usually accompany the cases showing the cardiac murmurs.

It has been remarked for some time that endocarditis shows itself in connection with diseases known to be of micro-organic origin. Before the micro-organic origin of rheumatism had received any very general acceptance, the fact was established that the ulcerative variety of endocarditis was unquestionably due to bacterial infection. The extensive investigations of Weichselbaum have demonstrated that there is no essential difference between the various forms of endocarditis, either histologically or pathologically, and that no one species of bacteria is exclusively concerned in the production of the disease. There is no etiological distinction to be made between the simple, ulcerative, or verrucose variety. There may be a difference in the degree of the malignant nature of the especial organism which has produced the disease, as there is in the susceptibility to infection of the individual attacked.

Lesions. Any part of the endocardium may be involved in an acute inflammation, but as a rule, in extra-uterine life, it is the valves of the left side which suffer and most frequently the mitral, the proportion being about ninety-five per cent of mitral to five per cent of aortic lesions.

The changes which take place consist of an extensive growth of connective tissue cells and an infiltration of round cells beneath the endothelium. In this way are formed the small masses of granulation which are found on the valves, on the chordæ tendinæ and on the fibrous ring around the orifice; upon these granulations are deposited fibrin from the blood, and entangled with it may be found bacteria; this is what constitutes the vegetations which so frequently choose the margins of the valves for their location.

As a result the valves are thickened, their surfaces roughened and their edges rendered uneven, consequently they are insufficient. This new formed tissue may ulcerate, or it may go through the process of organization and cicatrization. Masses of fibrin containing bacteria may be washed off by the blood currents and swept into the blood current, lodging as emboli in the kidney, spleen, brain or elsewhere. This is not common in the first attack in children, but is more to be feared in the recurrent attacks where the damage to the valve has been extensive and the friction is greater than in the primary attack.

In the mildest forms it is possible for complete recovery to take place, leaving no lesion which in any way interferes with the function of the valves; more commonly the valves are distorted, a chordæ tendinæ is shortened or the fibrous ring is contracted and a permanent insufficiency is established. The lesions, however, do not usually terminate with the first attack, but go on through a series of changes the full effects of which are not manifested for years. A chronic inflammation may follow the first acute attack; more frequently recurrent attacks gradually merge into a chronic inflammation with more and more extensive lesions producing insufficiencies and stenoses which cannot be compensated for by hypertrophy.

Symptoms. In young children, the symptoms of endocarditis in the beginning are often obscure. When the disease arises in connection with some other disease the early symptoms may be entirely masked by those of the original

disease ; the new invasion may be marked by so slight a rise in temperature, increased frequency of the pulse, increased dyspnoea and pain as not to call attention to any cardiac involvement unless it is looked for. In some cases the endocarditis develops insidiously without any additional symptoms and it is not suspected until a careful examination of the heart reveals a murmur. Again, the symptoms of cardiac involvement are pronounced and violent from the beginning ; a high temperature, frequent quick and arrhythmical pulse, with dyspnoea, cyanosis and palpitation suddenly herald an embarrassed heart.

When acute endocarditis occurs primarily or as the only manifestation of rheumatism it begins rather abruptly with severe general symptoms such as prostration, restlessness, præcordial pain, a high temperature, rapid pulse and dyspnoea. These symptoms are not particularly distinctive until an examination detects the heart lesion. If the heart is not examined the diagnosis is not made and the real nature of the attack is not suspected until later examinations discover the valvular lesion. Even when the examinations are carefully made from the first, it may be as late as the third or fourth day before the characteristic sign is elicited; the characteristic symptom is a soft blowing, systolic murmur, heard best at the apex; it is usually transmitted to the left; it may be accompanied by a thrill and an accentuated pulmonic sound; a primary dilatation with signs of insufficiency are also among the early signs.

The murmur gradually increases in intensity attaining its maximum in from one to three weeks and then in most cases gradually subsides but does not disappear. When the disease has advanced far enough to cripple the heart and to interfere with compensation, the physical signs become more prominent. The murmurs correspond to the orifices affected and the area of cardiac dullness becomes increased. In a first attack of endocarditis the serious symptoms belonging to a lack of compensation are not often developed; if the attack is engrafted upon an already embarrassed heart they often develop rapidly; in such

cases the child rapidly emaciates, grows weak and anæmic with a progressively increasing dyspnœa. More or less bronchial secretion will produce a distressing cough which may be misleading if the heart has not been previously examined; this is the result of a general venous stasis which occurs with any obstruction at the mitral orifice and may be followed by enlargement of the liver and general œdema.

When endocarditis complicates scarlatina it usually appears during the stage of desquamation and is insidious in its onset. In diphtheria it appears after convalescence is apparently well established; here its onset is sudden and violent.

The disease may terminate in a variety of ways. It may be fatal in a few weeks owing to rapid dilatation and an insufficiency which receives no compensation. In such cases dropsy, cyanosis and pulmonary œdema progressively increase.

In many cases the febrile symptoms disappear in a week or so, the cardiac symptoms gradually disappear and at the end of three weeks nothing remains but the soft systolic murmur.

Cerebral embolism will produce hemiplegia, but is rarely the cause of death. Emboli in other organs will be followed by their natural signs.

Usually there is a persistent murmur, with the subsequent development of the signs of chronic valvular disease. Endocarditis is prone to be recurrent and each new attack increases the permanent damage done to the heart. The edges of the valves may become adherent to each other or to the heart wall, producing marked insufficiency. One or more chordæ may be shortened by the inflammation and thus prevent perfect closure of the valve. The edges of the valves are roughened, and even irregular from ulceration; perforations of the valves have been found at autopsies. Less frequently the ring becomes contracted, producing a stenosis and causing the valves to over-lap at their edges.

Diagnosis. The diagnosis of acute endocarditis is not usually difficult to make, but it is frequently not made because it is not looked for. The history is important, and certain conditions should always be suggestive; the rheumatic child's heart should receive frequent examinations, even if the rheumatic symptoms are no more pronounced than the indefinite growing pains of childhood. Every case of chorea should suggest endocarditis, as it develops in the course of a large percentage of such cases. A rise of temperature or an increased frequency of respirations during the period of desquamation in scarlatina should be the sign for a careful examination of the heart.

The diagnostic symptom is a soft, blowing systolic murmur, heard best at the apex. It is usually transmitted to the left and diminished by a deep inspiration. Functional murmurs are more pronounced at the base; they are more irregular both as to time, location and constancy.

From pericarditis it is distinguished by the fact that it is single, is soft, is transmitted to the left, and that it is pronounced at the apex.

[Six cases of cardiac lesions were now presented upon tables for examination by the class and for demonstration, with the following histories and comments:]

MITRAL INSUFFICIENCY DUE TO ENDOCARDITIS. *Case 2,175.* January 23, 1899. Sam Cklickman, age five and one-half years. There are in the family five other children, all well. This boy had measles when two years old; scarlet fever three months ago; since then he has not been well. He has pains in the cardiac region, which are worse at night.

About two weeks ago he began complaining of pain in his hands and feet. He cannot extend his fingers. His feet pain him when he walks and also at night.

He has had epistaxis for six weeks—lasting until three weeks ago.

He sleeps fairly well except when his feet hurt him. His appetite has not been good since his illness. Bowels move every day. Stool varying from light to dark. At times the urine is high colored.

Physical examination. Pulse 120, rather tense; temperature 100°.

Soft systolic murmur at the apex; mitral insufficiency, compensation good. No swelling of the joints. Colchicum 2x every two hours.

February 3. Cardiac pains seem slightly better. Still has cramps in hands and feet which keep him awake at night. Colchicum 3x q. i. d.

February 10. He was placed in the hospital to ensure favorable surroundings and in order that we might enforce a large amount of rest.

This boy has continued to make good improvement while in the hospital, and now appears like a well child and is fairly well nourished. After he had been in the hospital a week, occasional attacks of epistaxis recurred, and for a time his remedy was changed to ferrum phosphoricum 3x.

If you will listen carefully at the apex you can still distinguish a soft systolic murmur. The points of interest in this case are that he has not been well since his attack of scarlatina three months before his admission; that he first complained of pain in the cardiac region; that after this pain had been noticed for five or six weeks he began to have attacks of epistaxis, and that not until four weeks later did he show any articular symptoms. The articular symptoms are confined to the feet and hands, occur during extension, and are probably due to increased tension of the tendons.

This was unquestionably a case of acute rheumatism where the first and most constant symptom has been the endocarditis; he does not any longer complain of the cardiac pain or the pain in his feet and hands; he sleeps well and has a good color, but the slight murmur remains to tell the story. He will be likely to have repeated attacks, as he is bound to suffer exposures, to be improperly clad and to be fed upon an improper diet.

Under the most favorable conditions this murmur would probably disappear, the liability to recurrence would be outgrown, and he would become physically developed for any kind of work. Few of our clinic children can, however, count upon being placed in the most favorable conditions.

MITRAL INSUFFICIENCY. *Case 2,166.* January 16, 1899. Merle Farley, age seven years; family history good. Had scarlet fever when five years old; whooping cough at six years. Has had rheumatism in his legs for some time. In November was ill; was confined to bed for two weeks; had stomach trouble; since then has manifested some nervous symptoms, especially in not having the free use of his right arm and leg. For a long time he has had a slight cough, which is worse now on account of a cold he contracted two weeks ago. He frequently has fever at noon and night; has been losing weight for some months. He is a poor sleeper, grinds his teeth and talks. Breath is foul in the morning; bowels regular.

Physical examination. Mitral insufficiency with some hypertrophy; systolic murmur at the apex very marked; small tense pulse; cog-wheel respiration; chest expansion markedly diminished; temperature normal; tonsils enlarged.

℞. Nutritious diet; regular exercises; Trommer's hypophosphites of lime and soda in cod liver oil; naja 6x q. i. d.

January 23. Is much better. Sleep and appetite improved; coughs no more at night only after going out of doors. Remedy continued.

February 6. Continues to improve in every way. Remedy continued.

February 20. No trouble now with right arm and leg. Temperature, $99\frac{2}{10}^{\circ}$. Remedy continued, also fe. phos. 3x q. i. d.

March 6. Continued improvement; has *no* cough. Remedy continued.

There is nothing in this history which will elucidate the proper sequence in the development of his symptoms; the rheumatic pains in the legs are not known to have preceded the cardiac symptoms, and in all probability are a subsequent development. The fact that the cough has been an annoying symptom for a long time would point us back at least one year to the attack of whooping cough. There is no evidence of dilatation, and we hardly have the right to ascribe the cough to any pulmonary œdema. Under our treatment, however, the cough was one of the early symptoms to disappear.

You will find that enlarged tonsils, adenoid growths and a history of frequent attacks of tonsilitis will be asso-

ciated with many cases of rheumatism, and like endocarditis are sometimes the earlier symptoms of rheumatic condition.

The impairment of the functions of the right arm and leg is possibly of hemiplegic origin; the lack of any description of a sudden occurrence rather suggests that the impairment was of rheumatic origin; their prompt disappearance also confirms this explanation.

This boy can also expect further improvement; his response to improved diet, better care and our remedies is very satisfactory, and demonstrates that these little sufferers are not all doomed to a progressive cardiac lesion.

MITRAL INSUFFICIENCY AND STENOSIS WITH HYPERTROPHY.
—M. B, age fourteen; one brother twenty-six years old; one sister sixteen years old; both well. Her mother has had heart trouble ever since she was twelve years old. Has had measles; chorea four times—the last attack one year ago; whooping cough six years ago; pneumonia two years ago; one tonsil removed two years ago. She has never been well.

About two years ago it was noticed that she had trouble in breathing. Has no pain nor soreness connected with it. Her heart palpitates on the slightest exertion or excitement. She tires very easily. Has never menstruated nor had rheumatic pains. Pulse 94 and arrhythmical; temperature 99.2°.

There is marked bulging of the chest wall over cardiac area; impulse exaggerated; apex beat in the sixth interspace and one inch to the left of nipple line. Pronounced thrill can be felt over the whole of cardiac area. There is a systolic and a presystolic murmur heard best at the apex, transmitted to the left. Murmurs are both increased by physical exertion. Marked hypertrophy of the heart. Bronchial rales are numerous and widespread. Compensation is fairly good. She is thin and poorly nourished.

This girl has had four attacks of chorea at intervals of about one year; not until the development of the third attack was any observation made concerning the heart, although the mother was aware that she herself had had some heart lesion since her childhood. On examination the mother showed that she had a marked mitral insufficiency

with compensatory hypertrophy. She told us that this followed an attack of rheumatism in childhood.

One of the ways in which chorea shows its relationship to rheumatism is in its liability to develop in the children of those who have been sufferers from rheumatism. This fact has been demonstrated in our clinic in a large number of cases of chorea.

The cardiac lesions in this case are too extensive to be considered as the result of one attack of endocarditis; they probably date back to the first attack of chorea and have been added to by each successive attack. The insidious outset, the presence of the chorea and the character of the lesions are the grounds for believing that they are the results of recurrent attacks of endocarditis.

Two years ago she suffered with pneumonia; it is unusual though not impossible for endocarditis to develop as a sequel of pneumonia; an existing endocarditis, however, or mitral lesion resulting from endocarditis is almost sure to be aggravated by the extra work put upon the heart during an attack of pneumonia.

Again I wish to call your attention to the frequency with which you will find hypertrophied tonsils and adenoid vegetations associated with chorea, endocarditis and other rheumatic symptoms.

We cannot make any very hopeful promises for this girl's future; if her nutrition can be improved she may be kept from further attacks of chorea or pneumonia, but in her present condition she will be an easy victim to recurrent attacks of chorea and endocarditis; each new attack will add an increased embarrassment to the heart and exaggerate the lesions now present. A failure of the compensation (dilatation) will be followed by venous congestion, pulmonary œdema, dropsy and death. Her mother's history shows, however, that these cases can live to an average age, live active lives and bear healthy children.

MITRAL INSUFFICIENCY AND CARDIAC HYPERTROPHY.—*Case 1,808.* Was brought to the clinic by our clinical assistant, Dr. George T. Smith, January 10, 1898. W. L., eleven years

of age; breast fed until twenty two months old. Two other children, girls, fourteen and seven years of age. Child had scarlet fever at four years, measles at one year, bronchitis and malaria at three years, chicken pox at four years, inflammatory rheumatism at four years, localized in knee joint, when he was sick three weeks; had another attack at six years of age localized in hips, was sick two months; had a third attack at eight years of age, was sick three weeks.

Patient is a mouth breather, has enlarged tonsils and chronic rhinitis. He was operated on October, 1897, for adenoids and enlarged tonsils. On the following day he had a severe hæmorrhage from the post-nares. This was controlled, but left the patient very pale and anæmic. Patient's appetite is good; bowels regular. Mother also has mitral insufficiency. After the second attack of rheumatism he began to complain of pain in his heart. The lesions were marked when he came under my care during his third attack of inflammatory rheumatism.

Inspection reveals bulging of præcordial area, increased action of heart impulse or throbbing in epigastrium. Apex beat six interspace left of the nipple.

Palpitation; pronounced thrill transmitted to the hand.

Auscultation; systolic murmur heard over apex, transmitted to left axilla and left scapula; increased second pulmonary sound, showing marked hypertrophy of the ventricle slight; bronchial cough.

Child does not appear to be well developed mentally, but has improved since the treatment and operation so that he gets along nicely at school.

℞: Ars. jod. and china in alternation every two hours.

January 31. Slight improvement. Same remedy continued, also naja 6x twice daily.

May 9. Has a much better appearance in color of face. Does not cough at all now. Continued the remedy.

June 6. Improving.

November 7. Improving.

March 20. Improving. The same remedy.

This boy illustrates nearly all of the observations we have made in connection with our subject. During the fifteen months he has been attending the clinic he has made a good gain; he has, however, a badly crippled heart and is not in condition to make a good resistance to a new attack of inflammatory rheumatism; with his history for a guide it is hardly to be expected that he can escape a recurrence.

MITRAL INSUFFICIENCY.—*Case 2,209.* March 13, 1899. I. C., age eleven years; a brother died of diphtheria at seven and one-half years. This girl had catarrhal bronchitis when a baby. Since then she has had chicken pox, measles, German measles, brain fever, typhoid fever, diphtheria, inflammatory rheumatism, malarial fever, la grippe, and has just recovered from parotitis. Since having the typhoid fever and diphtheria six years ago she has had some heart trouble, and palpitation is now extreme on slight exertion. She has stomach trouble now; no appetite; a chronic cough, raises thick yellow mucus; constipated; frontal headache; pain in the legs, and is always very tired in the morning.

Physical examination shows cardiac hypertrophy; exaggerated impulse; mitral insufficiency; a thrill felt over whole cardiac area and bronchial rales. Temperature 99.3°; pulse, 94; quick and easily excited. *Nux vomica* and *naja* each q. i. d.

Endocarditis is not a common complication of either typhoid fever or diphtheria, but may follow either; the heart lesion in this case preceded any other sign of rheumatism, and in all probability owes its origin to either typhoid or diphtheria.

MITRAL INSUFFICIENCY.—November 13, 1898. Daisy W., *æt.* thirteen years. Her father and mother are both living and well, neither of them have suffered with inflammatory rheumatism. She has two younger sisters and a twin brother, all of whom are well. At five years of age Daisy had an attack of typhoid fever; at seven measles; at eight scarlatina and spinal meningitis. Since she had the scarlet fever she has not been strong; takes cold easily; breathing becomes difficult when she runs, goes up stairs or gets excited. Complains of pain in the chest, in the epigastric region and in the abdomen; suffers a great deal with what are called "growing pains" and with backache. She has a discharge from the left ear and the hearing of that ear is impaired. At times she suffers with frequent and painful urination. Often has the headache, which comes on after she gets up in the morning and compels her to keep very quiet. She has never menstruated.

Examination revealed a lateral curvature of the spine situated in the dorsal region; a femoral (left) hernia; a

systolic murmur, pronounced at the apex and transmitted to the left; apex displaced downward and as far to the left as the nipple line. Cardiac diagnosis; mitral insufficiency, due to endocarditis developing during scarlatina, with compensatory hypertrophy. Temperature 99.4°, pulse 90. She was placed in the hospital and put to bed. Each day she was up long enough to have two half hour exercises upon a bar.

She was referred to Prof. Shears' surgical clinic for operation to cure the hernia. Bryonia 3x every two hours, and protonuclein, grs. iii., t. i. d.

An operation for the cure of the hernia was made about one month later, and resulted in a complete cure, with an uneventful recovery, though she carried a temperature ranging between 99° and 100° F. before the operation and during her convalescence.

January 6. The record shows that the discharge from the ear had ceased and that the hearing was improved. The temperature is normal; she is looking better, and has gained ten pounds in weight.

She is now suffering with an attack of frequent and painful urination. Examinations of the urine showed nothing abnormal. Pulsatilla 3x every two hours.

January 20. She developed a mild attack of diphtheria while in the ward. Contagion was believed to have been brought to the ward by a visitor. She was isolated; put upon mercurius cyanuret 3x, given 100 units of P. D. & Co.'s diphtheria antitoxin and the usual antiseptic local treatment. The urine showed albumin for several days. She made a prompt recovery without any complications.

February 15. Her physical exercises for the cure of the curvature and the strengthening of the heart were resumed. She was put upon a full diet, open air exercise, and given protonuclein, grs. iii., t. i. d. and macrotin 2x t. i. d.

The records show progressive improvement in general health; no return of urinary trouble or discharge from the ear; improvement in the curvature; pulse 84; temperature 98.6° F., and good cardiac compensation. Mitral murmur is distinct enough to be heard through the clothing.

Menstruation has not appeared, though she has passed fourteen years and has matured rapidly during the past year.

In this patient there is no history of rheumatism except

the indefinite pains in the legs and back and which were probably evidences of her poor nutrition and reflex from her various lesions rather than rheumatic.

The heart lesion dates back to the attack of scarlatina and her general ill health had been connected by her parents with this illness, though they had no idea of any heart lesion when she came to our clinic.

Her improved condition shows what good care and food will do for these patients, and demonstrates the fact that they can grow, develop, maintain a good cardiac compensation, and hope for a useful life.

Incidentally I would ask you to examine all of your cases of cardiac lesions in childhood for spinal curvature, for since I have been systematically doing so I find that the majority of cases of mitral insufficiency of a year's standing have a lateral deviation in the dorsal region. The persistent and methodical use of proper exercise with a trapeze bar and a Whitely exerciser invariably does them good and is sufficient for a cure in many cases. Under this exercise when properly graded the heart always improves in tone, the frequency of the pulse is lessened and the compensation is more perfect.

Treatment. So far we have said but little concerning the general treatment of these cases, because I wish to call attention to the necessities of these patients in the different stages.

During the acute stage of endocarditis the cardinal point in treatment is rest—rest for the heart. This, of course, is only relative, as there can be no such thing as absolute rest for the heart during life. The recumbent position should be absolutely maintained because it takes off about twelve per cent of the heart's work. Any mental or physical exertion increases the strain put upon the heart and must be guarded against. This is generally recognized so far as the physical element is concerned and very commonly overlooked in relation to the mental element—excitement, grief, worry and anxiety are felt as keenly by our young sufferers as by adults and are equally

as disastrous in their effect. They need good blood and good air, their food must be nutritious and easy of digestion; they need more nutrition than a well child because they have more work to do in the way of tissue metabolism; their digestive powers are enfeebled and if overtaxed add to the heart's labor. An excess of proteids is an additional incubus to carry; what they need is a diet rich in fat and carbohydrates. Among the different tissue builders we have used with good result the protonuclein. I do not know that it is better than some of the others, but it has apparently given us better results. I do not mean that protonuclein is directly curative of endocarditis, but it helps to bring the blood to a better condition, to cure the accompanying anæmia, to improve constructive metabolism and so to lessen the waste in the vegetative economy.

After the acute stage has passed, diet is still an important element in the cure, and our previous suggestions are equally applicable. Absolute rest needs to give place gradually to methodical exercise and open air recreation.

In the first place, there is some primary dilatation, and rest is imperative. When nature begins to develop her compensation gentle exercise will favor her work. General physical culture exercises are invaluable if given by a competent teacher. The Schotte resistance exercises for cardiac lesions will lessen the frequency of the pulse, improve the heart's tone and materially aid the circulation.

Our materia medica is rich in remedies which have a beneficial action in both acute, sub-acute and chronic heart lesions. Probably aconite is more frequently indicated in the acute stage than any other one remedy. Bryonia, rhus tox., colchicine, actæa rac. and spigelia may, any of them find an opportunity to render good service in individual cases, especially where other rheumatic symptoms are prominent. In the septic cases indications will be found for such remedies as apis, tarantula cubensis and arsenicum. Later on, when the acute stage is over, the lesions have developed and nature is endeavoring to counteract their deficiencies, we shall find use for another class of

remedies. Protonuclein I would mention as having been of great service; ferrum, china, macrotin, naja and sparteine have all made records for themselves and will do so again.

I shall not undertake to give the special indications for any particular remedies, because they will necessarily have to be selected by an individual study of each case. My object is accomplished if I have made it clear that endocarditis can be recognized early, that subsequent attacks may be averted, and that the severity of the lesions can be mitigated.

III. THE DEPARTMENT OF CLINICAL MEDICINE.

I. SERVICE OF PROF. H. V. HALBERT.

In presenting these cases to-day I shall try to show a class of diseases chronic in character, and which as a general thing do not respond easily to treatment. It is just such cases as these which puzzle us with our prescriptions and which we are glad to pass along to some other doctor. For that reason it seems to me that it would be a practical idea to spend this hour in consideration of these peculiar and yet, as I shall show you, curable diseases.

MORVAN'S DISEASE.—*Case 1.* We have here a case rare in its extreme characterizations, although often observed in a minor pathological degree. It is caused by a brachial neuritis which has resulted in a slowly progressive atrophy, and a subsequent paralysis of the muscles of the hand and forearm. Attending these symptoms we find a gradually developing analgesia and the development of painless whitlows. We observe here the enlargement of each terminal phalanx and the tendency to tissue necrosis. There is absolute loss of pain and temperature sensations, though the tactile sense is preserved. All of this is due to the involvement of the medullary sheath of the nerve involved and the gradual degeneration of the axis cylinder. This cuts off the trophic communication in the neuron relation between nerve and cell. As a result the muscles slowly weaken and atrophy, and finally the whitlows develop due to the trophic disturbance. This case should be differentiated from the typical syringo-myelitis due to lack of cord development and in which we find simulating symptoms.

This young man, thirty years of age, has been a cook by vocation. The constant use of the hands in the kitchen requirements together with some possible traumatic influences have favored the development of a local neuritis. This has been of such extreme character as to bring on tissue necrosis in the most pendant parts. The chloride of gold, 2x, one tablet four times daily has been administered for some time and the improvement is marked. Already the pain and temperature sensations have returned somewhat to the parts involved, and the necrosis is certainly arrested. The general conditions have greatly improved and our patient is confident of a cure. I wish therefore to emphasize the therapeutic value of this remedy in chronic cases where there is degeneration of the nerve tissue. I have proven its efficacy in many cases where there were pronounced lesions of the nervous system in which the symptoms seemed decidedly unfavorable. Besides, it is a much safer remedy than the iodides and the results are more promptly observed.

EXOPHTHALMIC GOITRE.—*Case 2.* I have here three cases representing this disease, though all are different in degree and in the extent of their symptomatology. The first one is in its incipiency, and would hardly be observed were it not for the apparent development of tachycardia and a slight immobility of the eyes. The general history, however, confirms the diagnosis, for we find the evident paresis of the abdominal sympathetic inasmuch as the polyuria, diarrhœa and constipation, hepatitis and gastritis followed in regular gradations. Besides, he has for a long time been troubled with a pronounced moisture of the skin. The best confirmation of the diagnosis is the spastic condition of the Müllerian muscles, which is always incident to exophthalmus, though not easily discovered.

Case 3. The second case has well-defined landmarks, for there are present the cardinal symptoms—tachycardia, exophthalmus and the goitre. This is a case of long standing, and has been under the treatment of old school specialists for a long time. When she came to us the cardiac excitement was so extreme, the anæmia so pronounced, and the general exhaustion so depleting that she could hardly get to the clinic. She has now been with us for a year or more, and her present appearance would hardly verify the impression that she gave at first. If you listen to her heart you will find that it is not greatly excited, the goitre is much reduced, and the exophthalmus is really the only clinical evidence of her past suffering.

Case 4. The third case would hardly be called of this character were it not for a careful study of the symptoms. The clinical signs here relate mostly to the heart. We observe a pronounced mitral insufficiency with proportionate cardiac enlargement; together with these there is evidence of aortic stenosis, showing that the heart for a long time has been under an undue strain. The patient is greatly emaciated, he suffers with crises of gastric and bowel disturbance, and if we feel of the thyroid gland during deglutition, we notice an induration which foretells a pathological change. The Müllerian muscles are paretic, the reflexes are exaggerated, and his tendency toward general paresis, to my mind, settles the diagnosis.

Now as to the treatment of this unfortunate disease. Let me say that I am fully satisfied that our remedy is lycopus. I have studied the condition of this affliction carefully for several years and am confident that this remedy covers the totality of the symptoms and the pathological conditions better than any other. These three patients have all taken it and so far as any results are concerned they are due to its use.

There has been much said and written about the value of thyroïdine. So far as thyroïdine "feeding" is concerned, I believe it is utterly inimical to any thyroid enlargement. So far as it is concerned in exophthalmic goitre I believe it is an irritant and should never be used. The latter is a disease of the sympathetic in which the culminating irritation resides in the cervical sympathetic ganglia. The use of thyroïdine conduces to a disturbance of these ganglia. I fully believe at best, thyroïdine should be used only in potency, and then not too frequently. Myxœdema, in which there is atrophy of the thyroïd and a general mucin increase, is the disease in which it is a similitum. It is also valuable in psoriasis, which I believe is simply a dermatitic symptom of myxœdema.

The use of glandular extracts has been overdone, and misapplied to certain changes in metabolism. The pituitary body has been supposed to be of medicinal value in acromegaly, though no clinical results are recognized; the prostate has been employed by the way of internal medi-

cation to relieve enlargements of that gland in disease but we have no positive results; and so I presume that some day some one will find that triturations of the human hair will relieve baldness until finally iosophathy may supplant homœopathy.

CHRONIC PROSTATITIS.—*Case 5.* This case I present to you because of the frequency of such cases in our practice and for the general bearing which it has on nervous conditions. The patient came to us for what he defined as “nervous prostration,” indeed he was suffering from pronounced neurasthenic symptoms; the knee reflexes were exaggerated, the conjunctival reflex was lost, there was a fine vibratory tremor of the hands—occipital and vortex headache disturbed him, and he had a sacro-lumbar pain which persisted day and night. He was despondent and had lost much flesh; spermatorrhœa was a perplexing factor, and his mental anxiety had been increased by a too close perusal of quack literature upon that subject. Besides, there was a frequent and unsatisfactory urination with much smarting and burning. The local examination revealed a prostatic enlargement, evidently of long duration. A previous attack of gonorrhœa and a recent cold had been aggravating causes. The treatment consisted in a local application of eucalyptus cerate, twenty per cent, per rectum, and the internal use of vesicaria 2x. The relief of the local trouble has been gradual though satisfactory. The micturition is now more natural and the distressing nervous symptoms have disappeared. His improvement is positive and the cure is certain.

For conditions of prostatic enlargement my experience has taught me this: So far as the remedies are concerned, I find vesicaria valuable in the acute attacks, equisetum is better in the more pronounced catarrhal conditions, gelsemium is useful in urinary insufficiency, while benzoic acid is called for when nocturnal enuresis prevails. Prostatitis is, to my mind, a frequent factor in the neurasthenia of men and should always be attended to in such conditions.

HYPERCHLORHYDRIA.—*Case 6.* This patient presents symptoms which are frequently observed in many cases wherein a diagnosis is difficult to make. She is decidedly

"low in spirits," she does not sleep well, she is losing flesh, her digestion is imperfect; she is troubled with constipation; food seems to distress her; there is a burning pain in the stomach, and great hunger a few hours after eating. She has always had a good appetite, and can eat almost anything, being particularly fond of meats; despite this appetite she is losing flesh and her stomach disturbance is increasing; the tongue is red and she has sour eructations, flatulence is troublesome and neurasthenic symptoms are becoming pronounced.

Naturally such a patient would be treated as a "nervous dyspeptic," and, in fact, such is the case. She has been kept on a light diet when she needed more food; she has been given tonics when the stomach could not endure them and the nervous system did not need them. Dr. Hill made a stomach analysis from a test meal and found the total acidity corresponded to a figure of ninety-six, much beyond the normal condition under which we naturally prescribe a full diet. This woman was therefore directed to eat eggs and meats in abundance, together with the ordinary vegetables; in fact, to keep the stomach filled, until the hydrochloric acid could be diluted by a good active process of digestion. She was required to drink plenty of distilled water and to take five grains of bicarbonate of soda in a cup of hot water whenever the pain and burning in the stomach came on. The object of this was to overcome the excessive acidity, to protect the stomach mucous membrane and to permit a natural gastric digestion, thus aiding the digestion of starches. I believe that a great majority of chronic stomach diseases begin with a simple hyperchlorhydria which can be corrected by the above diet, thereby obviating the danger of stomach ulceration, if not more organic disorders.

Internally robina 3x has been given with decided effect. I find it a valuable remedy in cases of hyperacidity. As the nervous symptoms become more pronounced and the gastric crises increase then I find argentum nitricum 3x is a far better remedy.

We learn from this case, first, the value of diet con-

sideration; second, the necessity of utilizing and diluting the excessive amount of acid, and lastly, the consideration and management of such cases from a neurasthenic standpoint.

PARALYTIC CHOREA.—*Case 7.* This boy, age fourteen, came to the clinic for what was supposed to be a condition of hemiplegia. A careful study of the case revealed, however, a choreic state instead. This was confined to the right arm; it came on suddenly, but manifested choreic symptoms. He began to drop things with that hand; coördination was imperfect, and soon the muscular twitchings were decidedly manifest. These became more general after awhile, and the arm became more useless. At the same time mental dullness began to appear, and now his memory and will power are decidedly weak. At times there are signs of mania, and again he falls into a state of extreme melancholia.

Pathologically considered, we may say that, without doubt, some hæmorrhagic foci existed in the cortex, and, as a result of this, there was infiltration of the perivascular spaces; these permitted the irregular discharge of nerve force, or the interruption of the same sufficient to cause the choreic incoördination, and also the paralytic tendency of the arm. Hæmorrhagic recurrence has developed a more widespread cortex disturbance sufficient to account for the peculiar mental disturbance.

The prescription has been entirely for the choreic twitchings. *Tarantula* 3x has been given, and the symptoms are improving rapidly. It may be that we shall soon be obliged to prescribe more for the cortex disintegration, as epileptic symptoms are appearing. In that case I have decided to give *verbena hastata*, which will control the symptoms better than any remedy I have yet used. The remedies mostly used in chorea by me are *tarantula*, as prescribed in this case; *agaracine*, when gastric and abdominal symptoms are more pronounced; *cimicifuga*, when associated with a rheumatic history; *valerianate of zinc*, when neurasthenic symptoms are more manifest; and *cicuta virosa*, when the spastic symptoms involve the body more generally, particularly the arms and limbs.

PARALYSIS AGITANS.—*Case 8.* This case is a typical one of paralysis agitans; the lady, forty-five years of age, came to us more than a year ago; she has persisted patiently with the remedies we have prescribed, and I am happy to state, if recovery is not possible, she is so much better that I expect to arrest the advance of this disease and to make her very comfortable and to prolong her life. When she came to my clinic first she had the characteristic propulsive gait, the constant tremor, the immobile facial expression, the scanning speech, and all the general symptoms of this disease. She has been given zincum picricum 3x for a long time, and though she has been through a severe attack of the "grip" and other sickness, she has shown a gradual improvement in this disease. You will notice now that her hands rest in her lap with perfect ease, and as she walks there are no signs of the peculiar propulsion and staggering gait. Her speech, too, is much improved. She has gained flesh and strength, and above all her mental and general nervous endurance are better. This remedy is my favorite one in such diseases, and it has, in this case and others, confirmed my idea that as we correct the protoplasmic exhaustion of nerve cells we are simply helping the nervous system to endure and overcome other degenerative tendencies.

2. SERVICE OF PROF. A. L. BLACKWOOD.

LEAD POISONING.—Mr. K., aged twenty-four, referred by Prof. Chislett, is a window shade decorator and works in a factory where the air is filled with bronze; has a severe pain in the stomach and abdomen which is most marked on left side; persistent constipation, the stool is difficult to expel and is followed by blood. The gums are retracted and bleed easily, with the blue line well marked; the abdomen distended and tenderness in the region of the liver. The area of splenic dullness is enlarged, extending downward.

This patient was placed in the hospital, was given four drops of a saturated solution of kali iodide every two hours in one ounce of water. High rectal enemata were employed. He remained in the hospital only one week. Improvement being so rapid he desired to go home, and now after two weeks' treatment claims to be well. Kali iodide we have found to give great benefit in similar cases.

FACIAL PARALYSIS.—Miss —, aged twenty-three, appeared at our clinic two weeks ago complaining of inability to close the left eye and the mouth properly. A look at her

face led to a diagnosis of facial paralysis. Two days before the appearance of paralysis patient got very cold at the park, while watching the skaters. Dull pain in head, soreness on left side, with a feeling of exhaustion ; is pale, weak, and has much mental worry. *Zincum pic.* 3x four times a day. She was instructed to keep the paralyzed side of the face in warm cotton.

There has been a gradual improvement in every particular. The paralysis is no longer noticeable ; her general health has improved under this remedy, which we considered was homœopathic to the case. For a week we would advise her to take one dose each night on retiring.

TRACHEO-BRONCHIAL CATARRH.—Mrs. D., aged twenty-eight, entered March 2, and gave the following history : About two years ago she had pneumonia of the left lung, was very ill and has never fully recovered. Four weeks ago she had the grippe and went out in the cold before she was entirely over it. She now has a hard, dry cough, with burning pains in the upper part of the chest which are worse on the left side ; is very hoarse, gets out of breath easily and takes cold on the least exposure. She is five months pregnant.

Examination revealed an acute catarrhal condition of larynx, trachea, and upper part of the bronchial tubes. There is a chronic bronchitis of the base of left lung with lack of normal expansion on this side.

Recognizing that we have to deal with an acute trouble and also a chronic or uncured pneumonia of two years standing, she was given belladonna 3x four times a day ; to take the remedy for three days and then phosphorus, which we believed would follow well.

March 9. She reports feeling much better ; felt the effect of the first dose of medicine, and has no trouble in speaking, and soreness of the larynx and trachea are all gone. At this time the patient was instructed in pulmonary gymnastics, especially to develop the base of the left lung. At first she could not hold her breath while you counted three. Now she can hold it while you count seven. These patients with uncured pneumonia are always candidates for tuberculosis. With pulmonary gymnastics and the indicated remedy I believe we can save this woman.

EMPHYSEMA WITH COMPENSATORY HYPERTROPHY OF THE LEFT VENTRICLE.—Mr. S. is sixty-one years old. He came to the clinic March 23, telling us that he had not felt well for

twenty years. He is a stone-cutter. He states that this trouble was started by a severe attack of bronchitis, of which he has had several, each attack leaving him worse than the preceding one. He complains of dyspnœa, which is worse on certain occasions; has spells of dizziness lasting from ten to twenty minutes, and nausea and sense of heaviness in the stomach, especially after a meal. The feet and hands are cold and blue continually. When he becomes cold the blue color extends up the arms.

As we look at this patient we notice the face is dusky and swollen, and the lips, nose, and tongue is bluish. The sterno-cleido mastoid muscles are tense and prominent; the shoulders are elevated and drawn forward, and the chest is barrel-shaped; the infra-clavicular region is prominent; and the intercostal spaces in the upper part of chest are wider than normal. During inspiration the ribs and the sternum move upward and forward as if all of one piece. The act of inspiration is short, while the expiratory act is prolonged.

Percussion gives hyper-resonance, and the area of pulmonary resonance reaches lower than normal, lessening the dullness over the heart, the liver and the spleen.

On auscultation the respiratory murmur is faint both on inspiration and expiration, the latter being prolonged; sibilant and sonorous râles, with occasional moist ones, are to be heard. The second pulmonic sound of the heart is accentuated.

This patient was given arsenicum jod. 3x. He has reported to us twice, and there has been a gradual relief of the symptoms, and if the improvement of the pathological conditions have not been as marked we have in the arsenicum jod. a remedy that I have found of great service in many of these cases, and while the prognosis is not favorable, if the patient can get into a mild, even climate, he will live with a degree of comfort.

GASTRIC DILATATION.—Mr. L., aged forty, appeared at the clinic last Thursday complaining of soreness of the epigastric region, which is continuous, but is aggravated by eating. There is constant eructation; he vomits at irregular intervals large quantities of partially digested food and fluid; the bowels never move unless a cathartic is taken. These symptoms have been growing worse for the past year, and he is now losing flesh.

Examination of the abdomen shows that he has a dilated stomach. There is nothing to indicate a pyloric tumor,

and I believe this to be a case of gastrectasia due to daily over-distention of the stomach, which the patient admits. Our diagnosis is based on the vomiting, soreness, eructations, constipation, emaciation, anæmia, together with the physical examination.

He was given *nux vomica* 3x four times a day. This we shall follow with *hydrastis* tincture, three to four drops, in water before each meal. In connection with this treatment we will use the lavage.

MITRAL REGURGITATION.—Henry S., age forty-two years, a baker, complains of shortness of breath upon the least exertion, as the result of which he has not been able to work for the past four months. Five years ago he had an attack of acute inflammatory rheumatism, which lasted two months. His hands and feet are always cold, he cannot sleep, and has considerable pain about the heart.

The apex of the heart is slightly lower and one inch to the left of the normal. The cardiac impulse is rather forcible. A systolic thrill is communicated to the hand. Auscultation reveals a systolic murmur, which is propagated to the left in the axillary region, and is clearly heard at the angle of the scapula.

This patient has received great benefit from *naja*.

AORTIC INSUFFICIENCY AND STENOSIS.—Robert C., age fifty-six, suffers a great deal with pain in the left side, about the region of the heart, and also in the left ankle. There is a specific history dating back thirty-four years, also one of chronic rheumatism. He is weak, unable to exercise without getting out of breath; the appetite is poor and he cannot sleep at night. Over five years ago he noticed a swelling and pulsation in the artery on the right side of the neck. Since that time the dilatation and pulsation have gradually increased.

Examination reveals a pseudo-aneurismal dilatation of the arteries of the neck, much more marked on the right side. A systolic pulsation with systolic and diastolic thrill are felt in this dilatation.

Auscultation detects a systolic and diastolic murmur heard over the entire chest, but with more intensity at the base of the heart, and in the arteries of the neck. Both dilatation and hypertrophy are present.

From such a condition we might expect any form of a chronic disease. Our task in this case is to render the patient as comfortable as possible. *Strychnia* has given him great relief.

IV. DEPARTMENT OF THE EYE AND EAR.

1. SERVICE OF PROF. C. GURNEE FELLOWS.

The eye and ear clinic was held at 2:30, Tuesday, March 21.

I shall vary the conduct of my clinic to-day for the reason that many of the operations in this department are so small that they are of a character not to be easily seen by you unless near at hand, and, although I have a number of cases interesting to us, I have decided to show you a few cases that have been operated upon, giving you something of their history, and the results, and letting you see the cases and examine them yourselves.

MASTOIDITIS.—The subject of mastoid inflammation and the question of operation for its cure has demanded more attention within the last few years than ever before, and I am pleased to be able to show you some good results to-day. I have four cases for your inspection.

Case 1. The first case is this little boy, eight years old. That the surroundings of his home are unsanitary, and that the health of his family, as well as his own, is below par, is evidenced by the fact that two or three other children in the same family have chronic suppuration of both middle ears. He, himself, has had suppuration for four or five years, and has had a Wild's incision made at some other clinic before I saw him. When I first saw him about two years ago there was a mastoid sinus, suppurating externally. Under chloroform I did a radical mastoid operation, curetting out the entire mastoid and tympanic cavities, making a free opening between the two so that I could douche them out, making a complete circuit with my solution. The wound healed nicely, suppuration ceased for some months, when it returned, due to the lack of care, cleanliness, and sanitary surroundings. This last fall I opened the wound again, curetting out the dead bone present, and you see him to-day; free from suppuration, with the wound healed, and in as good a condition as we could expect.

Case 2. Mabel R., aged twelve years, has been suffering for some months with chronic suppuration of the right middle ear. The mastoid is swollen and tender externally, and she is carrying some fever. Two years ago this fall I

did a radical mastoid operation, curetting out the entire mastoid, and opening through into the typanic cavity with a perfect result as far as the mastoid is concerned, and with great improvement to her physical condition and health, as she has been going to school all of this time. Her hearing is, of course, very much diminished.

Case 3. Mr. X., age thirty, was taken with the grippe about Christmas time; catarrhal inflammation of the nose and throat resulted in suppurative inflammation of the right middle ear; mastoid inflammation developed, but the discharge was not as free from the external canal and the patient began to suffer pain, which was continuous for about forty days, in spite of the treatment at the hands of Dr. H. C. Miller, of this city, who advised an operation, and the patient was sent to the hospital. About four weeks ago I operated, finding a large abscess, with the mastoid cells entirely broken down. I opened up freely in the tympanic cavity, but did not remove the drum membrane or the ossicles. The patient's temperature dropped from 104° to 99° in twenty four hours after the operation, and he left the hospital in two weeks with the external wound almost entirely healed. You see him to-day, after the lapse of about four weeks, with the wound healed, no suppuration from either the wound or the ear, and his hearing for the watch twenty four inches, which is quite a remarkable result.

Case 4. In September, Mrs. H., age sixty, had a fall through a rickety sidewalk, and suffered more or less shaking up, with headache and general ill feeling for some weeks, locating a good deal of her pain on the left side of head. Late in the fall she had the grippe, following which middle ear inflammation came on and she had her ear treated at a dispensary, when able to go, but suffered continuously with pain and tenderness over the mastoid, which produced insomnia, loss of appetite, etc. The patient presented herself at the hospital for operation two weeks ago, with the following condition: Temperature 103° in the evening, somewhat lessened in the morning. Enormous swelling over the mastoid, more dropsical in character than like an abscess; external ear pushed well forward; very slight suppuration from the middle ear; continuous pain. Moist boric acid dressings were made after the head had been shaven. The patient was put upon suitable remedies with a slight diminution of the swelling and tenderness after forty-eight hours, after which time I opened

the mastoid and found the largest abscess I ever saw in this region. I curetted it out thoroughly, drained it, and, as you see her to-day on the cart, she has had no temperature of any moment or pain since operation. She is making a good recovery, but, as you see, the wound is not entirely healed, though there are but few drops of secretion in twenty-four hours. Her hearing, too, is only slightly

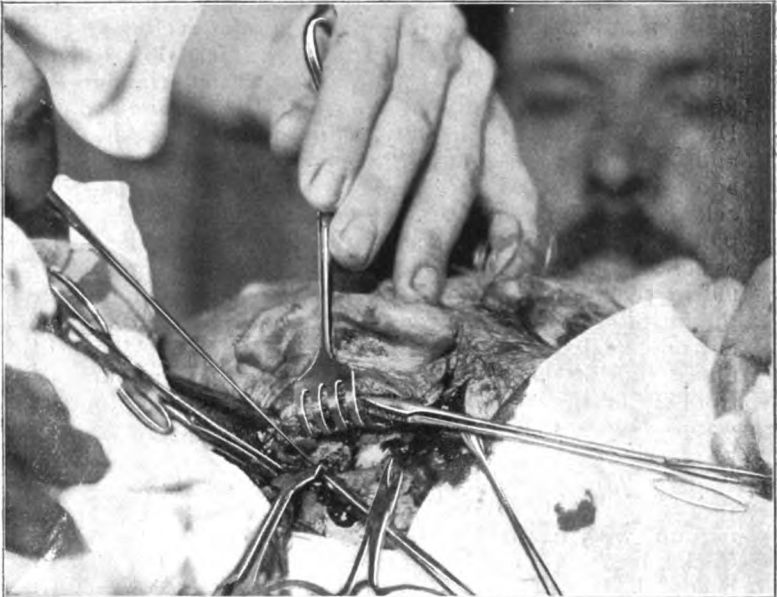


FIG. 2.

diminished, and we expect to have her leave the hospital within a few days, practically well.

All of these cases demanded an immediate and radical operation. Not only was the hearing, but the patient's life at stake in each case, for an abscess within the skull was present, and we could not have waited long without having either thrombosis, perforating abscess, meningitis or some other serious complication. Neither, probably, could we have had as favorable a result in any of these cases had we not had them in the hospital under our immediate control.

CONVERGENT STRABISMUS; DOUBLE TENOTOMY WITH ADVANCEMENT.—I have here a young man to show you who was operated upon last week for an exceedingly aggravated case of convergent strabismus. This man sees equally well with either eye, but cannot use both at once. He fortunately has cultivated the habit of fixing with either eye at will, and has taken a college education and is prepared for work, but his appearance prevents his obtaining a situation. Last week I did a double tenotomy of both internal recti muscles and advancement of the left external rectus, with a perfect result, as you see. The man does not see double and his eyes are parallel for distance. I made a little variation from the usual operation for advancement, which has turned out to be satisfactory in a number of cases I have done recently. After the tenotomy of the internal rectus I wished to gain additional effect, and so took a loop in the external rectus by inserting a strong suture through the conjunctiva and muscle, doubling the muscle upon itself, thus shortening the same, and then, finally, I left this suture long, fastening it to his face with adhesive plaster, and so held the eye in position for twenty-four hours, after which I removed it. This little expedient has served me well a number of times. I have some other cases which I would like to show you, but Dr. Swan has a few, together with an operation.

2. SERVICE OF PROF. C. J. SWAN.

PARALYSIS OF ALL THE OCULAR MUSCLES OF ONE EYE.—*Case.* The history of this case is brief, but is of more than usual importance. Ten days ago this young man came to my clinic looking extremely pale and weak. He had been for two weeks suffering the most intense pain in the supra- and infra-orbital branches of the left fifth intercranial nerve. During this period he had been unable to sleep and could eat but little. At about the same time that the pain began he noticed that the eyelid on the same side drooped and that he had double vision. Within three days it became impossible to move the lid at all, and the eyeball was absolutely stationary. It would not follow its fellow in excursions in any direction or move a hair's breadth in looking up, down or to one side. You will observe that as I raise

the lid with my finger and direct the patient to look to the right or left, there is no corresponding horizontal movement on the diseased side; vertically, you will notice there is beginning to be slight movement, a very encouraging sign. You will observe also that the pupil is widely dilated and does not react to light, to accommodation or to irritation of the cervical sympathetic. The patient is thirty-one years of age, although he looks much younger. He confesses to having been syphilitized twelve years ago. In other respects he has always been healthy and has a good family history. He received some treatment at the time of infection, but, as is most often the case, did not stick to it after unpleasant symptoms had disappeared.

Syphilis is the cause of the vast majority of these cases of isolated paralyzes and is almost unquestionably the cause of this one. Such manifestations usually occur late in the disease, rarely in the first year. It is unusual for all the eye muscles to be affected. In about three-fourths of the cases the motor-oculi is affected; in about one-fifth the adducens, the trochlearis in only one or two per cent, and the facial about as rarely. In the case before you all these nerves are involved, the facial only to a slight degree, that branch supplying the frontalis muscle alone being inactive.

The exact location of the syphilitic neoplasm causing this trouble is sometimes difficult to determine. The muscle itself may be diseased, specific neoplasms in the orbit (especially at the supra-orbital fissure) may affect the nerves and muscles, growths within the brain may injure the motor nerve roots and nuclei. In this case all the muscles being involved it is easier to consider that the lesion is nuclear, otherwise, in all probability some nerves would have escaped.

In the absence of any *visible squint* the most evident symptoms of an ocular paralysis are: 1, unusual pose of the head; 2, imperfect movement of an eye or drooping of a lid; 3, giddiness and uncertainty of gait; 4, diplopia or double vision. In addition to these sometimes headache and strained feeling of the eyes are caused by the continual effort to preserve single vision in the presence of a slight muscular paralysis. You all understand that in order to

preserve single vision, the image of the object fixed or looked at must fall upon exactly corresponding portions of the retina of both eyes. If any of you will make ever so slight pressure with the finger upon one eyeball while looking fixedly on an object you will at once realize how slight a displacement of one eye will cause diplopia. The effort to overcome this displacement is the cause of the strain or headache. When but one muscle is involved, and that slightly, the diplopia or double vision will increase as the object is moved in the direction of the affected muscle, and double vision will cease as the object observed is moved in the opposite direction.

I mention this as in slight cases it is sometimes difficult to locate the affected muscle, and as you all know paralyzes of the ocular muscles constitute for those engaged in the study of internal diseases one of the most important means of determining the site of a central affection.

The treatment has been both local and internal. Locally he has had galvanism, and internally, mercurious and kali iod. in free doses. The pain ceased after two days, since when he has been eating and sleeping, and gained five pounds in weight in one week. A lesion of this sort coming on twelve years after infection is not always hopeful but from present indications this one is to have a favorable termination.

TENOTOMY FOR A CONVERGENT SQUINT.—Although in this clinic we have a great number of what are termed "fundus cases," including cases of choked disk or optic neuritis, optic atrophy, albumenuric retinitis, coloboma of the choroid, etc., these would not be practical cases to show in a public clinic, therefore we have confined our attention to a class more easily seen.

The chief division of true squints is into *paralytic* and *non-paralytic*.

The first muscle case shown might be termed a paralytic squint, although squint is rather a petty and trifling name to give to such a high grade pathological condition. This case is certainly a squint case, but not a paralytic

one. It is a case of convergent squint or strabismus convergens, being due solely to excessive strength or innervation of the converging muscles. Squint of the kind under consideration nearly always begins at the age of about three years, when the child first begins to "take notice" or to regard small objects attentively. The history of such a case as this is not of great importance, as in giving the history events are nearly always misinterpreted or misstated, and nearly all points of real value can usually be gained from a local examination.

Case. This young man is nineteen years of age, and his mother thinks his eyes began to turn in after whooping cough, and ascribes the squint to that disease. I am certain, however, that whooping cough has had nothing to do with the convergence. I found upon examination that the left eye is very defective in vision and the convergence is here due to the fact the eye is never used for fixing or looking at objects and thus has taken a position of rest for itself, and the internal muscles being the strongest, have turned it inward.

There are several other kinds of squint, one of the most frequent being accommodation squint, which occurs in hypermetrops and is due to the excessive accommodation necessary to good vision, and the relation of accommodation to convergence, a theme upon which lack of time forbids discussion, save to say that glasses given early enough will correct this sort of convergence, and to insist that this variety of squint ought to be eliminated, or if present, its correction attempted with glasses before operation is made. In this case, account of the dimness of vision in the left eye, a glass will have no effect, especially as the refraction is nearly normal. The convergence is of about 20° and can be corrected by a simple tenotomy of the internal rectus, which I will now perform under cocaine anæsthesia. The steps of this simple operation are too well known to need recounting.

V. DEPARTMENT OF THE NOSE AND THROAT.

SERVICE OF PROF. ORRIN LELROY SMITH.

In this department it has been the aim to make our clinics a reproduction of what students will meet and most need in general practice. From the standpoint of the teacher as to what is best for his pupils, the preponderance of medical cases is not always realized, since by the time patients reach the hospital they have either run the gamut of medical measures, or gone so long without the proper care that there remains but the surgical alternative.

FOREIGN BODIES IN THE AIR PASSAGES.

Case 1. This first case, a boy of ten years, came to our clinic last week with this history: Shortly after recovery from typhoid fever he had attacks of nosebleed every other day or so, and incidentally, the mother says, whenever she attempts "to spank" him. For years he has been a restless sleeper, mouth breather, and subject to a foul breath, a catarrhal discharge from the right nostril, and frequent attacks of "sore throat." The mother and school-teacher complain of inattention and a tardy response when addressed. Reflected light and the "feel" of the probe disclosed the presence of a foreign body of some sort, although he stoutly denied all such possibilities. After a few whiffs of chloroform a right angle dressing forceps brought away what he subsequently admitted was a piece of beef. By means of the Gross curette another foreign body of hazelnut size was delivered, which when stripped of its incrustations, was found to be a lead pencil rubber tip. But slight hæmorrhage followed, the cavity was disinfected and dressed with borated calendula, and he returns to-day, breathing through his nose, having slept quietly during the past week, the odor entirely and the discharge almost having ceased.

The typhoid history suggested to me the probability of an ulcerated septum that so often follows the neglect of a nurse or an attendant, who perhaps after all is not altogether to blame, for how many physicians while directing her to keep the lips, teeth, tongue and mouth free from sordes, ever give a thought to the dirty and fever dried septum, at which the patient keeps constantly pick-

ing with so many chances of infection, this often resulting in epistaxis and later in perforation.

Case 2. Three weeks ago this old lady attempted to swallow a patent medicine tablet which, notwithstanding her gullibility, lodged in such a way that she has been unable to eat solid food since. One week later matters were further complicated by the accidental lodgment of a piece of molasses candy about on a level with the sternoclavicular notch, as she locates it, but on the *left* side. When she came to us one week ago she was unable to sleep in the reclining posture because of the "choking and smothering" that ensued. She was very nervous and apprehensive and lost flesh rapidly. She had neither chills nor fever; phonation was unimpaired. Careful exploration of the pharynx under reflected light and touch revealed no more than did an examination of the post-lingual cavity or of the pyriform sinuses. Laryngoscopy showed nothing abnormal except an epiglottis so formed and placed that a view of the trachea was impossible. The resort to auscultation by the ear and the phonendoscope demonstrated the absence of rales or any perversion of the air current. To free the bronchial tubes from suspicion and to exclude the possibility of the existence of an aneurism, further examination was made, but with negative results. So far as external observation could determine there was no visible obstruction offered during the passage of water along the œsophagus. Extreme flexion or extension of the head neither interfered with breathing or swallowing.

For diagnostic, as well as curative purposes, the œsophageal tube was, with considerable difficulty offered by the misplaced epiglottis, introduced, encountering some slight resistance about the level of the sternal notch, after which the patient, although maintaining that the tablet and candy was moving about as before, partook of bread crusts with no difficulty. She was given *asafoetida* 3x and *faradism*. She returns to-day saying that all was well for twenty-four hours, when "*the tablet came back in her throat again,*" which confirms our diagnosis and suggests the further conduct of the case. Repeated sittings of œsophageal dilatation, bread boli, coupled with *faradism* and suggestion will cure her, I think. The absence of inflammatory or septic evidences rendered the possibility of an œsophageal perforation unlikely and auscultation had ruled out the existence of aneurism, two facts of the gravest import that one must always consider, as, unfor-

tunately, medical records testify. Long ago the candy was certainly dissolved, and possibly the tablet was pushed down by the bougie, but I am more inclined to believe it a combination of spasmodic stricture of the tube and the neurosis developing from the local irritation, fright and weakness. These cases are not infrequently obstinate and often require individually radical treatment, as one or two cases from my private practice—were I at liberty to speak of them—would prove.

POST-NASAL ADENOIDS.

Now, we have a number of cases in our clinic for the removal of adenoid growths and enlarged tonsils, each complaining of some one of the various unfortunate conditions arising therefrom. Here is a boy who for years has suffered from bronchitis, resulting from improperly warmed, filtered and moistened air orally inhaled because of the post-nasal obstruction. Here is another lad who has frequent and alarming attacks of croup, dependent, we believe, upon this same mouth breathing habit and the mucous discharges from the growth above. At any rate, in similar cases we find the attacks rarely if ever recur after an operation and proper after care. I have yet to see a case of ordinary croup in which adenoid growths were not prominently present, and I fully believe that were such cases properly operated, ordinary croup would practically disappear; and then one source of annoying night calls, that always come in damp, bad weather, and for good physiological and pathological reasons, would be removed.

This girl presents the typical countenance; the half-open mouth, short upper and everted lower lip, broadened and thickened nasal bridge and root that apparently only widens the inter-ocular distance, immobile and undeveloped *alæ nasi*; pale and elongated face and vacant, dull, and yet not unintelligent expression, so often seen and yet so infrequently experienced, unfortunately. Naturally these pronounced cases nearly always suffer with either or both snoring, restless sleep or "night terrors," or, what is worse, earache, increasing deafness, or chronic catarrhal or purulent middle discharges, none

of which are curable until the offending obstruction is removed.

This case has had, since a scarlatinal attack, an annoying nasal catarrh, takes cold easily, etc., etc., which calls to mind the clinical fact that scarlet fever, more often than anything else except the "lymphoid habit," causes the enlargement of the third or post-nasal tonsil, called adenoids, with measles as a close second. We have seen here in this clinic, as a result of the removal of this adventitious tissue, a permanent cessation of urinary incontinence, stammering, stuttering, "dyspepsia" and constipation. So much change occurs in these listless, dispirited cases, that we have, from its frequent occurrence, come to inquire of the mothers of the "sissy" type of boy, if he has been fighting, which she often and very shamefacedly admits, and is the best confirmation of the successful operation that we could ask for. Some children at once will acquire a nasal respiration, but I find the majority must be insistently and persistently taught to do so, and coincidentally with the establishment of the *normal* respiratory methods and the consequent development of these hitherto unused tissues, will the good results of your work obtain. The operation is not so wholly free from danger as is generally believed, as more than one authentic case of deafness, pharyngeal abscess and death from sphenoidal suppuration attest, due, no doubt, to a deplorable lack of conversance with anatomical landmarks, *normal abnormalities* and the proper method of force expenditure.

We operate here upon many cases whose pharyngeal tonsils were once removed but have returned again. Why? Simply because the cause at the back of the nose, whose down pouring discharges have brought about the tonsillar hypertrophy, was not removed. We neither believe in nor practice the *entire* removal of the pharyngeal tonsils, but sufficient, taking into account the post-operative contraction, to leave for the patient a *normal* tonsil, a point of no small importance and for many and good reasons.

The case of this young man who comes for an adenot-

omy and tonsillotomy, recalls an instance related by a general practitioner in my office to-day, of an adult upon whom he did a tonsillotomy, and who came very near death from hæmorrhage. Why, you ask, should this particular case so behave? Simply because the patient had been subject to frequent and severe attacks of tonsillitis, which gradually had replaced normal tissue with connective and cicatricial fibre, so that when the ordinary guillotine cut squarely across the blood vessels that had long ago been deprived of their muscular fibre, the mouths remained open. This of course would have been avoided, had the tonsils been snared off by such an instrument as I show you now that carries a very heavy wire. My own guide as to the selection of the method of operation is usually vested in the sense of touch, which after some practice will inform one of the amount and character of the abnormal tissue present.

DISLOCATION OF THE SEPTAL CARTILAGE.

Case. Some years ago this boy received a blow upon the nose that dislocated, as you see, the septal cartilage to the right in this knuckle fashion, occluding the right naris, with the result of a unilateral nasal discharge, partial loss of hearing in the corresponding ear and imperfect facial development, especially in the region of the malar bone and frontal sinus. Now we will proceed to anæsthetize with a ten per cent solution of cocaine, directing the patient to incline the head forward and downward so that none of the solution passes into the pharynx, for, as you observe, from the section of this skull which I hold in my hand, the nasal floor is not horizontal but slopes pharynxward. The neglect of this simple anatomical hint determines more accidents from the use of cocaine than even carelessness, I am sure. With tissues and instruments sterile we saw off this projecting mass, not fully correcting it, however, since the post-operative, cicatricial contraction will do a certain share of the work. With the anterior location of the obstruction and consequent ciliary absence, it is unnecessary to leave a flap. Air is excluded by an antiseptic dressing; meats, pastry and the like forbidden, quiet enjoined, he is directed to sleep with operated side uppermost, and instructed to report in forty-eight hours.

NASAL POLYPUS.

Case. Here is a man who complains of much stuffiness in right nose high up and well back, paroxysms of sneezing, unilateral discharge and considerable dropping into the pharynx. Dependent from the region of the middle meatus near the hiatus semilunaris is a mucous polypus, situated near the posterior nares. Now the secret of removing polypi is to so manipulate the snare that when "drawn home" the wire encircles the "neck" point of attachment, as you see here, when there is almost no hæmorrhage, and then they rarely return. No more reprehensible method of removing them exists than forcep twisting, since nearly every case of nasal carcinoma has the history of some such operation having been done. Customarily it is best to use a weak anæsthetic, like the slower but safer eucaine, yet I occasionally operate with but little discomfort to the patient without the use of any anæsthetic.*

VI. THE DEPARTMENT OF GENERAL SURGERY.

1. SERVICE OF PROF. H. R. CHISLETT.

APPENDICITIS; EXCISION OF APPENDIX; RECOVERY.

Case 1,121. Mr. E. M. D., aged twenty-eight, jeweler by occupation. Father died of heart disease, mother of some obscure liver trouble. The patient has been ill a great deal with what he has termed "stomach trouble." Last April he was taken with severe pain in the right lumbar region. The pain was acute in character, and from the lumbar region extended downward and forward toward the bladder. These pains continued off and on until Christmas, and were always made worse by working, and especially by lifting. He states that at times these pains have been attended by frequent and painful urination. During the early part of January he began to have pain in the region of the vermiform appendix. These pains would not be sufficiently severe to confine him to bed for any length of time, but would prevent him working regularly because of the aggravation of pain and tenderness. Of late he has also complained of pain along the lower border of the liver and has been very constipated.

*Six operations were made in this clinic before the post-graduate class.

Examination. A young man of rather slender habit and sallow complexion, his expression being decidedly on the melancholic order. The heart and lungs were normal, the urine practically so, except for a few crystals of oxalate of lime and some amorphous urates. The skin, aside from the sallowness, appeared normal. Upon palpation of the abdomen we found slight tenderness in the region of the gall bladder and a little soreness in the right inguinal region. Upon deep pressure in this latter region a body about the size of the little finger could be outlined. It was freely movable and tender to pressure; in fact, partook of the characteristics of an inflamed appendix without adhesions, and we made that diagnosis, promising the patient if by any chance there should not be sufficient trouble there to account for his suffering that we would enlarge the incision and explore the gall bladder.

Operation. The peritoneum was opened through an oblique incision over McBurney's point, the cæcum drawn up and the base of the appendix located. The appendix itself was then brought into view. The lower third of this organ was found considerably thickened, much harder than the upper portion and the blood vessels greatly distended and thrombosed. After ligation of the meso-appendix, a cuff of the muscular and peritoneal layers was reflected, the mucous tube ligated at its connection with the cæcum and the appendix removed. The cuff was then tied over the stump, which I disinfected with pure carbolic acid. The whole stump was then inverted into the cæcum by a purse-string suture passed through the peritoneal and muscular coats of the cæcum one-fourth inch from the stump of the appendix. The wound was sutured by the through and through method with silkworm sutures.

Result. Uninterrupted recovery; patient still in hospital.

VARICOCELE; EXCISION; RECOVERY.

Case 1,122. Mr. G. D., aged thirty-six, German, car builder by occupation. Father and mother both dead, causes unknown. Brother died of pulmonary tuberculosis. The patient himself has had smallpox and typhoid fever. About four years ago while lifting he strained himself and soon afterward noticed an enlargement of the left scrotum. He has had no pain or annoyance except a feeling of weight and feverishness in the left testicle. There is a tendency to sexual hypochondria, and the patient is tired of wearing a suspensory bandage.

Examination. With the patient in the erect position there is a considerable enlargement of the left portion of the scrotum, which hangs one inch lower than the right. This enlargement is irregular in outline, not sensitive to gentle pressure, and has the typical earthworm feel.

Operation. The spermatic cord was exposed by an oblique incision two inches long, the centre corresponding to the external inguinal ring. The testicle was then forced up through the opening and after the application of two ligatures a section of the pampiniform plexus of the veins and the spermatic artery one inch in length was removed. The stump ends were then approximated by tying the two ligatures together, thus shortening the cord the one inch, and the wound closed with one subcutaneous suture of silkworm.

Result. Uninterrupted recovery.

HERNIA OF THE RIGHT OVARY; INCISION; RECOVERY.

Case 1,123. Miss G. F., aged twenty-eight. Father died of heart disease, mother and one brother of consumption. The patient herself, though apparently strong and muscular, has never been well. She has never menstruated, but at the regular monthly cycle from the time of her natural puberty she has suffered with severe headaches and what she herself terms "fainting spells." There have been times when these periods would come at intervals of three and even four months, but at such times the suffering would be unusually severe. At the present time she loses from one week to ten days of every month with what would seem, from the description, to be epileptic or epileptiform spasms. The bowels are always constipated. About four years ago this patient entered the County Hospital and was assigned to the service of Dr. C. M. Beebe. She was kept under observation for a month or two and after repeated examinations (by which they were unable to find any trace of the internal generative organs except a slight thickening in the location of the uterus), an exploratory operation was advised and accepted. The case being unusual, many physicians were invited to attend, and I was fortunate enough to be one of that number. The exploration revealed a small body not larger than the terminal phalanx of the little finger that appeared to be the uterus. To the left and attached to this was a long, narrow strip of softer tissue which was supposed to be the left ovary and tube. These were all removed, the patient made an unin-

terrupted recovery and for many months was greatly benefited by the operation. She then became as bad as ever and a few days before entering the hospital was referred to me by a friend who knew I had been present at the former operation and because Dr. Beebe was not in the city. The object of the visit was to obtain a certificate by which they hoped to gain admission to some home for incurables. Upon examination I found the following conditions: A normal vagina which terminated in a blind pouch; no trace of uterus and appendages could be felt by the examining finger. Aside from a well healed scar in the median line, the abdominal examination was negative until I reached the right inguinal region. At the location of the external abdominal ring I found an oblong tumor, freely movable laterally, rather irregular in its outline and but slightly sensitive to touch. This tumor measured about one and one-half inches in length and about three-quarters of an inch in width. A small band leading from its upper and outer portion could be traced into the inguinal canal. By a process of exclusion we limited the diagnosis to a hernia of the right ovary or an omental hernia. The latter was contra-indicated by the mobility, by the irreducibility, by the sensitiveness without a history of inflammation and by the fact that the neck of the hernia was too small for such supposition.

Operation. The tumor exposed through and oblique incision proved to be a well developed ovary with a less perfectly developed tube. The whole mass was removed and the wound closed after the method used for the radical cure of hernia.

Result. Primary union, the patient stating three weeks after the operation that she felt better than for years. Our purpose is to keep her in the hospital until the next regular monthly period and we shall of course watch with great interest the effect of the operation upon the mental condition which incapacitates her.

VENTRAL HERNIA; OPERATION; RECOVERY.

Case 1124. Mrs. P., aged twenty-eight. This patient has been married ten years and has never been well since six months after marriage. When about six months pregnant she fell on the steps thus inducing a miscarriage. In 1892 she had both ovaries and tubes removed. For about five years after the operation the patient did not feel very well but for the past two years has been well except for attacks of extreme nervousness. At present there is an opening

where the drainage tube was left. There is no discharge, but sometimes when the patient reaches up the bladder protrudes into the opening and causes severe pain which subsides when the bladder is replaced.

Examination. This little patient is a plump, well appearing woman perfectly normal as far as physical examination could detect except a protrusion in the middle line of the abdomen about one inch above the pubis. This protrusion being reduced, a distinct ring about three-quarters of an inch in diameter could be outlined and right in the upper part of the ring could be felt a nodule (probably adherent omentum) about one-quarter by one-half an inch. The notion that the bladder sometimes protrudes through the opening is probably one of her own imaginings.

Operation. A straight incision directly into the sac revealed adherent omentum. This was detached and the peritoneum separated from the ring structures and stitched separately. The fibrous and muscular tissue of the ring were then split and sutured in two layers with buried cat-gut, the skin incision being approximated with sutures of silkworm.

Result. Primary union.

INGUINAL HERNIA; OPERATION; RECOVERY.

Case 1125. Mr. M. K., aged forty-nine, car builder by occupation. This patient has always been well except for an inguinal hernia which he has had for the past twenty-three years. It has never given him any pain but has been steadily increasing in size and is difficult to retain with a truss, indeed, of late he has been unable to find a truss that would retain it.

Examination. A very fleshy man, weighing probably 200 pounds. Heart, lungs and kidneys normal. The abdomen is very pendulous and from the right inguinal region protrudes a hernia the size of two fists. The protrusion was reducible but owing to the long duration, the obliquity of the inguinal canal was entirely destroyed. After reducing the hernia, three fingers could be passed through the ring into the abdomen.

Operation. The sac was exposed by an oblique incision over the most prominent part of the tumor. It was carefully dissected away from the surrounding structures, sutured at a level with the abdominal wall and the redundant portion excised. The cord being held aside, the posterior wall of the inguinal canal (the internal ring) was

carefully sutured from below upward until we had only sufficient room at the upper end to transmit the cord without pressure. The external ring was then closed from above downward thus creating a new inguinal canal with an obliquity of one and one-quarter inches. As an additional security, the anterior wall of the canal was strengthened by four or five interrupted sutures introduced according to Kocher's method. This is practically an adaptation of Lambert's method of intestinal suture to the external oblique fascia. The external wound was then closed by interrupted sutures of silkworm and a rubber drainage tube introduced through a scrotal incision at the lowest point from which the sac was separated.

Result. The drainage tube was removed in forty-eight hours; the stitches removed on the eighth day. Primary union throughout.

2. SERVICE OF PROF. G. F. SHEARS.

APPENDECTOMY FOR RECURRENT APPENDICITIS; RECOVERY.

I am about to operate for the removal of the appendix because of repeated attacks of appendicitis. The man is forty-three years old, a patient of Dr. Goldsmith, and up to last September had excellent health. At that time he had an attack of appendicitis accompanied by the typical symptoms, nausea and vomiting, with severe colicky pains radiating over the abdomen; lessening of pain in twenty-hours with increased soreness and tenderness over McBurney's point. These, with some rigidity of the right rectus, some bloating of the abdomen and a thin, greenish diarrhoea, all of which symptoms he had, are the usual phenomena observed in inflammatory troubles of the appendix.

In January, 1899, he had a second attack, not so severe, and in February a third attack of great severity; from this he has never entirely recovered. He is still weak and emaciated and has some aching and tenderness on pressure on the right side. He is convinced that he will never regain his health while the offending member is in the abdomen, and he lives in constant fear of another attack. There can be no question of the duty of the surgeon to remove the appendix in such cases and, indeed, in all cases of recurring appendicitis. The mortality from operations made in the interval between attacks is very small.

The question of treatment during an acute attack is not so definitely settled. There is a general recognition of the

necessity of operation in certain cases, but the indications are not definite. Greig Smith says it is impossible to be definite and wrong to be dogmatic. McBurney thinks one should be able to decide in twenty four hours. If in twelve hours the severity of the symptoms does not increase, the patient will soon begin to get better; but if the case has steadily become more urgent in twelve hours from the time diagnosis was made, an operation will probably be a necessity. He, however, prefers to wait for the patient to get over the acute attack before operating, if possible, and this I believe is the way the pendulum is beginning to swing at present. Of course, if an abscess forms every one admits the propriety of operating. There is one point in regard to the interval operation that should be borne in mind; it should never be made in less than two weeks after the termination of the acute attack. At a period earlier than this septic conditions may be still present and the operation be thus made hazardous.

The best method of approach to the appendix in interval cases is still sub judice. The original incision through the tendinous semilunaris is not entirely satisfactory and many devices have been adopted to overcome the dangers of hernia incident to this incision. To-day I shall make the incision recommended by McBurney. The object in this method is to refrain from dividing any muscular fibres, but simply to separate them, then when the incision is closed the muscles naturally come together and there is no retraction of their fibres. An incision three or four inches long is made in a line parallel to fibres of external oblique, so that the middle of the incision will be about one inch distant from the anterior superior spine and on a line drawn from the anterior superior spine to the umbilicus. The fibres of the external oblique are forcibly retracted and the internal oblique and transversalis separated and forcibly retracted.

This makes a line of cleavage at almost right angles to the first incision. The transversalis fascia and peritoneum are divided at right angles to this last line and the wound held open by retractors. It is somewhat more difficult to get at the appendix by this incision, but the danger of hernia following this operation is reduced to a minimum. On examining the cæcum I find the appendix in a mass of omental adhesions. These are carefully separated and ligated. The mesentery of the appendix is unusually large and free; this is ligated and cut away and the appendix

amputated by the Fowler method, which is practically the same as a circular amputation of the arm if you consider the mucous tube of the appendix as the bone and the serous and muscular membranes as the muscles; the only difference being that the mucous tube must be ligated before it is severed and the serous membrane must be infolded by a series of Lembert stitches. Where haste is demanded I have simply ligated the appendix and severed it and then infolded it in the cæcum and in other cases have cut it out at its attachment to the cæcum by an elliptical incision and sewed up the wound as you would an ordinary case in intestinal perforation. Good results have followed each operation, but I prefer the one made to-day when the operation is possible.

In closing this wound I sew up the peritoneum with catgut and then you notice the muscles come together without suture; but I carefully close the structures layer by layer with strong catgut except the skin, which is closed with silk worm gut. I call your attention especially to the method of opening and closing the abdomen, because it is one of the most important features in an operation for appendicitis. You not only want your patient to survive the operation, but you want him strong and well, which he cannot be if there is a ventral hernia. This latter condition cannot always be prevented in pus cases that demand drainage, but it should be in clean interval cases, and I predict that in the future a surgeon will not be considered successful simply because he does save his patient, but he must save him without a ventral hernia. I know I shall be told by a host of operators that they never have hernias. Why, then, do so many ventral hernias present themselves for repair?

LARGE INCARCERATED HERNIA; HYDROCELE; BASSINI'S OPERATION FOR RADICAL CURE; RECOVERY.

Ten weeks ago I made upon this patient a perineal cystotomy and removed two vesical calculi. The wound healed promptly and in twenty days he was at work. To-day he presents himself because of this large inguinal and scrotal hernia. He has been ruptured for twenty years. Several years ago he was treated by the injection method, his money obtained by proper manipulation in monthly installments and a certificate of cure secured. The swelling, he was told, was due to the injection, and would gradually disappear, but that he was probably cured..

The swelling never disappeared, in fact ever since the injection the hernia has been irreducible.

I make the usual incision and find all landmarks obliterated. The injection fluid has welded together almost all structures with cicatricial tissue; however, by careful dissection, I am able to separate the sac, and upon opening, find it to be filled with a large mass of omentum firmly adherent to the sac wall. This is separated, unfolded and examined to see that it does not contain intestines, and then is excised. The sac is excised in the usual manner, and the operation completed as recommended by Bassini.

The hydrocele is opened by a long incision, and, as the serous membrane is thick and liable to perpetuate the trouble unless destroyed, I will pack the cavity with iodoform gauze and leave the same until granulation takes place. In closing the hernial canal I use kangaroo suture for the deeper structures and the aponeuroses. These deeper structures can only be reached by dissecting back the external oblique until Poupart's ligament and the conjoined tendon are distinctly recognizable. These two structures must be brought together and made to form a new bed for the cord, or the hernia is liable to return.

Suppuration after an operation for hernia is one of the common causes of failure, and is due most frequently to one of two causes: An unclean operation or the leaving of dead spaces between the planes of tissue. The former may always be prevented by attention to the detail and the latter by judicious use of the mattress suture and firm compression upon the application of the dressing. This latter means is, I believe, too often neglected. A large dressing and firm spica bandage of cotton, supplemented, if necessary, by a Martin rubber elastic bandage, will do much to prevent the serous or sanguinous exudates between the different planes of tissue. I advise this operation because in my hands it has proved uniformly successful—no deaths and permanent results. I consider pregnancy a good test of the value of an operation, and I have many patients in whom the radical operation has stood the test of more than one pregnancy.

VESICAL CALCULUS; PERINEAL CYSTOTOMY; RECOVERY.

This gentlemen, sixty-eight years of age. For two years he has had frequent and painful urination. His age led physicians to think of hypertrophy of the prostate, but his physician having used the sound has made the diagnosis

of a vesical calculus and if you will listen you may hear the click of the sound upon striking the stone, which is positive verification of the diagnosis. The confounding of these two conditions is very common and should lead you to carefully examine every case characterized by difficult urination. The subjective symptoms are much alike. In this case the mere introduction of the finger into the rectum should lead to a doubt as to hypertrophy of the prostate. This gland so frequently enlarged seems of normal size and all doubt disappears upon the introduction of the sound for it comes in contact with a stone at once. The ease with which the stone is found indicated that it was some size, but the freedom with which it moves shows it not to be of undue size and that it is not imbedded in the bladder wall.

In this case I shall make the operation of lateral perineal lithotomy, because I believe this operation is safest and best. In proper hands its mortality is almost nothing, and it not only enables the stone to be easily and readily removed, but it offers the best chance of curing the cystitis which so frequently remains even after the removal of the cause. Efficient drainage of the bladder is the best method of treating cystitis and in no way is it so satisfactorily produced as by perineal cystotomy. Many lives might have been saved if the bladder had been approached by this method rather than by the supra-pubic method. I consider it much safer than any crushing operation, especially in the aged. Some skill, however, is demanded in this as well as in the supra-pubic operation; and the surgeon who fails to properly control the hæmorrhage, who cuts into the bladder beyond the prostate, thus entering the rectovesical space, or who fails to maintain cleanliness, may expect failure even with this operation.

PERINEAL CYSTOTOMY; REMOVAL OF A VESICAL CALCULUS
WEIGHING TWO OUNCES, TOGETHER WITH A LARGE
VESICO-PAPILOMA; RECOVERY.

This patient is seventy-two years of age, and for fifteen years has had difficulty urinating. For four years he has not urinated without the catheter; during the last three months pain has been almost constant, and the clogging of the catheter with gravel and mucus makes urination when the instrument is used a matter of difficulty. The catheter gives relief only for a short time.

Examination by the rectum shows only a slightly en-

larged prostate. Examination by the sound shows the urethral canal to be but slightly elongated. On the entrance of the sound it comes at once in contact with a stone, which must be of considerable size judging by the way it fills the bladder and by the effort required to move it. The finding of a stone is not always an easy matter, as it appears to be in this case. The stone may be encysted or it may be deep behind the prostate, or the surgeon may be deceived by the rough sound produced by the congested surface of a chronically inflamed bladder. Godfrey Goodman has employed a phonendoscope attached to a steelsound in the bladder, and the same instrument placed on the abdomen is some aid in distinguishing between the click of a soft stone and the grating sound of a rough bladder wall. The pronounced cystitis compels us to select the perineal method in this case, as in the case just operated upon. No better results have been obtained by any operators in the treatment of cystitis than by Sir Henry Thompson and Harrison, who uniformly made the perineal operation. Freyer, in a recent article on the methods of removing large calculi, says all calculi under three ounces should be removed by the perineal method; over that by the supra-public method.

On entering the bladder in the usual way I find a large stone, but I find great difficulty on account of its size and position in grasping it with the forceps. By forcible pressure on the pubis it is at last grasped, but it is too large to pass through the perineal opening. I have made the left lateral incision almost as large as possible, three-quarters of an inch, so I will incise the prostate toward the right; this gives an incision of one and one-half inches and through it I remove the stone, which while not as large as some I have met with, is of good size (weight, two ounces). Further examination now detects a soft tumor about the thickness of your thumb, which springs from the middle lobe of the prostate. It has a length of about an inch. It easily acts as an urethral valve and may have been the cause of the complete retention, for this is an uncommon result in complete cases of stone in the bladder. I take hold of this with a pair of bullet forceps and pull it out and then sever it at its base with the curved scissors. As this increases the hæmorrhage markedly, I introduce a shirted canula well into the bladder and pack the whole area with iodoform gauze. I have not time to-day to enter into the question of the best method of making prostatectomy, but I am

assured that in these cases of pedunculated prostatic tumors a fairly easy approach may be made and excellent results obtained by excision through a perineal opening. The whole question of the treatment of a hypertrophied prostate is still open for discussion. It has not been settled by orchotomy or vasectomy.

PROLAPSE OF THE RECTUM; HÆMORRHOIDS; AMPUTATION BY WHITEHEAD'S METHOD.

Mr. L., aged sixty-one years. Twenty-two years ago was operated by ligature method for hæmorrhoids. Relief was obtained for many years, but for several years past he has had increasing rectal trouble. His bowel movements are regular enough, but he is in constant pain and distress from the falling of the bowel. After every stool a large mass protrudes. Even a brisk walk is liable to bring down the mass. Examination shows a complete prolapse of the bowel to the extent of two inches. On this protruded part are four large hæmorrhoids. This case is a suitable one for amputation of the extruded part and I will make it according to the rules laid down by Mr. Whitehead. After proper dilatation of the sphincter, an incision is made around the anus at the junction of the skin and mucous membrane, "the white line" of Hilton, and the mucous membrane is then dissected up with forceps and scissors until a point is reached just above the prolapse; it is then cut away transversely at its still attached upper border, each bleeding point being secured by a forcep; the mucous membrane is then attached to the integument by four interrupted stitches of silk and complete coaptation made by continuous suture of catgut.

This operation will, I believe, not only dispose of the prolapse, but also the hæmorrhoids. The operation is too extensive for general use in the treatment of hæmorrhoids, for while Mr. Whitehead thinks it is a simple operation, it certainly takes considerable time and the hæmorrhage is greater than by many other methods. In those cases, however, in which the hæmorrhoids are accompanied by a large prolapse of the bowel, it is, I believe, the only efficient method. The most important point in the operation, it seems to me, is the first incision about the anus. If the incision is made too far out in the integument the mucous membrane is liable to be everted after the operation, and if care is not exercised during the coaptation of the parts, so prompt union may be obtained, the mucous membrane

is liable to retract, leaving a ring of raw tissue, which is always a disagreeable condition, making the healing process slow, and sometimes resulting in stricture of the anus. This latter complication often results from defective after treatment.

The surgeon should control the first movement from the bowels, in order that the passage may be soft and that undue strain is not put upon the healing surfaces. The patient should not be allowed to get up too soon; ten days to two weeks in bed is the usual time demanded, and if the Whitehead operation has been made, it may be double that time before the patient is able to attend to his ordinary duties. Abscess fistula and pelvic suppuration, once looked for as sequel in depraved patients, are nowadays prevented by the use of antiseptics.

CYSTIC GOITRE; INTRA-GLANDULAR ENUCLEATION;
RECOVERY.*

This woman is twenty-five years of age. About five years ago during her second pregnancy, she noticed an enlargement in the right side of her neck. At the birth of her child it seemed to disappear somewhat; during her third pregnancy it acted in the same manner; during her fourth pregnancy it increased and has continued to increase. The swelling is now about the size of a pippin apple. It causes no pain, but there is constant choking sensation, greatly increased on breathing and upon taking cold; she also has a constant croupy cough. The firm character of the growth, the fact that it is definitely circumscribed, the further fact that the patient is a young woman, leads me to make a diagnosis of cystic goitre. This disease is not a common one in the United States, but is a very common one in European countries, especially in Switzerland, one operator having made over 300 operations. Not every case of cystic goitre should necessarily be subject to operation. If there are no respiratory disturbances, no difficulty in speech or in the act of deglutition, operation may be delayed unless the deformity is very great. It must be remembered, however, that attacks of dyspnoea are very common in goitre of any size, and these attacks may end fatally. Cases have been recorded in which the first attack of dyspnoea ended fatally; one such case came under my own observation. The causes of these sudden attacks of dyspnoea are difficult to explain. Rose believes that the

*Operation made before a sub-class.

pressure of the enlarged goitre upon the thyroid rings make them non-resistant, so that the trachea is apt to be bent and its lumen obstructed. Bristow believes that it is due to inflammatory enlargement of the tissues and œdema of the mucous membranes, while Morton suggests that it may be due to pressure on the recurrent laryngeal. Whatever the cause, the danger of fatal dyspnoea is ever present and should be seriously considered in the question of treatment. The tumor may be removed either by lateral extirpation of the gland or by enucleation; the latter is much the preferable and should be the operation of election in all cases of cystic goitre. We will remove this tumor by what is termed intra-glandular enucleation. It is so termed, because as you will notice that having reached the thyroid gland I am obliged to continue my incision through its substance until I come to the sac of the cyst. This having been reached, the tumor is easily enucleated. A mistake that is easily made in this class of cases is to consider the normal capsule of the gland the capsule of the tumor, and thus be led to separate the entire half of the gland from the surrounding tissues and increase the danger of the operation many fold. The control of hæmorrhage is always a troublesome feature and in the gland substance can only be effectually met by an extensive system of sutures and ligatures. In this case you will notice there are several cystic tumors inside the large one; these we will rapidly enucleate from the substance of the gland.

EXTRA-PERITONEAL SARCOMA; EXTIRPATION; RECOVERY.*

This young man, twenty-three years of age, presents a very interesting abdominal tumor. Seven months ago he was struck in the left groin with a plow handle. There was no soreness or trouble at the time of the accident, but a few weeks afterward he noticed that it was with difficulty that he could extend the thigh; three months later he began to have some pain in his side. These pains were of a shooting, tearing nature, and extended from the hip to the foot, being most severe about the knee. His case was diagnosed as rheumatism, but the presence of a tumor led to a doubt as to the correctness of this diagnosis.

Examination shows a growth in the left side of the abdomen, the tumor filling in the entire iliac region, extending as high as the umbilicus and down to Poupart's ligament. It is hard, firm and immovable. Below Poupart's ligament, along the line of the femoral vessels, are several

*Operation made before a sub-class.

large, hard nodules. The thigh is flexed upon the abdomen and the leg upon the thigh. The patient is much emaciated, has severe pains at night and a slight rise in the temperature.

I shall make an incision parallel to Poupart's ligament, extending from the median line to a point opposite the anterior spine, then extend the line up along the line of the left semilunaris to the level of the umbilicus; on deepening this incision the anterior peritoneum is opened, but is simply found to be reflected over the growth, and is, therefore, sewed up, and the peritoneum is peeled off the surface of the tumor. The great depth of the growth necessitates making another incision at right angles to the first one, and extending along the line of the femoral vessels. This also allows of the removal of the nodules before mentioned. Carefully the whole growth is enucleated. Its close attachment to the iliac and femoral vessels makes this a matter of great difficulty; it, however, is finally accomplished, leaving bare the external iliac and femoral vessels. The great vascularity of the growth and the necessarily long duration of the operation have exhausted the strength of the patient, and for fear of sudden collapse I will open the median basilic vein and inject two quarts of a normal saline solution. This immediately brings up the pulse, restores warmth to the extremities, and will, I believe, prevent any serious consequences.

The tumor, as you see, presents the gross appearances of malignancy, and a very guarded prognosis must be made regarding the future of this patient. You will notice that the leg is easily extended now that the tumor is removed. Notwithstanding the many cases coming to this clinic this is the first case of this kind I have seen in fifteen years, and I am sure you will watch the progress of the patient with considerable interest.

THE SUB-CLINIC DEPARTMENT.—Beside the clinics in the amphitheatre the physicians present were invited to attend the sub-clinics that are held every day in the year, and which afford an infinite variety of cases of all kinds, illustrating the local examination and treatment in medical and surgical gynæcology, surgical dressings for out-patients, and the resources of a rousing clinic for skin and venereal affections. We very much regret that there is no space left for a full account of these justly popular clinics, nor for special mention of the earnest teachers whose ability and conscientious fidelity have made them what they now are.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.

O. L. SMITH, M. D., RECORDING SECRETARY.

MARCH MEETING, 1899.

Having been postponed for one week because of the Commencement, the monthly meeting of this Society for March was held in the Hahnemann Medical College at 8:30 P. M., Saturday, April 1, Vice President, Dr. Frank Metcalf, in the chair.

REPORT OF THE SECTION ON MATERIA MEDICA AND THERAPEUTICS.

CHARLES H. EVANS, M. D., CHAIRMAN.

XVI. THE PATHOGENIC ACTION OF THE SALTS OF ANTIMONY. BY DR. A. F. STORKE, OF OAK PARK, ILL.—Antimony as a metal and as a drug has come down to us from remote ages. It was used by the Asiatic and Greek ladies as a dye for the eyebrows and we find several allusions to its employment in that way in the Old Testament. The Romans knew of it as stibium and the Greeks as stimmi. The derivation of the word antimony itself is a somewhat mooted question, one idea making it a compound of anti, against, and moine, a monk, in allusion to a somewhat mythical tale of the celebrated alchemist Basil Valentine, who flourished in the fifteenth century. Until that time antimony had not been used internally in a pure state owing to its supposed poisonous qualities. But he succeeded in purifying it, and having administered some to hogs was impressed with the wonderful fattening action it seemed to have. He therefore gave it to the monks of his cloister as a general tonic and a stimulant of the digestive functions. And France never knew a time when the passage from the novitiate to the brotherhood was so rapid. It had to be to keep pace with the tonic, I might say the exalting action of antimony. Another derivation makes it from anti, against, and monos, alone, because it is never found alone but always in combination.

In the American Homœopathic Pharmacopœia we find five salts of stibium mentioned, but of these five only two are of any importance therapeutically, antimonious sul-

phide or antimonium crudum as we know it, and the double tartrate of potassium and antimony, or tartar emetic.

In general, antimony acts as a depressant to the circulatory system. The heart's action becomes weak and irregular, the arterial tension is lowered and the pulse becomes slower. Respiration, too, is affected, for the most part becoming slow with hasty and forced inspirations and prolonged expirations, and the bronchial secretions are largely increased. It combines with the red blood corpuscles, lessening their oxidizing power, lowering the blood pressure, and reducing the bodily temperature.

When locally applied tartarized antimony is an irritant to the skin, producing successively redness with burning pain, eruption of small papules, which soon become converted into vesicles and these into pustules, which are umbilicated. Thus we have a perfect illustration of the smallpox trilogy. Pure antimony, on the other hand, when given internally, alters the nutrition of the skin so that we find cracks and fissures, deficient nail formations, and an excess of horny callosities and excrescences.

On the throat and œsophagus antimony in either form acts as a styptic, producing constriction of the fauces with pain, redness, and either a dry heat or a profuse mucous discharge.

Respiration, as we have seen, is depressed by the drug, and often to a very marked degree. The changes are due in a large part to a direct action which the drug has upon the respiratory nerve centres. And this action is aided by the circulatory depression and the blood lesions. Bearing in mind the increased secretion of the bronchial mucous membranes, we are enabled to understand, in part at least, the wheezing and oppression in the chest, the cough that sounds so loose and yet the inability on the part of the patient to raise the phlegm, and the picture of pleuro-pneumonia that is so often presented.

On the heart again antimony acts as a depressant. The cardiac contractions are lessened in frequency and force and become very irregular. The pulse as a rule decreases in rate rapidly and to a marked degree. Thus we have the frequency both of the heart and the lungs diminished; and to explain these phenomena we must look for some source of influence common to both the cardiac and respiratory movements. Both of these actions are under the control of the pneumogastrics. For it is a well-known fact that an electric current passed along the fibres of this

nerve toward the heart will retard and finally stop the pulsations of that organ. And it is equally true that a like current passed back toward the centre on the same nerves will stop the movements of respiration by causing a tonic spasm of the diaphragm and muscles of respiration. So assuming that stibium excites centripetally the pulmonary, and centrifugally the cardiac branches of the pneumogastriacs, the dual depression is made perfectly clear and intelligible.

Other and no less important seats of action of antimony are the mucous membranes, particularly those of the gastrointestinal canal. These are weakened functionally and are constantly bathed in mucus; while a condition of tardy digestion is produced with all the attendant symptoms of such a condition, nausea, vomiting, diarrhoea, cramps, weakness, etc. At first the vomiting consists of food and mucus, but later we may find bile and even blood. This vomiting comes not from a direct action upon the stomach and vagus endings alone, for we get it only a little less pronounced after inunctions with the drug, after hypodermic injections and after its administration per rectum. Magendie went further and proved that emesis could be produced after the gastric ends of the vagi had been cut, and even after the entire stomach had been removed and replaced by a bladder. It must have then a direct bearing on that portion of the brain that originates those complex actions known as vomiting. As an emetic it has long been known and used. Antimony was employed in the manufacture of those goblets known as calices vomitorii, which imparted their emetic properties to any fluid that might be contained therein. And again, stibium was the principal ingredient of those pills, *pilulæ perpetuæ*, used to excite emesis, and which being thrown out were administered repeatedly, hence the name. But as an emetic in poison cases it is too slow in action and somewhat dangerous to handle.

On the urinary organs antimony is variously described. Small doses increase the quantity of urine excreted; large doses probably have the effect of diminishing the amount and causing more or less blood to be voided. Under the influence of antimony carbonic acid and urea are both eliminated in greatly increased quantities. Whether the drug acts solely as a promoter of the rapid excretion of the waste products or whether it likewise increases their formation is a matter that is somewhat in doubt.

Finally, upon the bowels the drug has a decidedly inflammatory action. With the vomiting we usually find violent and severe purging; the discharges are liquid, rice-water-like, as are those of cholera, and symptoms of collapse appear. The purging seems to be largely, however, an effort at elimination on the part of nature. Being thrown off by all the excretory organs of the body, including the skin, antimony excites follicular inflammation at the points of elimination. Thus we often get exactly the same eruption when administered internally as that produced by the application of the drug to the skin with friction.

To recapitulate now, antimony seems to lower the vitality of the mucous membranes and the skin. But this depression rarely goes on to inflammation. The mucosa are constantly bathed in mucus, so we have impaired or retarded digestion, with fermentation of food, nausea and vomiting; diarrhœa, alternating with constipation, where the stools contain a large amount of mucus; coughing, with much rattling and constant hawking and expectoration of phlegm, and, finally, vesical irritation of the catarrhal variety. The patient is greatly prostrated, loses flesh rapidly and is inclined to be drowsy. Add to this the fact that the discharges are very liable to be foul smelling, and you have a general picture of the antimonium crudum patient. Tartar emetic, on the other hand, partakes of these qualities, but has a further field all its own. Like crude antimony, its most important sphere of action for us is on the mucous membranes and the skin, but with the difference that it acts very much more sharply. The three seats of action of tartar emetic are the medulla, the mucous membranes, and the skin. To the old school it is known as an emetic, a depressant of circulation, and a specific remedy in acute pulmonic diseases. To the first of these propositions we, as homœopaths, take a stand diametrically opposed, for it is to cure, not cause vomiting, that we use it. As a depressant of circulation we never employ it, but in pulmonic diseases we throw the searchlight of similia upon it, and thus perfect and define its range and applicability and claim it for our own.

XVII. THE CLINICAL VALUE OF THE OLD AS COMPARED WITH THE NEW REMEDIES. BY DR. CHAS. H. EVANS.—It is related in the Acts of the Apostles that the Athenians and the strangers within their gates spent their time

in telling or hearing of new things. This turn of mind has by no means been confined to the city of Minerva, for in all times, though none more than the present, has this receptive faculty encouraged further discoveries in the material, moral and intellectual worlds.

The result has been to increase human comfort and to broaden and deepen the intellectual and social relations of mankind. But, like all other human activities, this may be cultivated to such an extreme that the golden load already accumulated is in danger of perishing by neglect, and much that is essentially valuable is forgotten in a feverish search for novelties.

The field of therapeutics has been no exception to this eager desire for the untried, and it is largely due to this circumstance that drug-knowledge has been chaotic instead of reasonably certain. Instead of cultivating an acquaintance with the actual properties of a drug the speculative view became the most prominent, and disappointments led to the adoption of other opinions and practices, which passed in their turn. It has been in the past, and still is, the search for specific drugs suited to a specific disease that makes the successive use and rejection of medicines only a matter of time on the part of the dominant school.

In order to meet this desire for new remedies with which it is hoped to make amends for the disappointments of the old and rejected ones, the modern manufacturing pharmaceutical laboratories, both in this country and in Europe, are constantly pouring into the market a flood of new drugs in combination, or mixed with some of the standard remedies, all labeled with uncouth and unmeaning names, synthetic and otherwise.

The number of these articles has increased so greatly that some two years ago I made the calculation and found that a physician of the old school could treat any disease known to man by means of these new drugs without using anything from his hoary *materia medica*. Several druggists of my acquaintance have repeatedly assured me that a very large number of physicians prescribe these concoctions of

the great laboratories to the extent of nearly thirty per cent of the total number of their individual prescriptions. In consequence of this output not only has therapeutics been degraded but the art of pharmacy is also debased and the average druggist reduced to a vender of nostrums.

Printed testimonials affirming the value of these substances in the treatment of disease fill the mail of every physician chiefly emanating from the pens of cross-roads doctors whose commendations should carry neither conviction nor authority. In some instances a formula is published upon the label, though it is too much for any one to suppose that it announces all the ingredients, but in much larger proportion these medicines and their mode of preparation are unknown to the profession.

The procession of new remedies is constant and newer ones present their claims to infallibility and supersede the former as the months go by; and yet amidst this confusion and their skepticism of their own resources, the dominant school turns its face from the more exact principles of the school of Hahnemann.

But are all the members of our own school of medicine free from this tendency to adopt untried remedies which are presented without proper credentials? By no means. True, we know exactly what these are and how they are obtained and that they are single and uncombined, but they have no character of their own; they are empirically recommended and in the vernacular of the old school, are said to be "eminently useful" in such and such a disease, "have greatly benefited" in such and such disorders, and have "afforded marked relief" in certain cases.

But as to the real inherent properties of these new candidates for adoption little or nothing is said. Sometimes a "fragmentary proving" is published, so fragmentary in character as to have no proportion or outline whatever, possessing no individuality and differing in no respect from the symptomatology which is common to a hundred other remedies; too often their chief recommendation consists of the therapeutic gossip of two or more eclectic physicians.

Do not misunderstand the position of the writer of this paper, who is far from regarding the materia medica as complete, but it is his sincere conviction that the new aspirants for a place in its pages should win their laurels in the same manner as their predecessors have done, viz., by thorough and numerous provings, and in the light of these, their clinical employment. A drug in order to impress its claims upon us must have its character written on its face, and this can only be developed by careful provings on healthy human bodies.

As an illustration of the unused wealth already contained in our materia medica, which is often neglected or ignored for new and unknown drugs, I shall call your attention to one of the lesser known remedies. A drug offers many points of view, a symptomatic side, a toxic side, a pathologic side, a chemic side, etc., so I shall present the therapeutic side of dulcamara for consideration this evening in order to show some of the golden grain we already have in store and the possibilities of its use.

The provings of dulcamara show it to be capable of inducing an inflammatory condition of fibrous and mucous structures greatly resembling that having its origin in the rheumatic diathesis. All the ailments and diseases which are caused or are curable by this drug originate from and are aggravated during the continuance of cold, damp weather; such weather as presents itself during the prevalence of cold and damp east winds, cold, misty or foggy days or long seasons of cold rains, or where there has been a succession of warm days and cold damp nights. The muscular system in general responds to this atmospheric condition in a subinflammatory state which manifests itself by a sense of muscular soreness and stiffness in all parts of the body, or this may be confined to certain localities. Locally it is more apt to make its appearance in the cervical muscles, across the shoulder and in the small of the back; even rheumatic pain in the scalp, sometimes mistaken for ordinary headache, is another local expression. This muscular pain is usually continuous, with occasional remissions for longer or shorter periods, but which always returns unabated in degree at every change to cold, damp weather.

The fibrous nerve sheaths, when they are situated close to the surface of the body or when lying deeper among the muscles become the seat of pain; thus facial and other neuralgias arise in consequence of exposure to the influence of cold, damp winds. Motor nerves are also subject to this same rheumatic inflammation in their investing sheaths, and paralysis takes place from exudation-pressure upon the contained nerve. Thus we find involvement of the trifacial and hypoglossal nerves giving rise to paralysis of the face and of the tongue, or paralysis of the legs follows when the person has been sitting for some time upon cold, damp or wet ground. Paralysis also occurs in the sphincter of the bladder, causing involuntary urination.

All the paralyzes of dulcamara are local, or spinal, a neuritis in fact, and not cerebral in origin, for it is observed in cases of poisoning with this drug that consciousness is preserved to the very last. Twitchings and convulsions, evidently spinal, also occur.

Urticaria shows its reddened skin and white wheals whenever the body has been exposed to cold, and is often associated with acidity of the stomach.

Many gastric disorders and colic, with free yellow or mucous diarrhœa, as a consequence of the before mentioned weather, often finds its cure in dulcamara. Not only in the intestinal tract, but all mucous surfaces, wherever these are situated, become the seat of a catarrhal inflammation, due to exposure to cold and dampness, and aggravated by every return of the same kind of weather, fall within the curative range of this similarly acting remedy; not the ailments caused by exposure to clear, sharp, dry cold air, which are best met by aconite, but the chilling effect of a cold, moisture-laden atmosphere. A free production of mucus attends all these catarrhal disorders, from the nose and pharynx to all the canals and ducts and outlets of the body. Even the pharyngitis, whose inflammation extends downward into the air passages, producing laryngitis, trachitis and bronchitis, presents this same clinical character, and though there may be a dry cough, the general rule is a loose mucous cough with easy expectoration. Sometimes there is a nervous element connected with these, and the cough then takes on a spasmodic character.

The kidneys participate in this rheumatic diathesis, and only a small quantity of urine is secreted as a result of ca-

tarrhal inflammation, especially so in those who are exposed to cold and dampness or who habitually work in water, while albumin appears in the urine in considerable amount; in such cases, as well as in a chronic cystitis with offensive mucus contained in the urine, dulcamara exercises its curative effect. The menses are apt to be late and scanty or suppressed entirely, and urticaria often accompanies the period.

Vesicles and herpes are of frequent occurrence and show themselves in any locality. I have often thought that the "cold sores" on the lips, which are always vesicular or herpetic, and which popular tradition assigns to "cold," might be due to the influence of the rheumatic diathesis, for, after all is said, skin diseases are really cutaneous neuroses. Eruptions appearing on the skin after exposure to cold or changes of weather, and suppressed eruptions followed by neuralgias or asthma, all find their counterpart in the pathogenesis of the bittersweet.

There is a tendency for the skin to become hard and callous, with a scaly epidermis, and this drug has often been used in psoriasis. The glandular system is also invaded; inflammation of the salivary glands is attended with free salivation, and enlargement of the lymphatics often occurs.

I have thus hastily sketched the clinical side of dulcamara to show what a variety of ailments it is capable of curing, a remedy whose effects rests on the solid foundation of provings, not the sandy substructure of empiric recommendation, in which there always exists the possibility of a diagnostic error. The intention of this paper is to emphasize the fact that there are many well proven remedies in our materia medica which are almost forgotten in the hearty welcome that is being extended to new and practically unknown drugs. And when we, in addition, consider the mass of clinical knowledge that clusters about the old remedies, the polychrests especially, which is the same to-day, yesterday and forever, verified by thousands of our physicians upon hundreds of thousands of patients, unassailable by time or authority, is it well for us to fritter away our time and dissipate our energies in the pursuit of medicinal Jack-o'-lanterns that invariably lead us into the swamps of empiricism? The luminous saying of St. Paul, "Prove all

things, hold fast to that which is good," is as axiomatic in the homœopathic materia medica as it is in philosophy.

DISCUSSION : Dr. O. L. SMITH : Personally I am indebted to Dr. Storke for such an interesting and instructive paper and I am sure that more of just such analyses would make us broader and better homœopaths. Dr. Evans' paper is timely and certainly sounds a warning note against the not to be denied tendency of the profession toward empiricism and specifics, due I believe in many instances to the neglect of the study of our materia medica. But I have yet to have experienced from the use of any so-called empirics or specifics any such prompt, efficient and satisfactory results as the properly indicated remedy has yielded.

Dr. R. LUDLAM : I think that Dr. Evans has been very happy in the choice of a subject for his paper. There is wisdom and prudence in the proposition that, in our school of practice especially, the newer remedies should be put through the same trial-process as that by which the older ones have achieved their reputation. For their therapeutical evolution is a matter of the greatest importance. Without a proper rule for their selection, no matter how useful they might be under suitable conditions, they will almost certainly fail to do what has been promised for them, and will soon have to be discarded. This is the fate of all sorts of empirical remedies and specifics, which as a class are short lived and unsatisfying.

In my judgment Dr. Evans has also been fortunate in the choice of his illustration from among the old remedies that should not be neglected or forgotten. His careful analysis of dulcamara discloses its relation to the catarrho-rheumatic diathesis as it is influenced by certain changes and varieties of weather that are indicated in his report. Those members who are interested in the study of that diathesis, with which of late years we all have had so much to do, can refer to Hutchinson's Lectures,* a free extract

*The *Pedigree of Disease*. Six lectures, etc., 1885, page 90.

from which I brought to this Society three years ago, in a paper on "Rheumatoid Affections in Women." *

Hahnemann was the first to recognize the anti-catarrah properties of dulcamara, and why the members of this section on materia medica and therapeutics, or some other good homœopaths, have not long ago suggested its use as prophylactic and curative in the different forms of the grippe, and of ordinary influenza we do not know. It is possible that in the scramble for new remedies they have overlooked its clinical relation to the catarrhal and rheumatoid conditions which characterize these affections; and that they have forgotten the causative significance of damp, chilly weather as bearing upon the nature of the disease and the choice of this particular remedy.

I do not wish to say that, if this sketch of the scope of dulcamara can be depended upon, it should be almost a specific for the common form of the grippe, for the sin of prescribing beforehand what a remedy might, could, would or should do goes with the bad habit of forcing it into use whether it is suitable or not. But it certainly is worthy of a trial, and if its promise is borne out in the results obtained, the society will have done a good work to-night. Let us have faith in the old remedies and hope in the new ones.

Dr. A. C. HALPHIDE: Protests are generally born of conservative thought, and I think that Dr. Evans' paper is such a protest. He deserves credit for thus plainly pointing out the evils of the growing tendency to receive new remedies and methods without proper and sufficient investigation.

Any new remedy or system that comes forth as a panacea should be suspected, for any so-called cure-all must in the end fail. Nothing can cure everything. A new remedy or a new system is always looked at from two points of view; one, the enthusiast, over-rates it and the other, the skeptic, under-rates it; the truth concerning it lies somewhere between the two extremes. This has been

*The CLINIQUE, 1896, Vol. XVII., page 163.

the experience of every innovation—drug, electricity, massage or what not.

A workman must understand the tools he uses, and the better he understands them the better results he will have. It is better for him to become skilled in the use of what he has than to spend his time in trying every new thing that is noised abroad. And yet, it would be most unwise for him to deny the possibility of new and better inventions, for it would contradict the unvarying experience of the past. The physician is the workman, remedies are his tools; they should be understood and skillfully used. So used, our old remedies have done most satisfactory service and will continue to do so, but there is need of more and better ones, if possible. Discoveries are being made upon every hand, in every department of science. Why should medicine be an exception?

I believe in the gospel of progress; and while I am in accord with the essayist, that no remedy should be accepted until it is properly proven, I think we should watch for and accept any new remedy or new thing that is likely to be useful. Try them and hold fast those which are good and useful.

CLINICAL CHIPS.—“Cholera and typhoid germs have been found where these diseases were never known.” Of course they have; and Tom, Dick and Harry have carried eggs into the woods where never a chick was hatched. (*Sanitary Inspector*.)—The Chicago Board of Health report shows that by the use of antitoxin under its direction during forty-one consecutive months the mortality from diphtheria has fallen from 35 to 6.8 per cent.—Dr. Julius Neumann reports to the Vienna Medical Club a case of deciduoma malignum that ended fatally by pulmonary metastasis.—The *phaseolus nana*, or white bean, is fast becoming a popular remedy for gastric flatulence and secondary cardiac embarrassment.

We are pained to announce the sudden death of Dr. Ludlam, the editor of this journal, which occurred at 5 o'clock on Saturday afternoon, April 29. The doctor had apparently recovered from his recent operation and illness, which has been noted in the columns of this journal, and was attending to his business again as usual. During a difficult operation on Saturday afternoon he complained of feeling weak, and sat down, dying almost immediately. A more extended notice will appear in the May number.

Commencement Exercises.

OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.—
SESSION 1898-99.

The Thirty-ninth Annual Commencement Exercises of this famous Institution were held in the Grand Opera House, Chicago, at 2:30 P. M., of Thursday, March 23, 1899. The weather was beautiful and propitious, the audience large and appreciative, the music merry and delightful, the class in cap and gown a noble and attractive one; and all the appointments in charge of Professor Halbert were quite in accord with the traditions of the school and with the hopes and aspirations of the young graduates, their many friends and all concerned.

THE ANNUAL REPORT OF THE REGISTRAR.

BY PROF. JOSEPH PETTEE COBB.

Mr. President and Gentlemen of the Honorable Board of Trustees: By order of the Faculty of the Hahnemann Medical College and Hospital, it becomes my pleasant duty to present to you the Thirty-ninth Annual Report of this Institution, and to recommend to your favorable consideration these applicants for the Degree of Doctor of Medicine and Surgery.

During the session just completed there have been enrolled 198 matriculates; of these 63 have been members of the fourth year class; and 57 are to-day recommended to you for graduation.

Each and every one of these candidates has completed the full legal requirements of the State of Illinois and of the American Institute of Homœopathy. They have attended four or more full courses of lectures; they have had two years of hospital instruction, and they have been thoroughly drilled in well equipped laboratories.

The Curriculum for this, their last year, included nineteen didactic lectures, eleven general clinics, twenty-three dispensary sub-clinics and an average of twenty-four hos-

pital bedside or operative clinics each and every week of the entire six months' course. The total number of patients presented to this class for examination, study and treatment in these various clinics during the school year just closed has been 11,721.

The strict gradation of the work in this Institution requires that the work of each year shall be complete in itself; that the examinations and quizzes of each year shall be final for that year's work, and that no student shall be advanced to a higher class who has more than two conditions on previous work.

As a result in part of the exactions of these rules, twenty-six students have severed their connection with this class during its first three years with us; of these many have joined the present graduating class in institutions whose scholastic requirements are notoriously less rigid than ours, and whose efforts seem merely to consider the minimum technical requirements of the State law, to the utter disregard of its spirit.

In consequence of our superior advantages I am able to report that seventeen students from other medical colleges have been in attendance this year, and that the number of post-graduates who have taken the work with the Senior Class has been twelve.

I have the pleasure of requesting the following named applicants for graduation to take the place assigned them on this platform, that they may receive from your hands, Mr. President, their merited Degree of Doctor of Medicine and Surgery.

LIST OF GRADUATES.

SESSION OF 1898-1899.

ATCHISON, ARCHIE B.,	. . . . .	Illinois.
AXTELL, LUELLA E.,	. . . . .	Wisconsin.
BARTLETT, EDITH VALENCIA,	. . . . .	Wisconsin.
BARTLETT, MARY ELIZABETH,	. . . . .	Wisconsin.
BISSELL, HOBART HENRY,	. . . . .	New York.
BOWKER, FRANK CLARENCE, A. B.,	. . . . .	Kansas.

BROWN, MRS. EDNA WHITCOMB,	Iowa.
BROWN, MAY THORNTON, M. D.,	Illinois.
BRYANT, SUSANNAH LONG,	Ohio.
CLARK, PETER SELBIE,	Illinois.
COMSTOCK, A. E., M. S.,	Iowa.
CORY, A. LOUISE,	Michigan.
CROOKS, WILLIAM A.,	Illinois.
CRUZEN, J. LEWIS,	Iowa.
CUTTS, ELMER HENRY, A. B.,	Vermont.
DAVIDSON, WARREN CHARLES,	Indiana.
DAVIS, IDA PETTIBONE,	Nebraska.
DODGE, RUFUS EMERSON,	Michigan.
DUFFIELD, ALICE VIRGINIA,	Illinois.
EATON, WILLIAM OLIVER, M. D.,	Ohio.
FERGUSON, A. R., A. B.,	Michigan.
FITZHUGH, JULIA DOWNEY,	Illinois.
FLINT, NELLIE C., B. S.,	Iowa.
HOLMES, ABBY VIRGINIA,	Nebraska.
JOHNSTON, JOSIAH U.,	Iowa.
KELLY, JAMES WILLIAM,	Michigan.
LANGHEIM, HENRY WILLIAM,	New York.
LAYMAN, ERNEST,	Indiana.
LEEDS, FRANK RIDGWAY,	Indiana.
LELAND, JOHN TYNDALL,	Wisconsin.
LEMON, HERBERT KENTON,	Kansas.
LINDQUIST, NILS S.,	Indiana.
MCBEAN, GEORGE MARTIN,	Illinois.
MCCLANE, JEAN EDWARD, M. D.,	Missouri.
MCCURLEY, BEMAN GUY,	Ohio.
MANSUR, MARY LANE, M. D.,	Wisconsin.
MANSUR, WILLIAM E.,	Wisconsin.
MARSH, NATHAN WALWORTH, A. B.,	Illinois.
MARTIN, FREDERICK HENRY,	Wisconsin.
OLSON, EMMA E.,	Wisconsin.
PARK, KENNETH CRAWFORD,	Michigan.
PEARSON, E. DORWIN,	Indiana.
PETIT, GILMAN WILBUR,	Illinois.
PILES, FREEDA M., B. S., PH. G.,	Iowa.

RAGATZ, JOHN EMANUEL,	Michigan.
THOMAS, GILBERT V., M. D.,	New York.
TRUAX, HERBERT E., M. D.,	Illinois.
TUCKER, FREW ALBERTES,	Iowa.
TULLEYS, EDWARD JOSEPH,	Ohio.
VOSS, GEORGE HERMAN,	Illinois.
WATERBURY, CHARLES ARTHUR,	Iowa.
WELLS, MARY J.,	Wisconsin.
WEST, EMMA JANE,	Wisconsin.
WINCHELL, MARIE AURENA,	Illinois.
WOOD, FRED WEBSTER,	Michigan.
YOUNG, D. WEBSTER, M. D.,	Illinois.

THE CONFERRING OF THE DEGREE.

BY PROF. R. LUDLAM, M. D., PRESIDENT.

The ceremony of conferring the degree was preceded by a few appropriate remarks and reminiscences befitting the occasion. The Graduating Class was reminded of the serious and responsible nature of the present change in their relations to the profession and to society, and its members were charged to be loyal to this Institution and its interests wherever their lot might be cast. After which the Degree of Doctor of Medicine and Surgery, "with all the rights, immunities and privileges thereunto belonging," was bestowed "upon each and every one of them."

THE ADDRESS TO THE GRADUATING CLASS.

BY REV. JENKIN LLOYD JONES.

THE LIGHT OF NATURE.

The "masses" in these days are perhaps preached to, certainly preached about quite enough. I have been feeling for some time that the "classes" need a little attention and I have been trying to gather myself for a series of sermons to some of the much abused and much neglected "classes." This occasion gives me a chance to begin with a much discussed, in these days much dismissed and still somewhat slightly class, the doctors. Wordsworth gives me my text:

"Come forth into the light of things.
Let nature be your teacher."

So let us to our sermon. There are three ways in which nature may be estimated, even by the doctor. One as an enemy to fight, physically, chiefly a combination of microbes and malaria to be anticipated with tonics, to be fought with purgatives, to be beaten with blisters. Spiritually the doctor may take the counsel of the preacher and regard nature as a snare to entrap the soul, a force to be resented, the interests of the spirit being alien to her method. The theologians, taking this view of nature, developed the anchorite and peopled the caves and the deserts with those who wanted to get as far away from nature as possible or at least to take her at her minimum. It gave rise to the flagellants who tortured the flesh, who looked upon the bodies we occupy as prison houses of the soul. This view still obtains. The body, we are told in some quarters, is an illusion, some phantasy of the mortal mind which entangles the spirit and pollutes it.

A second estimate of nature is indifference to it except as a storehouse from which to draw so many of the comforts and luxuries of life as we can stand. When nature ceases to be a prison it becomes a cupboard from which we are to draw the necessities of life. This is the business man's estimate of nature, the commercial standard. A pine tree means the possibilities of so many thousand shingles; an oak tree suggests a certain quantity of building timber; a prairie the possibilities of so many bushels of corn. At the real estate office land is divided into two classes—useful and useless; the first to be cut up into farms, the latter to tax speculative ingenuity that will reclaim it or discover some use for it. As a last resort to realize something on these useless lands Calumet Clubs and the like are organized to secure control of thousands of acres called "waste lands" so as to monopolize the fishing and the shooting. Thus the "Calumet swamps" and the "Kankakee marshes" are still found to have some uses inasmuch as they are good places to go hunting wild ducks in.

There is a third estimate of nature that makes it a friend—beautiful, inspiring, exhaustless—that relates the forces of gravitation with the forces of mind, that unites in some mystic but high wedlock matter and spirit. In all this realm, ordered and orderly, is seen a book of revelation that underlies and is the mother of all revelations. This is the view not only of poetry but of science, and it ought to be the assumption of the good physician. Nature

is but another name for the mighty potency which religion calls God. It is the near and appreciable side of that infinity we call the universe. It is the light of history, the love in all loves, the joy in all joys. This view of nature brings cheer to the discouraged, patience to the toiler, inspiration to the student and makes lasting and ever growing the vocation of the physician, for it now becomes his business to enter into the secrets of nature, to adjust the wayward will of man to the relentless order, to cure by submission, by obedience, by coöperation. This view of nature gave to Jesus the revelation found in the lilies, the sparrow by the roadside, on mountainside and on the beach.

For the understanding of nature in this light the physician of all people needs to be tutored and trained. Let nature be your teacher. What a beautiful story is this of the heroes of science. What splendid inheritance is ours from the men who have been enamored of nature. How brave and tender, how diligent and joyous have been the lives of those who have accepted nature's invitation and have "gone forth into the light of things." Brave Columbus sailing unknown seas in search of hidden continents; Von Humboldt climbing the solitudes of the Andes; Livingstone penetrating the depths of African continents; Darwin sailing amid tropic seas in the Beagle, studying coral and mollusk; Agassiz exploring the tropic glories of the Amazon and battling with Alpine glaciers; not to mention the names of those who have found the great peace in studying the midnight stars in the solitude of fireless observatories, or those other devotees of the lens who, by means of the microscope, explore the palaces of littleness and study the inhabitants of a raindrop. To think of Proctor and Tyndall, of Pasteur and Koch, of Huxley and Wallace, is to enlarge one's mind, clear one's vision, warm one's heart, ennoble the ideals of life because all these have "gone forth into the light of things," they have accepted nature as a teacher, and it made them not only wise but noble. It gave them not only skill of intellect but warmth of heart. In seeking truth they have learned to serve the right also, and in becoming wise they have grown loyal.

Young men and young women, you ought to have much to do with books. The good physician may well covet the mastery of languages, familiarity with history and the breadth that comes from travel. After a while you will do

well to sail up the Nile, visit Palestine, sit among the ruins of Persepolis, but not until you have paid your college bills and have justified your signs and established yourselves in homes. Meanwhile it is well for you to remember that the lapsing waves of Lake Michigan murmur the same gospel as that which the "ripple wash of Galilee" taught to Jesus. The rose of Illinois in a few months will reflect the same glory as the rose of Sharon. It is the same sun that rose over Chicago this morning as that which shone upon Jerusalem when the name of Solomon made it famous and glorious. Aye, the little sparrow on our housetop, held more cheaply than the sparrow of Judea, two of which were sold for a farthing, may if your heart is not hardened, testify to the same all-inclusive fatherhood that numbers the hairs of your head. It is well to read the charming books of Thoreau and John Burroughs, for they tell you much about the robins, the squirrels, the buttercups and clouds. But it is a great deal better to do what Henry Thoreau and John Burroughs did; go and interview the robins for yourselves, note the habits of the thrush and the woodpecker as they did, cultivate the squirrels and learn of the pine cones as they did. Henry Thoreau noted in his diary the first day in spring when he could lay off his coat. In 1854, it was on the 5th of April—that day he noticed a buff edged butterfly, and also hawks, flying over the meadows, and, "Hark! while I was writing down that field note (in his surveyor's book) the shrill peep of the hylodes was borne to me from afar through the woods." On the same date, nine years after that, the tree sparrows and the peewees were heard. One day later, in 1858, he noticed "one cowslip, though it shows the yellow, is not fairly out, but will be by to morrow. How they improve their time. Not a moment of sunshine is lost. One thing I may depend on: There has been no idling with the flowers; nature loses not a moment, takes no vacation. They advance as steadily as a clock." And so on through the year he went with his eyes open, his ears alert, and the fine sense of touch open at every pore to the benign invasion of God, who came to him with his message of peace, riding on the rays of light; who spoke to him his gospel of progress in the never-failing seasons; who preached to him a religion of independence in the chirp of the squirrel. He worshiped in the great Saint Peter's Cathedral of nature, the sacred temple we call "out of doors," domed by the sky, illumined by the stars, an architecture compared with which the

great triumph of Angelo which caps the Saint Peter at Rome is but a bubble.

When Millet, that brave French peasant painter, was borne down with care and anxiety, his great heart toiling to teach reluctant eyes to see beauty in things near, poetry in the beauties of the field and the home, he exclaimed, "Come, let us go and see the sunset; it will make me feel less forlorn." There is a beautiful story of the great Ole Bull, who, when stretched on his bed of pain and life was ebbing away, too sick to speak, he wanted something. They brought him his favorite violin, his diamonded bow, the crown of gold he had won; but to all these he shook his head. But at last some one brought him a handful of heather from the hills and that soothed him. He smiled, pressed it to his bosom. And this great master of art died a loving child of nature, pressing to his bosom its simplest product.

How much nature has done for these who are willing to study her and who are able to read what is best in her you have but to consult the high poetry of the world, the great measures of Shakespeare, Goethe, Wordsworth, Emerson, Tennyson, Longfellow, Whittier, Bryant and their companions. They all invite the doctor to neglect his pellets, if need be, to turn away from his plasters when necessary and "to come out into the light of things" that nature may be his teacher.

What will nature teach him? She will at least teach him regularity. Doctors are supposed to have some difficulty with what preachers call "faith." They have been suspected of a mild degree of distrust as to some of the postulates of the preacher. As a preacher I come back at them to-day and say,

"Come forth into the light of things,
Let nature be your teacher."

And then you will at least be sure of the sunshine, you will look for it in the east every morning and you will set your watches accordingly. You will at least know where to look for the north star and on what trees to look for apples. You will know enough not to expect pumpkins on oak trees or acorns on pumpkin vines; in short you will know that nature works in an ordered way, that you live in a world governed by law, that your life is cradled in light, that birth and death are alike produced by law, that there is a cause for every

effect and that one thing is related to all things, that nothing stands alone, or as Emerson say,

" A subtle chain of countless rings
The next unto the farthest brings."

And, more than this, when you come "out into the light of things" you will see *that this order is a growing one*. Nature is not a finished cabinet of curios put upon shelves where they always stay, but it is a procession, a moving column; it is a great army; there is place indeed for colonel, captain and corporal, and every private has his place in the ranks, but the column is moving. Nature is marching on, however we may straggle behind. It is going somewhere. To change the figure, it is a great river flowing onward, yes, *onward* is the word. Nature is improving. Away back in the early Jurassic period John Fiske says: "The real lords of the creation were the giant reptiles stalking over the earth, splashing through the sea, and flying on swift, bat-like wings overhead. The iguanodon, from fifty to seventy feet in length, was supposed to be the largest, but Professor Marsh discovered the *Atlantosaurus* of Colorado, nearly one hundred feet in length and thirty feet in height, the largest animal yet known." But all those clumsy giants are gone and in their stead have come nimble squirrels, beautiful thrushes, intelligent men and women. How the squirrel would tease and shame an iguanodon and tell him that "there was no virtue in size;" not bigness but adaptation. What has happened in the animal world has happened in the world of plants and in human history. Nature has been moving. Things are getting along. The world is growing finer, and mankind is getting better. The pippin was once a crab-apple. The noble St. Bernard dog, the missionary of the avalanche, has descended from the wolf or something like him, the terror of man. And Shakespeare and Emerson have descended from the savage something like the Hottentot or the Indian. "Come forth into the light of things" and nature will teach you that progress is a part of her order. Development is her method. Evolution is the motto of her campaign.

And then, in the light of things we are taught the lesson of patience. Nature is diligent but never hasty. She is persistent but never impatient. She has been at work for a long time and there is every indication that she is going to continue for a long time yet to come. The old fashioned books used to tell us that the world was created about six

thousand years ago, but in "the light of things" we see that six thousand years is but a tick of the clock. That clumsy iguanodon, sixty feet long, lived before the mammals appeared on the earth, and the mammals go back only about one-twentieth of the period in which there are fossil evidences of life upon this earth. Sir William Thompson has estimated that this solid earth of ours, once a fiery mass of vapor, has been solidifying for perhaps four hundred million years; that vegetable and animal life has been on the earth from one to two hundred million years. Perhaps man has been on the earth from one to two million years. All this time he has been learning his lesson, slow, slow, very slow, but very sure.

A million years—Mr. Croll, one of the clever students of things, tried to help us to some idea of the extent of a million years. He says, take a strip of paper eighty-four feet and four inches in length, then think your own age and mark off one-tenth of an inch on the end of this strip to represent a hundred years; the whole strip will represent a million years. Nature is deliberate. She has taken a long while to accomplish her task. It is believed that there are trees in India still alive that were growing when Buddha went about teaching gentleness. It is quite certain that there are cedars in Palestine that are as old as Jesus. In the light of things we grow patient.

Again, all this order, progress and patience are somehow allied to beauty. Nature loves color. The rose is the child of her bosom, the lily the pride of her garden. Starlight and daisy all woo us into the palace beautiful, and the palace beautiful abounds in cheerful song. There is a blending of notes as there is of color in nature. Nature soothes us, sings to us, makes us laugh. That iguanodon was clumsy; the squirrel is nimble. Primitive man was morose, gloomy. Civilized man is sunny, happy. Smiles go with intelligence. Genial laughter is the fruit of culture.

Amber is the fossil gum of a tree that grew way back in the earlier eras of the Tertiary period before mammals were.

A German entomologist has made a collection of 820 different species of insects that have been preserved to us in this gum in which they stuck when they foolishly went to it for a sweet sip perhaps 5,000,000 years ago. Here are gnats, mites, mosquitoes, sucking flies of great variety, 820 different kinds. Only thirty of these kinds are now found in Europe. About 100 of them are found in America.

Not one of these 820 kinds are found in Africa. Most of this amber is found in comparatively small districts of Asia Minor. If nature delighted in making such a variety of flies several million years ago you may be sure she has not lost her passion for diversity nor lost her trick of variation. If there are such varieties in flies why should there not be greater variety in souls? Why should you care to think, act or believe like another? How little significance there is then even in the doctor's labels. When you characterize him as an "allopath," does that stigmatize him as a fool; or when you give him a diploma saying that he is a "homœopath" does that mark him a sage or prove him a man to be trusted in the hour of trouble, or one equal to a crisis? His homœopathy at best can represent but a few points in the circle whose sixty degrees are infinitely divided. There is not a grain of sand but what has an individuality all its own. How much more must every soul be itself, unlike every other self.

"Come forth into the light of things," think, act, and believe according to the guidance of your own nature; be true to yourself; beware of uniforms. Nature has little use for such. Harmony is not uniformity, but it is the blending of diversity.

Here, at least, we have a confession of faith which even the doctor can swear by. If he comes "out into the light of things," he must believe in law, in progress, and he must be willing to work patiently for beauty which blooms more and more into variety. He began in law, he ends in freedom. He began with things, he ends with spirit. Patience is no longer endurance, but inspiration. For the last and dearest lesson of it all is that he is a part of this order. At least the doctor must believe that the noblest thing in nature is human nature. The matchless mechanism of nature, so far as we know, is the human hand; the divinest love in nature, so far as we see it, is a mother's kiss. In the human mind we find the most God-like power that we can study in nature. Emerson tells us that the earth "wears the Parthenon as the best gem upon her zone," and that the morning welcomes the pyramids, and that the English abbey belongs to nature as do the Andes and a Ararat. There is no break between the violet and the Christ-child, between mother robin and mother Mary. The royal man is not only a god to his dog, but he is regal in the realms of nature. For him the lightning will run on errands; for

him fire will preserve and protect what it once destroyed. Man reduces the thorn, increases the rose, prunes the vine, enriches the grape, plows up the sod and grows wheat where weeds flourished. He destroys the forest and builds a city, makes a shepherd dog out of a wolf, a friend out of the lion, catches the note of the mocking bird, reproduces it on the violin with improvements and variation. What is the skylark compared to Patti as a member of nature's orchestra?

Doctors, hasten "out into the light of things" and realize how bountiful is nature toward mind; how she dotes on a loving soul, opens up her innermost cabinets and gives to him her choicest secrets. A quart of water a day will satisfy the needs of a savage. A civilized man, living in the country, needs for domestic uses from fifteen to twenty gallons per day. In the city, with its complex needs for manufacturing purposes, street cleaning, park fountains, extinguishing fires, sixty gallons a day per person is the estimate, while New York city claims to be able to furnish its citizens one hundred gallons a day and still there is plenty of water for all. When it becomes scarcest and poorest, nature is only waiting for the intelligent prayer of man to meet his wants. The city of Memphis a few years ago was threatened with pestilence on account of the meager quantity and the inferior quality of the water. Its citizens communed more closely with nature. The man of science bade them bore their wells deeper. Down they went through gravel and clay, through the bad water of surface and sewage, through the clay waterproof cap hundreds of feet down, and lo! they touched exhaustless cistern of purest water which hurried into every hydrant and every house in the city that would give it admission, water that had come from forty to sixty miles away to meet them. So is it everywhere in regard to all the needs of man. Nature is as bountiful as she is beautiful, as generous as she is exacting. Nature conspires for the triumph of excellence. Nature begins by pleading with the doctor for the open mind. She ends by helping him to the joyous and altruistic life. The true in science is the good in religion. The tints of the rose call for virtue in the maiden. The stalwartness of the pine asks for its counterpart in the integrity of the boy. As the meadows yield grass so society should yield grace.

After you are thus tutored you will not believe in the essential corruption of human nature, even on the eve of a

municipal election. And all the statistics furnished by one party against the other will not utterly break down your faith in man or make much room for a man-cursing devil in this universe of law which has more out-of doors in it than in-doors, which furnishes starlight when the sunlight fades, and the starlight may be more instructive than the sunlight. Nature in atom and planet, in cell and cathedral, gives not only law but life, the life that begins in bonds and ends in freedom.

The doctor thus tutored will not seek for a golden age of peace and purity in a far off past or in some cloudy realm in the dim future, but here and now he finds the beginning of that harmony and that order that it is his business to extend indefinitely until it loses itself in infinity. There are times when the bird on the bough, crooning to his mate on the nest, is a better and safer teacher than even a professor of pathology, for the bird awakens the love-life in his own heart, making melodious his silent moments, making calm his most toilsome hours, making joyful burden bearing. And all education is defective, aye, a delusion and a sham that does not call to duty, that thirst for usefulness, that passion to serve which rises in the hearts of these young men and women as they stand on the threshold of life with the morning sunrise upon their brow, is God's voice without seeking to chord with the God's voice within, thus bringing about that higher harmony between the human nature in man and the God of and in nature.

Yes, members of this graduating class,

"Sweet is the lore which nature brings."

To you as to Wordsworth, now as then and as always,

"One impulse from a vernal wood
May teach you more of man,
Of moral evil and of good,
Than all the sages can."

But the "vernal wood" is no more nature's field than are the green fields of literature, the forest solemnities of history, the mountain peaks of genius when they are allied to nature's forces. Beware how you force an antagonism between nature without and nature within. Emerson saw more clearly than Wordsworth the identity of the fields, of matter and of mind. Body and soul are allied, united in the sanctity of being. An indignity to the one is an indignity to the other, a joy to the one is a joy to the other. You cannot treat the one without treating the other. There

is no science of medicine. There ought to be a science of health in which some medicines may play a secondary part. Long before Mrs. Eddy undertook to elevate the potency of mind by denying the reality of matter and insulting the sanctities of the body, Emerson wrote, "The physician helps mainly by healthy talk, giving a right tone to the patient's mind." This is an indispensable factor in the success of the good physician, but there is that back of this that will work with, it may be, in spite of, if needs be, the physician.

A long time ago I was sick and the physician gave me some very small pills, and I got well. "Henceforth," I said, "I take naught but small pills." I was sick again. The physician came and left some more small pills which I forgot to take but I got well. And then I said, "Henceforth I need no pills. The suggestion of a wise man is enough." I was sick again and I forgot to send for the physician and I got well once more. Then I said, "Henceforth I need no physician. There is power in the human mind to right its own ills. Health comes from cheerfulness, from thinking health." I was sick once more and I thought I was going to die. I was willing to die, planned to die. My mind was off duty but I got well once more.

What was it? What is it that lies back of big pills and little pills, hypnotic suggestion or buoyant will, that cures most of the sicknesses and keeps so many bodies a-going for three score and ten and more years? Who is the physician that nourishes you when you neglect yourself, that makes tolerably good blood out of poor victuals, nurses in sleep, heals through rest, gives life to the underserving, and compels and evokes more and more that common sense that is the last attainment and perhaps the rarest achievement of doctors and preachers?

THE PRESENTATION OF THE PRIZES.

BY PROF. H. V. HALBERT.

The Trustees' prize of \$50, offered for the best general examination for the entire course, is awarded to Dr. Peter Selbie Clark, of Illinois.

The Faculty prize of \$25, offered for the second best general examination for the entire course, is awarded to Dr. Fred Webster Wood, of Michigan.

Honorable mention for excellence in work and examinations is also made of Dr. Luella E. Axtell, of Wisconsin; Dr. Hobart Henry Bissell, of New York; Dr. A. E. Comstock, of Iowa; Dr. Alice Virginia Duffield, of Illinois; Dr. Abby Virginia Holmes, of Nebraska; Dr. Frank Ridgway Leeds, of Indiana; Dr. John Tyndall Leland, of Wisconsin; Dr. Nils S. Lindquist, of Indiana; Dr. George Martin McBean, of Illinois; Dr. Frederick Henry Martin, of Wisconsin; Dr. Emma E. Olson, of Wisconsin; Dr. Kenneth Crawford Park, of Michigan; Dr. E. Dorwin Pearson, of Indiana; Dr. John Emanuel Ragatz, of Michigan.

The following appointments for Internes in Hahnemann Hospital are announced:

To go on duty April 1, 1899: Dr. Peter Selbie Clark and Dr. Edna Whitcomb Brown; do. June 1, as Assistant Surgeon, Dr. William A. Crooks; do. October 1, 1899, Dr. Frederick Henry Martin and Dr. George McBean.

Alternates: Dr. Gilman Wilbur Petit and Dr. John Emanuel Ragatz. Internes for Cook County Hospital: Dr. Fred Webster Wood and Dr. Nathan Walworth Marsh.

THE RECEPTION AND BANQUET.

This beautiful and enjoyable function, to which the hearts of our alumnæ turn every year and toward which the senior students look with longing and glorious aspirations, was held in the banquet hall of the Auditorium Hotel on the evening after the Commencement. The festivities were participated in by two hundred graduates and friends of the Institution who enjoyed the occasion to its fullest extent. The beautiful music by the mandolin orchestra and the harp was delicious in the extreme; and the after-dinner speeches, in charge of Prof. O. L. Smith, toastmaster, were spicy, juicy, reminiscent and happy to a degree that kept all hands in the best of spirits and sent them home rejoicing in the abundant prosperity of the "Old Hahnemann."

THE ALUMNI ASSOCIATION.

The sixteenth Annual Meeting of the Alumni Association of the Hahnemann Medical College and Hospital of Chicago was held in the College building, 2813-15 Cottage Grove Avenue, Chicago, on Wednesday evening, March 22, 1899, with the President, Dr. A. H. Baldwin, of Coffeerville, Kas., in the chair. There were over one hundred members present. After the transaction of the usual business, the report of officers, committees, etc., the following alumnæ were elected to membership: Drs. E. R. Dodge, Nellie C. Flint, Alice V. Duffield, Edna W. Brown, Mary J. Wells, E. S. Aborn, Edw. C. Manning, E. S. Flaws, W. H. Wilson, Peter S. Clark, F. H. Martin, N. S. Lindquist, Emma J. West, A. Virginia Holmes, Mary Lane Manson, Geo. M. McBean, H. A. Chipman, Geo. E. Gorham, Emily S. Colt, Jesse J. Swan, G. A. Hadfield, C. W. Day, F. W. Wood, Gilman W. Petit, Geo. H. Voss, Frank R. Leeds.

Officers were then chosen for the ensuing year as follows: *President*, Dr. W. S. Briggs, of St. Paul, Minn.; *First Vice President*, Dr. G. F. Shears of Chicago; *Second Vice President*, A. Virginia Holmes; *Secretary*, Dr. F. H. Honberger; *Treasurer*, Dr. Katherine B. Clapp; *Necrologist*, Dr. B. D. Haseltine; *Executive Committee*, Drs. J. P. Cobb, C. J. Swan, Alice B. Brown, with the officers. After listening to the President's address the meeting adjourned to another room where a lunch was served, and a social hour enjoyed by all. The meeting was a very successful and enjoyable one.*

*The President's Alumni Address will appear in the May CLINIQUE.

Miscellaneous Items.

The Twenty-third Annual Meeting of the Clinical Society occurs on Saturday, April 29, at 8:30 P. M., at which time the Section on Diseases of the Eye, Ear, Nose and Throat, Prof. C. J. Swan, Chairman, will present a report.—Dr. E. G. H. Miessler, of this city, has kindly donated a lot of valuable medical works to the Hahnemann College Library.—Dr. W. J. Class, of the Chicago Health Department, claims to have discovered the germ of scarlatina.—Dr. D. A. MacLachlan, of Detroit, has been appointed a member of the Michigan State Board of Health.—Dr. S. Mills Fowler, '72, died in this city March 28.—Dr. C. F. Ely has removed to 452 Dearborn Ave., city; Dr. Alice B. Brown from 181 to 375 Dearborn Ave., and Dr. Shultz from 6249 to 6352 Monroe Ave., city.—In full appreciation of the value of the hæmostatic forceps and of the properly chosen remedy, our friend Kraft, of the *American Homœopathist*, writes that: "The Reign of Blood is about over."—A correspondent of the daily *Tribune* testifies as follows: "When I studied medicine I was put on a shelf and lectured at. Now, in Chicago, at least, everything is practical, and the student sees what is done and then does it for himself."—Extra copies of this, the Post-graduate issue of THE CLINIQUE, can be had by addressing Prof. C. Gurnee Fellows, 70 State St., Chicago.—The Illinois Homœopathic Medical Association will meet at the Palmer House, Chicago, May 9-11.—Prof. Ludlam is well and on duty again.—The very clever President of the American Institute of Homœopathy, Dr. B. F. Bailey, of Lincoln, Neb., is anxious that our readers should not forget that the fifty-fifth annual session thereof will be held at Atlantic City, N. J., June 19-24. We shall hope to see them all there, if only to confide them to the tender mercies of the local Committee of Arrangements.

THE CLINIQUE.

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CHICAGO, MAY 15, 1899.

[No: 5.



PROFESSOR R. LUDLAM.

A great sorrow has come to Hahnemann College, to Hahnemann Hospital, to its alumni, and all its allied interests. Professor R. Ludlam, its president, its senior professor of gynæcology, the head of its hospital staff, has passed away. In the midst of his labors in the hospital, in the operating room, where for so many years he has worked, with students about, clad in the habiliments of his profession, with mind intent upon relief of suffering,

with hand stretched forth to serve, with words of instruction upon his lips, death came and he is gone.

"He vanished; we can scarcely say he died,
For but a now did heav'n and earth divide;
This moment perfect health, the next was death."

Daniel French's masterpiece, the Angel of Death Staying the Hand of the Artist, might have been an idealized representation of his actual taking off. Like the sculptor he was eagerly at work in his chosen profession, he could not stop, but the hooded figure stretches forth her hand, she holds the fatal poppy, she comes from beyond the knowable, she is inexorable and his hands are stayed at her silent command.

On the 29th of April Dr. Ludlam went to the hospital at his usual time, 4:30 P. M., for the purpose of making a hysterectomy for the removal of a fibroid tumor. The patient had been anæsthetized, the abdomen opened, and the doctor was about to deliver the tumor. Some difficulty being experienced in lifting it from the pelvis in which it was wedged, he seated himself for the purpose of making pressure through the vaginal outlet, when suddenly his head dropped forward, and it was evident that he had lost consciousness. He was removed immediately to another room and restoratives administered, but without avail. He was dead. The news came like a thunderbolt out of a clear sky. Three months before he himself had submitted to a severe surgical operation, and his friends were exultant in the feeling that he was himself again. He had taken up the burden of his work and many years of usefulness seemed before him, but his ambition was greater than his strength and the cord too often stretched gave away. The news of his death, published in Sunday morning's papers, brought letters of condolence from all parts of the United States, from the colleges, the hospitals, the medical societies, the medical editors, and from many a lone doctor in a distant town came words expressing affection, respect and regret. Demand was made by many friends for a public funeral service in order that all who

desired might have an opportunity to pay their respect to the honored dead, but his objections to any publicity upon such an occasion were so well known and his desire for a simple burial service had been so frequently expressed, that these requests were denied, and after a brief service at his home surrounded by his immediate family, by his colleagues in the college, by representatives from the city colleges, the neighboring cities and State societies, and by old friends, his remains were taken to their last resting place in Rosehill cemetery.

“Sleep, till the end, true soul and sweet;
Nothing comes to thee new or strange;
Sleep, full of rest from head to feet;
Lie still, dry dust; secure of change.”

Reuben Ludlam was born in Camden, N. J., October 7, 1831, of Quaker ancestry. His father, Dr. Jacob Ludlam, was a successful physician, and all the traditions of the family were in a professional line. As a child he accompanied his father in his daily rounds of visits and on his long drives, and his only ambition as he expressed it was to become as great and useful a man as his father. As a boy he was bright and studious, and at the old academy at Bridgeton, N. J., from which he graduated, he received the highest honors. On leaving school he commenced a systematic course of medical study under the supervision of his father, and subsequently entered the University of Pennsylvania, from which he received his diploma in 1852. Soon after graduation he came to Chicago and entered upon the practice of his profession. His father was an allopathic practitioner; he had been educated in an allopathic school and he practiced allopathy, but the remarkable triumph which homœopathy was then making in treatment of that dreaded scourge cholera so impressed his receptive mind that he was forced to investigate its teachings, and being convinced of the truth of the new theory, by bedside experience, he cast aside his old beliefs and arrayed himself under the liberal banner of homœopathy. In 1853 he associated himself with Dr. D. S. Smith, Chicago's first

homœopathic physician, and from this time on Dr. Ludlam was a working member of every plan that was formed to advance the cause of homœopathy or that made for progress in the medical world. In 1853 Dr. Shipman started the *Chicago Homœopath*; in 1854 Reuben Ludlam, twenty-three years old, was its editor. In 1855 Dr. D. S. Smith drafted in the law office of Abraham Lincoln the famous charter of Hahnemann Medical College and Dr. Ludlam gave his aid and assistance. In 1854 the first homœopathic hospital was founded and Dr. Ludlam was one of the attending physicians. In 1856 the common council of the city of Chicago proposed to open a city hospital; immediately a petition was presented asking that a certain portion of it be set aside for the treatment of patients according to the homœopathic theory. Dr. Ludlam was one of the signers of this petition and was appointed on the medical staff. The plan, however, came to nothing, for the opposition of the allopathic profession to the recognition of the homœopathic element was so pronounced that the members of the council, ever alive to their political interests, were afraid to refuse either the allopaths or the homœopaths; they refused to furnish the building and put it in charge of homœopathic physicians who offered to take the sole professional care of it; finally it was seized by the government authorities and converted into a military hospital for diseases of eye and ear. During all the long controversies from 1856 to 1861 Dr. Ludlam's earnest and dignified protests did much to place the homœopaths in the enviable position they occupied in the public gaze and resulted in a decided gain to the homœopathic school. In 1859 the Hahnemann Medical College was organized under the charter obtained by Dr. D. S. Smith, and in the list of the first faculty we find the name of R. Ludlam, M. D., professor of physiology, pathology and clinical medicine. It is interesting to note that at this early date he recognized the fact that homœopathy must be clinical as well as theoretical, and commenced that line of practical demonstrations which eventually

made him famous, and which led to the broadening out of homœopathy, making it not only a recognized system of therapeutics but a school of medicine as well. After four years of labor in this department he was transferred to the chair of obstetrics and diseases of women and children. To this he brought the same studious habits, the same aptness of illustration and elegance of diction that still make his notes on physiology after forty years interesting reading, and it was not long before obstetrics and diseases of women and children became the most prominent chair in the college. Always alive to every new achievement, he was at once interested in the success Marion Simms had attained in his operation for vesico-vaginal fistula, and, recognizing this field to be practically unworked, he gave to it his close attention, availing himself not only of all the resources of this country, but of such knowledge as could be obtained by labor and study abroad. His ability and success were at once recognized, and until the day of his death he was the most prominent gynæcologist in the homœopathic ranks. Not only was he an active teacher in the college, but he was a leader and a director in an administrative way as well. For twenty-five years, from 1866 to 1891, he was dean of the college, presided at the meetings of the faculty, guided its counsels and labored to his utmost for its success. When storms and trials came he was looked upon as a sure rock of defense, and never did his tact or courage fail to find a triumphal way out of all difficulties. Upon the death of Dr. D. S. Smith in 1891 he was elected president of the board of trustees, which position he occupied at the time of his death. In a medical way he has received all the honors which a grateful profession can offer. In 1869 he was chosen president of the American Institute of Homœopathy; and, ever liberal and progressive, he took the occasion of his elevation to the highest dignity the general profession could offer to advocate in an oration, "The Relation of Women to Homœopathy," the rights of women to place and position in the medical college and he, it may

be added, has ever been their earnest advocate. Other societies have been equally appreciative and he has held at different times the presidency of the Chicago Academy of Homœopathy, of the Illinois Homœopathic Medical Society, of the Western Institute of Homœopathy, of the Clinical Society, and has been an honorary member of nearly every State organization as well as those of several foreign countries. In 1870 he was offered the position of physician-in-chief of the Homœopathic Hospital for Women, New York City, and also that of professor of obstetrics and diseases of women in the New York Homœopathic College and it is probable that his interest would have been conserved by the acceptance of the proposition. But he was loyal to the college with which he had been so long connected, and the honor was declined. When the great fire came in 1871, his position, his recognized trustworthiness and his ability led to his being called upon to occupy a position of prominence; he became an active worker in that relief and aid society that performed such gigantic work during those trying days when half the city was in ruins, its people homeless, sick and beggared. He gave freely of his time and money, took into his home the homeless and like many another patriotic citizen divided his office room with the unfortunate. When the Illinois State Board of Health was organized in 1877 he was called upon by Governor Cullom to serve his State, and for fifteen years he occupied an honorable and onerous position on the State board serving the public without recompense.

For many years he was the only homœopath on the State board, yet so tactful was he, so much was he respected for his ability and attainments, that during all this time the pleasantest relations were sustained with his associates, the rights of the homœopaths were never infringed upon, and the disgraceful squabbles so common in other States were unknown. During this period the Illinois board formulated the laws and enactments which gave such an impetus to higher medical education and which for many years made its list of reputable medical colleges the accepted list the country over.

While Dr. Ludlam was well known in his city, his State and in the United States as an operating surgeon, it is probable that he was equally well known as an editor and author. He had the literary instinct, and the charm of his clear and graceful style added much to the value of his scientific contributions. He enjoyed his literary work. As has been stated, he was the editor of the *Chicago Homœopath* in 1864, when but twenty-three years of age. When the publication of this journal was discontinued a few years later he became associated editorially with the *North American Journal of Homœopathy*; from this he resigned six years later to associate himself with the *United States Medical and Surgical Journal*, which was then published in Chicago. When this was discontinued he established THE CLINIQUE, became its first editor, and remained in this position literally until the day of his death, the April number leaving his hands for the printer the morning of the day he died. While this journal, so unique in its scope, was his joy and pride, and in it are recorded much of his clinical writings during the last twenty years, he frequently contributed to other journals and periodicals. His great work, "Clinical and Didactic Lectures on Diseases of Women," was published in 1871, and has passed through seven editions. It was the first work on this subject published in the homœopathic school, and was at once adopted as a text-book in all homœopathic colleges, translated into the French language, and became an authority to the homœopathic physician everywhere.

Although twenty-eight years have elapsed since its first publication, the easy style, the clear distinctions, and practical observations of the author make it still pleasant and profitable reading and a worthy guide to him who desires to acquire the art of clinical expression and natural methods of teaching. He was an ardent admirer of the French and an earnest student of French literature. This led him to translate from the French, Dr. Jousset's interesting book entitled, "Lectures on Clinical Medicine." This Dr. Ludlam enriched with annotations from his own wide reading and

hints from his varied clinical observations. To Dr. Ludlam is accredited the honor of having written the first medical work ever published in Chicago, a small volume entitled, "Clinical Lectures on Diphtheria." His contributions to various periodicals and journals would fill many volumes.

Dr. Ludlam was twice married. His first wife, whose maiden name was Anna M. Porter died three years after he was married. Several years later he married Miss Harriet V. Parvin, who with his son, Reuben Ludlam, still survive.

This bare recital of the positions held by Dr. Ludlam and the honors conferred upon him can give no adequate idea of the great influence exerted by him upon every one with whom he came in contact or of the value of his life and teachings to the cause of homœopathy. Tall of stature, of fine bearing, with irreproachable manners, courteous and affable in his intercourse with patients and brother practitioners, cultivated of speech, vigorous of thought, endowed with a fine literary sense, he could not but be a leader wherever he was placed. To a new sect struggling for a place, the possession of such a man was an unanswerable argument to the cry of "knave or fool" so frequently applied to the homœopathic practitioner. His very presence at a mixed medical gathering gave a dignity to the school and prevented the indulgence in vituperation, and his liberality of statement disarmed antagonism and builded for harmony. He believed that homœopathy would build for itself a place, not by town meetings and denunciations of an opposing system, but by the improving of the medical schools, by a proper education of its practitioners, by the exemplification in the daily life of the physician of the beneficial influence of the system and by the observing of the amenities of life.

In an address, delivered some thirty years ago before the students of Hahnemann College, he said :

"No cause is more likely to arouse an unfortunate antagonism among doctors of different creeds than the assumption by either party of the exclusive right to med-

ical knowledge. Direct and emphatic denials of ability and experience, an open infraction of the ninth commandment, the display of ungentlemanly and unchristian conduct are some of the fruits of this feeling. Both the instigator and victims of this temper of mind are apt to talk harshly and to put too much vinegar into their ink when they write for the medical press. It is provoking to have it said that one is stupid, incompetent, unscrupulous; to be classed with imposters of every kind, from Paracelsus to the inventor of the last nostrum; to be rebuked and ridiculed for professing a faith that is founded upon actual experiment and observation. But it would be unmanly and cowardly to yield to abuse in lieu of argument; to be frightened from our post of duty by the smell of the burning fuse and the threatening explosion. The rock of confidence between the public and the profession may be blasted and rent in twain, but if we are competent and skillful, and withal self poised and charitable, we shall escape without so much as the smell of fire from our garments. Because Hahnemann, whose name our hospital is proud to bear, was opposed, maligned, abused and persecuted from city to city, we are not to take up the cudgel against all those who adopt the faith of his enemies, and who continue to wage the war of extermination against us as heretics. Because he was fallible we need not be ferocious. Because he was compelled to vindicate his claim to a hearing, we need not, therefore, be vindictive against those who refused to recognize him as a great benefactor. Our circumstances and those which surrounded him are reversed. He stood alone against the sentiment, tradition and interest of the whole profession and the ignorance and credulity of the people. We have thousands of the best practitioners and a large share of intelligent patronage upon our side. He must feel and fight his way into notice, while we are pleased to spend our energies in elaborating his discovery and adapting it to the physical necessities of mankind.

Harsh words have no healing properties; there is no need to revive the old bitterness. The incontrovertible logic of facts is the best lever at our command; as physical injury and dissipation trace their characters in the lineaments of the dissolute and abandoned, so the mental fist-cuffs in which doctors are prone to indulge leave their impress upon the mind of the physician; they detract from his self-respect and from the respectful consideration and confidence that the community repose in him and his calling."

In this spirit he worked for the building up of the profession and the advancement of his school of medicine. To his own college he was intensely devoted and to its building up he gave his life. It was first in his thought and no sacrifice was too great that redounded to its credit or made for its prosperity. His appointments at the college were to him a religious duty; thrones might totter, the magnates of the city might demand his service; no matter, he was at his clinic at the appointed hour, his lecture was given on time, his place at the faculty council or trustee meeting was filled. Less prominent men might be too busy, younger men might be too tired, he never was. Thirty-nine years he labored in the college and during all that time he never missed a commencement exercise and but one opening night. At times it may have been a duty but it always seemed a pleasure. Punctuality was to him one of the greatest of the virtues and he practiced that which he admired. When Dr. Small, whom everybody loved and for whom Dr. Ludlam had the greatest respect, died, the highest praise he could give him in the American Institute when he pronounced his obituary was, he had the rare trait of punctuality. "If he said he would meet you at a certain day even if several weeks must intervene he would be there at the time named. I have literally on several occasions set the clock by his arrival."

His ability to work and his systematic habits were a constant surprise to his associates. Every moment of his time was utilized, and advancing age made no change in his habits. On the day of his death I am told that during the few minutes he was obliged to wait while his instruments were being packed before leaving for the hospital, he occupied himself translating a poem from the French, and his notes of an operation made but a few days before his death, are simply examples of a habit followed all his life of making careful notes at once, not only of every important case, but of recording every observation considered by him of possible value.

This was one of the secrets of his success as a

teacher. He always had something to offer the students. In talking of himself as a teacher and of his habits of study he said, "I am my own busiest pupil; heaven help the teacher if he only knows what he expects the student to know."

His enthusiasm for his profession and his determination to keep abreast with every new development was inspiring. A few days before his death he said to me, "That clinical course this spring was an excellent thing. Next year we must extend it over a longer period of time and get some new ideas. I shall spend some time next summer in rest and study, and next fall I intend to give the best course of lectures I have ever given. We may never gain students by commercial methods, but we will get the desired ones if we offer them the best there is." While medical matters and medical literature claimed the largest part of Dr. Ludlam's time and attention, he was not insensible to the attractions of other forms of literature. He loved a good book and his happiest hours were spent with his books. One of the compensations he declared of his four weeks' confinement in the hospital after his operation was the opportunity it gave him to read the many books he had been saving by for a leisure day.

He was especially attracted by essays. Beautiful, simple English always appealed to him and he would say of such prose writers as Morley and Burroughs, "What poetry could be as fine as that?" He was an early riser and often spent hours in reading before his regular breakfast time. One morning while reading he fell upon these lines, which he said voiced the desire of his heart.

"Thou primal Love who grantest wings
And voices to the woodland birds,
Grant me the power of saying things
Too simple and too sweet for words."

He was interested in all that pertained to literature. He was curious to know the motives that inspired a man to write a great work or the suggestion that started him on his way. In a literary way he had the enthusiasm of a

first nighter at the play. He was always on the alert for the first copy of a magazine or a book. The highest compliment he could pay to a contributor to *THE CLINIQUE* was to furnish him with an undressed copy of *THE CLINIQUE* a few days before its issue. On the way to the hospital on the day of his death, he stopped at a book store to get an early copy of the *Bookman* and the *Harpers* in order that he might find out from Julia Ward Howe's memoirs what inspired her to write the *Battle Hymn of the Republic*.

To those who were privileged to know him well, two traits in character were especially prominent: His purity of thought and his cheerfulness and hopefulness. He hated vulgarity; he detested the common gossip; he was an optimist. No matter what troubles arose, after the first little disappointment he was confident that all would be right. He had faith in the larger thing; he believed that right principles must prevail. "It may be a little dark now, but if we keep on doing our best success must come," and then he would quote:

" Out of the shadows of night
The worlds roll into light—
It is daybreak everywhere."

His love of a good story was known to all his friends, and his inexhaustible store of anecdotes made a speech by him on the most commonplace subject enjoyable and interesting. No one could approach him in the charm of his manner before a medical class. He impressed the students with his knowledge, he charmed them with his easy manner, he interested them by his quaint observations, and shortened the hour, and impressed his teachings by appropriate epigrams and fanciful stories. Students loved him. What a cheer came up when at the last commencement, pale but pleased and determined, he took his usual place upon the platform, and how affectionately he was greeted at the banquet when he arose to respond to the "And now Dr. Ludlam," a toast in itself, and without which the alumni banquet can never be again what it has been—at least to those who were privileged to attend these gatherings year after year.

At this last banquet more tender, loving words could not have been uttered had his obituary been pronounced. He had just recovered from a severe trial. It was his first public appearance. He still showed the effects of his serious illness, but he looked bright and happy. The exultation of his friends was softened and refined by tender memories, but it could not be restrained, and speaker after speaker poured forth words of praise, admiration and love. Dr. Ludlam was deeply touched. He said on his return home, "That perhaps no man has ever heard from his colleagues such words as I have heard this night." His flowers had come to him before his death.

GEORGE F. SHEARS.

As we take into consideration the long and unusual experience of Prof. Ludlam as a teacher it is quite natural to notice the great progress which has been made in the institution to which he devoted his best energies. When he began his work, as he has often said, nothing in the line of clinical application was possible. At the present time the practical teaching is paramount; in surgery all forms of minor and major operations are regularly observed; in gynæcology and obstetrics the student has the fortunate opportunity to see for himself that which would take years of practice to acquire; in general medicine, theory and practice are exemplified by the largest clinic, sub-clinic and hospital experience; in materia medica the affiliation of the remedy in accordance with the law of similars is both subjective and objective; in chemistry practical analysis is utilized to explain the intricate points of pathology in diagnosis and treatment. In addition to all of this, the didactic teaching is more extensive and applicable to the every day experience of the physician and surgeon, while the laboratory study prepares every student for better work and better success in his chosen vocation. What a great privilege it was for him to live and see this advancement only those who were nearest to him knew. Often has he given expression of his appreciation of this fact, and it will be the greatest ambition of those who worked with

him to uphold and advance the standard which his master mind established. When he began our school occupied the defensive position, and the success then achieved was obtained only by the severest trial. To-day our recognition is more complete as the teachings of our colleges comply with the higher ideal of education and our practitioners show their ability to successfully contend with all forms of disease. Thankful then should we all be for the life and character of such men as Prof. Ludlam, who made possible that which we enjoy and contributed so much to the reputation of our school. The number of those who formed the cornerstone in the foundation of homœopathy is gradually growing smaller, and those of us who remain should revere the memory and emulate the examples of our professional pioneers.

H. V. H.

*RESOLUTIONS ON THE DEATH OF
PROF. R. LUDLAM.*

FROM THE FACULTY OF THE HAHNEMANN MEDICAL COL-
LEGE AND HOSPITAL OF CHICAGO.

WHEREAS, Without a moment's warning and while in the very act of a trying surgical operation our beloved colleague, Professor R. Ludlam, was taken from this life; and

WHEREAS, We all had recent cause for greatest rejoicing in that he had risen from a sick bed where life was in the balance and we felt that he had been spared to live and labor many years;

WHEREAS, Professor Ludlam had for forty-eight years been a faithful representative in the homœopathic practice of medicine in this city, had been for more than forty years an editor in homœopathic literature, an author, known well at home and also favorably abroad and had served with highest honors in medical societies and officially in his city and State;

WHEREAS, As a teacher he had held the admiration of his pupils, literally numbering thousands, to the hour of his death, and his passing to the other life leaves sadness and sympathetic memories in the hearts of all who knew him;

WHEREAS, Professor Ludlam's personality was the charm that endeared him, his earnestness the inspiration to others, his humor the magnet and his faithfulness

to the end his victory; parting with him is like bidding good-bye to sunshine; be it

Resolved, That we hereby express our sincere devotion to his memory and we bow in reverence to Him who gave and has taken;

Resolved, That we extend our sympathy to his widow, his son, his relatives and his friends and that we forward a copy of these resolutions to his family, and have a copy spread upon the records of the college and printed in THE CLINIQUE.

SIGNED BY ALL OF THE FACULTY.

FROM THE CLINICAL SOCIETY.

WHEREAS, In the fullness of a noble life, our honored associate, Prof. R. Ludlam, has passed away; be it

Resolved, That this society which owes its origin to him, whose work during the twenty years of its existence has been guided by his good judgment, and whose meetings have been made so valuable and interesting by his special contributions, his wide scholarship, his wise comments and his enthusiastic advocacy of all that made for progress, hereby express its deep sense of the great loss it has sustained;

Resolved, That the benefits and pleasures to be derived from the studious life have been so well illustrated by our honored colleague that his life should be an incentive to all of us to endeavor to emulate his example;

Resolved, That we express to his family and near friends our warmest sympathy, and that a copy of these resolutions be printed in THE CLINIQUE.

G. F. SHEARS,	} Committee.
C. GURNEE FELLOWS,	
E. M. BRUCE,	

FROM THE BOARD OF TRUSTEES.

WHEREAS, After a long, useful and honorable life, Dr. Reuben Ludlam, President of the Board of Trustees of Hahnemann Medical College and Hospital, has passed away; and,

WHEREAS, The relinquishing of his stewardship, so long held, so ably administered, and effective for good, is a grievous loss to the many interests with which he was allied. Therefore, be it

Resolved, That the Board of Trustees of Hahnemann Medical College, with whose work his life interests were so

closely identified, express its deep sense of the loss it has sustained. Be it further

Resolved, That in his death our college has lost one of its best friends, who during the thirty-nine years of its existence, has ever been willing to give generously of his time, strength and money and whose love and affection for it can never be measured.

Resolved, That we recognize that to Dr. Ludlam's large ability is due the stable founding and establishment of the institution as well as its able staff organization and thorough equipment.

Resolved, That in his death the members of the Board feel that they have lost more than an honored associate, for in his death each one loses a friend whose high character, lofty enthusiasm and genial disposition were an incentive to better work and higher living.

Resolved, That we extend to his bereaved family and friends, to his sorrowing patients and to his many pupils scattered over the length and breadth of this land our heart felt sympathy.

Resolved, That these resolutions be spread on our minutes, be published in THE CLINIQUE, a copy of the same be sent to his family, and as a further mark of respect that this Board attend in a body the funeral services.

H. N. HIGINBOTHAM,

H. A. RUST,

G. F. SHEARS.

FROM A SPECIAL COMMITTEE OF THE AMERICAN INSTITUTE.

We are called upon to mourn the loss of a tried colleague, a prominent member of our profession, an early member of this institute, one of its honored ex-presidents, Prof. Reuben Ludlam, who died at Chicago, April 29, 1899, in the sixty-ninth year of his life, while performing a laparotomy.

He joined this Institute in 1857; has been one of its most regular attendants, having been absent from its annual meeting but three times in forty-one years; and in 1869 served as its president.

Prof. Ludlam possessed the merit of ability and greatness rarely accorded to man; for forty-eight years he has maintained a high professional standing; for over forty years he has been prominent before the profession as an editor and a writer; for forty consecutive years he has been

a teacher in Hahnemann Medical College and Hospital, of Chicago, of which he was one of its founders; more than 3,000 students have listened to his teachings and gleaned golden grains of wisdom from his lifelong study and efforts.

A strong man, a deep student, an earnest teacher, a polished writer, a ready speaker, a convincing disputant, at the time of his death the most widely known member of our faith, he is indeed a great loss to this body, to our profession, to his colleagues, to his friends and to his family.

Truly has it been said "No one can fill his place!"

He has lived a life; he has done his work; he has earned a rest.

JOS. P. COBB, S. P. HEDGES, A. C. COWPERTHWAITTE, C. H. VILAS, CHAS. GATCHELL,	}	<i>Special Committee American Institute of Homœopathy.</i>
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NOTE.—This committee is appointed in accordance with the custom of appointing such a committee upon the death of an ex-president of the American Institute; such custom having been considered at a recent meeting of the executive committee of the Institute.

BENJAMIN F. BAILEY,
President.

FROM THE HOMŒOPATHIC MEDICAL COLLEGE, OF CHICAGO.

Resolved, By the Board of Directors and Faculty of the Chicago Homœopathic Medical College :

That we tender to Mrs. R. Ludlam, and to Dr. R. Ludlam Jr., our sincere sympathy in their recent bereavement. We appreciate fully the heavy burden of sorrow they must carry.

We desire to express to the Board of Trustees of Hahnemann Medical College our recognition of the loss they have sustained in the death of Dr. Ludlam, who was ever an earnest co-laborer, and a president endowed with a rare executive mind.

To the Faculty, his colleagues in Hahnemann College, we would say, that Dr. Reuben Ludlam was universally considered a teacher and scholar of marked ability, and a leader among them.

To the students who have listened to his teachings, and watched his clinics for so many years, little need be said. All loved to listen, and every one took away some useful thought. They one and all will miss him.

FROM THE TRUSTEES OF HAHNEMANN MEDICAL COLLEGE,
OF PHILADELPHIA.

The Trustees of the Hahnemann Medical College and Hospital, of Philadelphia, assembled in annual meeting, have just learned of the decease of Professor Reuben Ludlam, M. D., President of the Hahnemann Medical College, of Chicago.

We recognize in the death of President Ludlam, the loss of one who had, for a long period of years, been a tower of strength and an influential support to the cause and work of homœopathic medical education in the United States, and we tender our sincere condolence to our sister institution, and especially to its trustees and faculty, in the bereavement they have sustained.

WM. G. FOULKE,

Secretary.

WM. MCGEORGE, JR.,

Vice President.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.

O. L. SMITH, M. D., RECORDING SECRETARY.

The regular monthly meeting of the Society was held in the amphitheatre of the Hahnemann Medical College at 8:30 P. M., Saturday, April 29. A committee consisting of Drs. Shears, Bruce and Fellows was named to draw up resolutions expressive of the great loss to the Society in the death of Prof. R. Ludlam.

The annual election of officers resulted as follows: President, Dr. C. J. Swan; First Vice President, Dr. A. L. Blackwood; Second Vice President, Dr. Katherine B. Clapp; Secretary and Treasurer, Dr. Hannah J. Payne; Recording Secretary, Dr. Frank Leeds; Board of Censors, Drs. Shears, Cobb and the two secretaries.

REPORT OF THE SECTION ON EYE, EAR, NOSE AND THROAT.

C. J. SWAN, M. D., CHAIRMAN.

XVIII. NASAL FRACTURES. BY DR. O. L. SMITH.—The specialist's frequent contact with the avoidable sequelæ of nasal injuries referable to the neglect of the patient himself or indifferent treatment, together with the infrequent discussion of such cases in our medical societies, seem to invite a few remarks that may reduce the number of "noses out of joint." To properly care for these cases one must recall the anatomy well shown by these dry and recent specimens. You see the external and upper roof to be formed by the nasal processes of the superior maxillary and nasal bones, which latter articulate with the perpendicular plate of the ethmoid and cartilage of the septum and they in turn with the vomer that rests upon and is attached to the superior maxilla.

In the order of frequency occur fractures of the mucous membrane, cartilages, nasal bones, nasal processes of the superior maxilla, turbinal bones and the cribriform plate

of the ethmoid. In the first instance, moderate trauma is either received directly from the front and above and downward, or, from below upward, resulting in sufficient dissolution of sutural continuity to fracture the mucous membrane and possibly displace the cartilage to one side or the other slightly. Hæmorrhage and practically no external deformity follow; the moderate pain, swelling and sense of stiffness subside within a few days and the patient is well. Occasionally from blowing the nose or sneezing air is driven into the deeper tissues with resulting nasal or facial emphysema or not infrequently both.

A decided blow or fall received upon the side of the nose usually tears loose the septal cartilage from its floor attachment and often forces it considerably beyond the mesian line, while a blow from above determines a fracture of the cartilage, external deformity and a lively hæmorrhage. Such are the accidents of childhood and since, coincidently with the growth elsewhere, the septum develops, and naturally, in the direction of least resistance, maturer age bringing a septum laterally deflected or becomes the seat of spines, shelves, etc., occasioning partial and often complete nasal occlusion.

A crushing blow or "a smash," either from above or the side, that flattens and often carries from the mesian line the entire nose, means fracture of the nasal bones and cartilage at least, and not infrequently the naso-maxillary processes and ethmoidal plate, but rarely the vomer. Alarmingly violent and persistent hæmorrhage nearly always indicates injury to the turbinal tissues. Infrequently a severe case is unattended by external deformity or visible hæmorrhage, the latter occurring between the mucous membrane and cartilage, which if not released, shortly degenerates into pus, as it did in the lad, C. S., æt. eleven, who came to my clinic ten days ago with the history of a fight the week before, since which he has had much pain and headache, nasal stuffiness, inability to breathe through the nose or to sleep comfortably. Rhinoscopy revealed total occlusion of each nostril by dusky dark bodies that

touch pronounced fluid pus, which was allowed to escape from a perpendicular incision on the right side at the site of the locus Kiesselbach, when the external deformity was very marked.

Parents should be urged to consult the family physician immediately, who, using a good reflected light, examines most carefully for evidences of *internal* and external deformities, and if found, the reposition of the fragments should be immediately and most carefully undertaken, as union occurs very rapidly.

The internal manipulation of aseptic glass tube or rod, metal catheter, heavy probe, seconded by external molding with the fingers, will restore symmetry, and usually control the troublesome hæmorrhage; but in the event of a failure, ice-packing or posterior plugging will accomplish the result, after which a permanent dressing may be made. In packing a nose, one will meet with but little success by "pushing in" the cotton pledgets or gauze. As you see the nasal cavity is pyramidal in shape, so begin at the base by carrying well back and depositing upon the floor, successive strips of gauze by means of a Dr. Dunn's applicator until you have the cavity snugly filled, when any hæmorrhage will only add to the support and pressure desired.

Although when these fractures are properly reduced there is but slight tendency to the recurrence of deformity, yet it is always better to be sure than sorry, so I always advocate and use an internal support for some days.

The hollow tube, preferably glass with open ends, has many advantages, packing in around it antiseptic gauze that can be changed according to symptoms; but if the deformity is decided, then some such special splint as Meyer's, is best worn for a week or two for purposes of support and to counteract cicatricial contraction.

To me the practice of pushing through at right angles a surgical needle at the point of fracture and wrapping over the exposed ends a ligature for the support of the tissue, seems unnecessarily harsh and to endanger the circulation,

thus impeding union. In the first severe case I mean to use a rubber pouch and distend it with air, for purposes of support and hæmostaxis. The internal and external use of calendula is most satisfactory in combating the local inflammation and promoting rapid healing.

Should pus collect about the septum it should be released from one side only, and the cavity daily cleansed thereafter with peroxide of hydrogen and boracic solution.

Even though a week or ten days old, I have found much can be done by means of splints and careful massage to correct the external deformity, notwithstanding the customary testimony to the contrary.

The appearance of emphysema seems more serious than it really is, unless, as rarely happens, the distention is sufficiently great to seriously impede the respiration.

XIX. COTTON EAR DRUM IN SUPPURATIVE CASES. BY DR. B. D. HASELTINE.—The use of some form of mechanical appliance as an aid to hearing where the drumhead is partly or wholly destroyed, has been for some time more or less familiar to those doing aural work. The usefulness of such devices has been independently discovered at various times by both professional men and laymen, and it is some years since Professor Politzer began demonstrating in his clinic the efficacy of a chunk of rubber placed against the ossicular chain where the drumhead has been destroyed by suppuration.

This has led to the invention of various forms of so-called artificial ear drums of varying degrees of usefulness, and all, perhaps, productive of mischief when used in unskilled hands. With the accumulation of clinical evidence, however, it is coming to be recognized that the cotton pledget, when properly applied, is quite as efficacious as any of the other devices, besides offering several advantages which they do not possess.

It is to be regretted that this device is of service in only a comparatively small number of those cases in which, from the appearance, we would expect benefit, but the point to which I wish to call attention is that its value is

such as to warrant its trial in every case. My experience leads me to believe that the cotton drumhead has a wider range of applicability than is generally recognized, and that its benefits are not entirely confined to the improvement in hearing during the time of its use.

I have in some cases by this means been able to bring about the closure of large perforations in the drum membrane, and with markedly good results both in improved hearing and in the relief of various annoying symptoms. My method of procedure, as well as the results obtained, can perhaps best be demonstrated by the reports of a few illustrative cases.

Mrs. G., aged forty-six years. General health good and previous history clear as far as can be learned. Had suppurative discharge from right ear for about twelve months. It was caused by an acute cold which affected the ear causing pain and subsequent rupture of the drum membrane. Discharge had been continuous, moderately profuse, thick, yellow, nonodorous, and slightly excoriating. She had used no treatment other than syringing with warm water.

After cleansing the external canal, which was filled with pus, a perforation involving about one-third of the drumhead was found in the lower and back portion. The tissues of the tympanic cavity were red and swollen, showing an active inflammatory condition.

The suppurative process yielded in this case to a simple antiseptic treatment and in three weeks the discharge had entirely ceased. The perforation remained, but as I anticipated no trouble from it I advised her to discontinue treatment. After an absence of four weeks, however, she returned complaining that the hearing in the right ear was very poor and that she was constantly annoyed by a ringing in the ear with occasional pain of moderate severity. I found the condition practically the same as when I had last seen her, the perforation remaining open and the parts showing only a slight redness. There was no return of the purulent condition. I washed

out the tympanic cavity with a solution of peroxide of hydrogen and applied over the opening in the drumhead a pad of cotton moistened with euthymol, telling her to return in two days, which she did with the report that the hearing was improved and the ringing and discomfort materially lessened. Thus encouraged, I renewed the application and told her to leave it for four days. At the end of this time she reported still further improvement and I noted a diminution in the size of the opening.

At the end of three weeks the perforation was completely closed and all subjective sensations had disappeared. The hearing, while not perfect, was sufficient for ordinary purposes, being about twenty-fortieths for the watch. Some six months have elapsed since treatment was stopped in this case, and the improvement has every appearance of being permanent.

Inasmuch as I failed to get an immediate improvement in hearing by the application of the pad in this instance, I do not consider that it acted as a mechanical help, but would attribute the improvement in hearing to the return of the tympanic structure to more nearly normal conditions under the protection of the cotton and subsequently of the natural membrane.

I have not succeeded in bringing about a permanent restoration where the drum membrane has been entirely destroyed, although the results of my efforts in such cases are not without interest, as will appear from the following report:

Mrs. B., aged thirty-nine years, widow, earns her living by playing the organ in a suburban church. She had a discharge from left ear continuously for thirty years, or since she had scarlet fever when nine years of age. Five years ago right ear also began to discharge, and since then the hearing has become so poor that she has been obliged to give up her position. She says she has repeatedly played the organ when she could not hear the congregation singing, and in this dilemma she decided to consult a specialist, which she had never before done.

When taking her history my attention was attracted by her statement that she had at times noticed tenderness behind the ear, and had often been able to force the discharge from the external canal by making pressure in that locality.

Examining the canal, I found a large opening through the posterior bony wall into the mastoid, which proved to be a single large cavity filled with pus. When the pus was removed I could put the largest size Gruber speculum into the opening, and look directly into the mastoid cavity which was of such size as to admit the entire curved portion of a large Eustachian catheter.

This opening in the canal wall was entirely external to the tympanum and did not communicate directly with that cavity. The drumhead and ossicles were entirely destroyed.

Attention in this ear was directed merely to stopping the discharge and was easily successful as nature had in her own way completed a radical mastoid operation and the after treatment was comparatively simple.

On the right side, however, although the membrane was entirely gone, the ossicles were still in position and when the discharge was somewhat diminished I decided to try the application of a cotton pledget. The result was greater than I had anticipated, for no sooner had I placed the pad in position and spoken a few words than the patient exclaimed that her hearing was restored. The sensation as she described it was as though an obstruction had been removed from the ear.

I continued the use of the cotton, changing it every day and cleansing the cavity, and in a short time I noticed the appearance of new tissue around the line where the natural membrane should have been attached.

I very carefully protected this new growth and continued the treatment, with the result that the discharge soon ceased and the opening steadily diminished in size. When the perforation had become a mere point I found that the hearing was better without the pad of cotton than with it but I continued its use as a protection until the

membrane was quite intact, after which I left it out altogether and stopped treatment. Soon after this the patient left the city and was absent for about four weeks. Shortly after her return she called upon me to say that the hearing had grown worse, and I found that the central portion of the membrane had broken down, leaving a large perforation.

I immediately resumed the treatment with cotton pads and in a few weeks the perforation was again closed with the hearing as good as before.

I kept her under observation and the condition remained the same without treatment for about three months, when, after an absence of ten days, she returned with the membrane all broken down and the hearing little better than when I first saw her.

I then abandoned all attempts at restoration and advised her to depend entirely upon the cotton drumhead, with which she has hearing that enables her to pursue her avocation without difficulty.

The question as to whether in such a case as this a permanent restoration may sometimes be possible, is one which I am not prepared to answer, but in view of the great benefit during such a period of time, the experiment seems worthy of trial.

The choice of a solution for moistening the pad I believe to be a matter of some importance. Formalin, glycerine and water is a mixture frequently employed, and glymol is sometimes recommended; but it seems to me obvious that any oily preparation should be avoided. My preference is for the preparation used in this case, as it seems to act in some measure as a stimulant to the reparative process.

In applying the cotton care must be exercised that it is not forced through the opening, thereby becoming an obstruction instead of an assistance to the growth of new tissue. In some cases it may be advisable to freshen the edges of an old perforation after the discharge ceases, thus favoring the growth of healthy granulations. Finally, we

must always bear in mind the large number of cases of long standing, in which because of permanent tissue changes, it is neither possible nor desirable to restore a drumhead once destroyed.

XX. THE MODERN TREATMENT OF GRANULATED OR TRACHOMATOUS LIDS. BY DR. C. J. SWAN.—Before taking up the treatment of this, the most serious of all inflammatory diseases of the lids, it will be interesting to look into the history of trachoma, which so far as we can learn had its beginning at least as far back as the earliest historic times. There is probably no disease of the eye regarding which there has been given to the profession such a mass of literature. Nevertheless, its exact nature and properties is still far from being settled. On account of its prevalence in Egypt it is often called Egyptian ophthalmia. Its origin undoubtedly dates back to antiquity. It existed in Japan 1,200 years ago, and was supposed to have been brought to Europe by Napoleon's soldiers from Egypt in 1802. Large numbers of his Egyptian troops were infected, and in order to stop the spread of the disease in the army, those afflicted were dismissed to their homes, which expedient proved to be a poor one for checking the spread of the infection. It was thus carried to the homes of the French and swept in epidemic form over the whole of Europe. To-day it forms seven to seventy per cent, according to locality, of all eye diseases in Europe. In the English army during the year 1818 there were more than 5,000 on the invalid list, rendered blind by trachoma. In the Prussian army, from 1813 to 1817, 30,000 men were attacked by it. In the Russian army, at a little later period, 77,000 men were subjects of the disease. One out of every five soldiers of the Belgian army was afflicted with trachoma. In our own country, as well as in Europe, it seems to find its most favorable soil where people, especially the poor, are crowded together. It is one of the most difficult troubles to combat in charitable institutions, but it is also often found in the rural districts, almost exclusively among the poor and dirty.

In spite of all this testimony showing the infectiousness of the malady its infectious nature is not universally conceded and quite as much evidence can be produced against as in favor of this theory, as I will be able to show by some of my own cases to be reported in this paper. Fuchs clings to the theory of the infectious nature of the disease and adduces evidence only upon that side, while Swan Burnett in his recent monograph upon this subject takes the middle view, that it is infectious only under certain conditions and that the virulency and frequency of infection is modified by climate, race, and especially by environment.

The symptoms of trachoma are lachrymation and sticking together of the lids, photophobia, impaired vision, upper lid hangs low and looks heavy and thickened. Upon everting the lid the mucous membrane of the fold of transition looks hypertrophied. The chief diagnostic features in the early stages are the fishspawn like granulations in the palpebral conjunctiva. These are seen typically only in the earlier stages of the trouble. In cases of some years standing the longitudinal scars left in the lid lining are pathognomonic and the destruction thus represented is one of the most serious features of the disease. Burnett gives the best and most concise definition of trachoma, i. e., "A disease of the conjunctiva, mostly chronic in its course, though subject to exacerbations and remissions of inflammation due to the morbid deposit or change in the tissue, which in time causes a destruction of the parts surrounding it, a cicatrix being left behind as a result of its disappearance, with a marked tendency to contraction."

Fallot as early as 1838 likened the disease to tuberculosis, arguing that both are deposits or developments of foreign material in the tissue, which lead to destruction and formation of contracting cicatrices; both are liable to successive depositions and both require for their proper development what is known clinically as predisposition. It has been noted, however, that those having one affection are not especially liable to the other.

I have heard Stelwag, of Vienna, state in his lectures that he thought that the origin of trachoma was gonorrhœal ophthalmia. There is no doubt that purulent ophthalmia unskillfully treated often gives rise to trachoma, but I now believe it is only in those predisposed to it. I once saw, however, in a venereal clinic a case of gleet in a male where the endoscope revealed in the urethra granulations so like trachoma as to be indistinguishable to my eyes; nevertheless, the secretion of trachoma does not give rise to purulent ophthalmia, but to trachoma like itself. The germ, and there probably is one, has never been isolated, although it has been diligently searched for by skilled observers for many years.

REPORT OF CASES. About two months ago there was brought to my office a family—father, mother and ten year old daughter. They came from a little town in Indiana, were miserably poor, unspeakably dirty and “smelly,” and all afflicted with trachoma—trachoma in its beginning, trachoma in midcareer, and, in the case of the mother, trachoma in its inevitable ending in those cases where treatment has been unskilled or altogether absent. I will give the history of these three cases with the treatment in chronological order.

Case 1. The mother: Woman, aged fifty; had been absolutely blind for eight years. About twenty years ago had inflammation of the eyes, the nature of which could not be gathered. Eyes continued always to be sore and discharging mucus and pus. Twelve years ago lost the sight of the left eye; two years later the ball burst after a season of great pain, and the contents was lost, thus making an end of the pain and of the history of the left eye. The right eye soon followed its fellow to blindness. Within two years the cornea had degenerated, perforation had taken place, and the light went out of this eye. On account of pathological changes too intricate to discuss here, a glaucomatous condition appeared in this single remaining but already blind eye, and I was obliged to enucleate the organ. This first case illustrates the awful possibilities of trachoma.

Case 2. The husband and father: Had suffered for four years with what he called weak eyes. Light was extremely painful, and he sat most of the time with eyes fast shut, hat pulled down, and head lowered to avoid the light. The lashes were constantly wet with a watery exudate. The mucous lining of the lids was much inflamed and thickened, with a few of the typical trachoma granulations scattered about. The disease had begun to invade the cornea, which had lost its lustre and transparency and was invaded by many minute blood vessels. He could see well enough to count figures at eight feet.

The treatment in this case consisted in expressing the granules with a pair of forceps made for the purpose, and rubbing into the mucous surface a one to one hundred solution bichloride. Care was taken not to allow this strong solution to come into contact with the cornea, a stream of warm, sterile water being used immediately after the application to wash the excess away. Afterward daily treatment of the lids with a ten grain solution of silver nitrate, neutralized with warm boracic solution, was kept up for three weeks. All through the treatment and for a month afterward the eyes were irrigated three times per day with warm boracic solution. This treatment resulted in an apparent cure; how permanent it will be time alone can tell.

Case 3. The ten year old daughter: At first glance her eyes looked clear and vision was certainly normal. She complained of some smarting and burning and said her eyes watered a good deal and sometimes stuck together in the morning. Upon everting the lids the mucous membrane was seen to be a mass of fishspawn like granules. This case was treated in a manner similar to case No. 2 and I believe was permanently cured.

From the fact that a whole family suffered in this manner we might feel convinced of the contagious properties of this disease. We have in our clinic, however, a case which would be a good illustration of the opposite theory. A girl, Mary Riley by name, who has had a typical trachoma

in *one* eye for nine years while the other eye is perfectly clear and healthy. In spite of such cases as this last I believe firmly in the theory of contagion and believe that those who have trachoma to treat will find it expedient to accept the same theory. Yesterday, in a journal, I saw a statement to the effect that the bacillus of trachoma had been isolated. It is described as an encapsulated diplococcus.

XXI. CLINICAL CASES. C. GURNEE FELLOWS, M. D. EPIPHORA.—Mr. B., presented himself with the only complaint as to his eyes that the tears kept flowing over his lids and down his face to such an extent as to be annoying. Wind and weather made no special difference in his complaint. There had been no passage of pus from the lachrymal canals; his lids did not stick together in the morning and there was no pain connected with his trouble, or any appreciable difference in his sight. Examination of the eyes revealed no unusual condition. The lids were not inflamed, and there was apparently no great obstruction of the lachrymal canal. As is usual in such cases, I immediately examined his nose expecting to find some form of hypertrophy, and my search was rewarded by finding complete occlusion of both nostrils with mucous polypi. I informed him that his epiphora was simply a symptom, and entirely secondary to the nasal trouble, which, when removed, would in all probability correct the whole disturbance.

Remarks : A number of cases in succession within recent months have called to my attention again what I had already frequently seen. This secondary symptom, which of itself was unimportant, and which frequently escapes the notice of the physician, is ignored by the patient for months, and even years; a condition which though not serious is decidedly annoying, and might possibly lead to more serious results by the way of inflammatory conditions of the lachrymal sac, producing abscess, chronic inflammation and other troubles, which eventually affect the convenience of the patient and possibly his acuity of vision. Long ago I learned the decided advis-

ability of looking at the condition of the lachrymal ducts and canals in all cases of chronic trouble of the eyelids, and particularly in chronic catarrhal inflammation.

I have previously referred to a sort of hobby of Galezowski's, concerning this question, and I want to again say that I believe there is a good deal of justice in his idea. His method I have followed in making my examinations of local inflammatory conditions. After having looked over the external parts of the eye, I syringe out the lachrymal passages with Anel's syringe; if the fluid passes easily into the nostrils without force it is fair evidence that the canals are not obstructed. If, when syringing the lower canaliculus, the fluid returns through the upper, there surely is some obstruction.

It used to be taught that the canaliculus should not be syringed or probed, except after the usual slit operation, but I find it possible a great many times, in fact, commonly, to carry out this little procedure without the preliminary operation. The punctum may need to be dilated somewhat with a stylet before the point of the syringe can be inserted, but after this the procedure ought to be easily carried out.

I have some very fine gold points, straight and curved, for my syringe, which can enter into the normal punctum, and I use a fluid, generally boric acid solution, colored with pyoktanin blue, so that if it returns through either of the canaliculi or the nose it can be readily detected. In the case above cited the first necessity, of course, was surgical attention to the nose, after which the syringing, and possibly probing, of the lachrymal canals is of more avail. The old teaching that we should always use the largest lachrymal probe possible under the circumstances still holds, but it is impossible to use a large one without the previous slit operation, consequently a No. 1 probe is generally as large as it is possible to pass. Before doing this I inject a little cocaine solution by means of a syringe, and, after waiting a little while, can generally pass the probe easily. I do not repeat this probing provided the solution

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[No. 6.

Original Lectures.

THE CLINICAL APPLICATION OF THE BACTERIOLOGY OF DIPHTHERIA.

BY W. HENRY WILSON, B. S., M. D., LECTURER AND DEMONSTRATOR OF BACTERIOLOGY IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

The clinical and bacteriological conceptions of diphtheria are not, at the present time, in perfect agreement. Bacteriologists, believing that the causative function of the specific pathogenic germs has been firmly established, do not consider that any case of infective disease can arise except through the operation of these specific causes. Consequently some cases of tonsilitis presenting well formed membranes are diagnosed as diphtheroid, and conversely, cases having no membranes and presenting symptoms of ordinary sore throat are diagnosed as true diphtheria because they are associated with the diphtheria bacillus.

That every physician should have a clinical knowledge of diphtheria, goes without argument. I believe, however, that a study of this disease from the standpoint of the bacteriologist will be found of great practical value. I shall attend to the most salient features only. I shall begin by making several general, though rather imperfect statements about infective diseases.

Every case of infective sickness is substantially a fight for supremacy between a human body and one or more groups of microorganisms. The germs are the aggressors. The severity of the fight will depend on the number and

virulence of the germs on one hand, and on the resisting power of that body on the other. The character of the fight will depend on the particular species of germs with which he struggles. Symptoms are the evidence of resistance on the part of the patient. Diseases differ from each other because different germs work in different tissues and produce different kinds of poison. Cases of the same disease will differ because germs vary in their virulence and individuals vary in their powers of resistance.

The study of anginas, as of other infections, should commence with the study of the common pus germs—the staphylococcus pyogenes aureus, or golden pus germ, and the streptococcus pyogenes. The first is the cause of circumscribed inflammation. The second is the cause of spreading inflammation. The first is the most important and frequent cause of boils, abscesses, carbuncles, osteomyelitis, endocarditis, impetigo contagiosum and may assist in puerperal fever and pyæmia. The streptococcus is the principal or sole cause of lymphangitis, cellulitis, progressive gangrene, pyæmia, puerperal fever, septic pneumonia and erysipelas. From this list it will appear that these germs attack nearly every part of the body attacked by other germs, consequently they produce diseases closely resembling those produced by other bacteria. Since they are ever with us or on us they often complicate other infections, masking the diagnosis and depleting the patient.

In addition to their numerous other labors these germs are frequent causes of sore throats. In the study of sore throats, then, we have to deal with the three following germs: The staphylococcus pyogenes aureus, the streptococcus pyogenes and the diphtheria bacillus. These three germs possess a number of properties in common.

They all produce severe inflammations.

All may produce inflammations without the formation of a membrane.

All of them may cause the formation of a membranous inflammation.

All of them may be found in throats of healthy but probably immune people.

All of these germs produce tonsilitis, which will be diagnosed, clinically, as diphtheria.

All of these germs produce tonsilitis, which will be diagnosed, clinically, as simple or catarrhal tonsilitis.

It has been proposed that we designate the three anginas produced by these bacteria as staphylo-angina, strepto-angina and Klebs-Löffler-angina respectively. By some, the first two are designated as diphtheroid.

From ten to fifty per cent of all the cases diagnosed or suspected to be diphtheria prove to be diphtheroid. These diphtheroid sore throats are common accompaniments of scarlatina, typhoid fever, etc. Diphtheroid sore throats are not contagious nor are they nearly so fatal as true diphtheria.

A very large percentage of anginas are due to mixed infections. Any two or all three of the above named bacteria may be associated, but if the Klebs-Loeffler bacillus is found it is to be regarded as true diphtheria. If it is absent then it is diphtheroid. A number of other bacteria are associated with tonsilitis, but for the sake of simplicity we shall not consider them.

Taking up the three anginas in the order of their severity, we have first:

Staphylo-angina. This is not a severe disease. It may begin with a slight chill and pain in the back and limbs. The pulse is usually high and the temperature rises rapidly to 103° or higher, returning to normal in a few days. There will be considerable constitutional disturbance. There is pain on swallowing and the tonsils are red, swollen and congested, with follicular ulcers seen here and there over their surfaces.

Strepto-angina. This is the most painful of the three. The temperature rises gradually till it reaches 102° or 103°, where it remains for several days. The disposition of this germ to invade surrounding tissues is shown here as elsewhere. The inflammation does not confine itself to the

tonsils but extends to the posterior nares, fauces and pharynx. It may even invade the Eustachian tubes, causing difficulty in hearing, or even otitis media. The glands of the neck may be swollen. I believe this kind of angina is often epidemic. These two forms of angina have a death rate of about four per cent.

Klebs-Löffler angina or true diphtheria. This form of angina is more often typical than either of the others, partly because it is more often a pure infection and partly because the poison of the diphtheria bacillus is more potent than either of the others.

A knowledge of the sources of diphtheria infection is of great practical value in preventing its spread. They are four, as follows: (1) The membranous exudate of patients ill with diphtheria; (2) the secretions of the nose and throats of convalescents, in which virulent bacilli persist; (3) the throats of apparently healthy people who have acquired the germs by contact with patients or their clothing; (4) objects which have been in contact with incipient or fully developed cases.

The virus attaches itself to furniture, school desks, books, bedding, etc., etc., and remains virulent for weeks or even months. Schools have frequently been the starting point for epidemics. Doctors and nurses are frequent victims. While engaged in examining or treating the throats of children the resisting, coughing and gagging of the child throws the exudate into their eyes or faces with the usual result. The germs grow in milk and without changing its appearance.

The diphtheria bacillus rarely enters the body, but its toxalbumen does. The bacilli having found lodgment on the mucosa of the tonsil begin to multiply and to produce their specific poison. The local poisoning of the mucous membrane results in its becoming inflamed, œdematous and swollen. The layers of epithelial cells become separated by exudate and each layer very much thickened. This constitutes the membrane. The throat is now a culture tube, supplying food, moisture and a proper temperature,

all the requisites for rapid germ development. The few bacilli have become millions the toxalbumen is correspondingly increased.

Diphtheria bacilli vary greatly in virulence, consequently epidemics vary in severity. All the cases of any one epidemic are usually much alike in the matter of severity. This is not hard to explain. Some throat has been a source of infection for two or three others, these in turn for others and so on. All these cases are but newer generations from the same original parentage.

The persistence of virulent bacilli in the throat is of great moment in determining how early a child may associate with other children with safety. The germs may disappear in a few days or persist for more than a year. The average period is from twenty to twenty-three days. Each case must be considered by itself. The only certain test is the bacteriological.

True diphtheria is so often atypical and so often imitated that its early diagnosis by the purely clinical method is in the great majority of cases impossible. But just here is where microscopical diagnosis has achieved one of its greatest victories. And let me say at this point that microscopical diagnosis always presumes that the ordinary methods have been used. Not only this, but in its last analysis microscopical diagnosis is just as truly clinical as is the use of the speculum or the clinical thermometer.

The part which the physician takes in the bacteriological diagnosis of diphtheria is simple but not always easily accomplished. In the absence of a regular bacteriological outfit, such as is furnished in the large cities, the material may be secured by making a swab of sterile cotton. With this he makes a complete excursion over all the suspected areas. If any exudate is visible do not miss it. Do not lay the swab down, but put it in a clean test tube or bottle. The child should be held firmly and in good light. Sterilize or destroy at once the tongue depressor. Send the swab to a competent microscopist at once. An immediate diagnosis can be made in very many cases. In the others

there will be a delay of about twelve hours for the cultures to grow.

How much reliance is to be placed on the report when received? If the bacteriologist is competent and properly remunerated the percentage of failures in the first examination will be about five. A second examination will clear up the other five per cent.

What information should a report contain? It is evident from what we have already said about the etiology of anginas that a report should do more than simply declare the presence or absence of the diphtheria bacillus. It should, when possible, state what other pathogenic bacteria are present. If the case be diphtheroid we should also know what bacteria are the causes. If antitoxin be used it will prove of most benefit to the pure Klebs-Löffler infections. It will be of less use when the pus germs complicate. It is of no service in the diphtheroid cases.

In addition to giving us the true etiology and an accurate method for the diagnosis of diphtheria, bacteriology has undertaken to furnish a therapeutic measure for its treatment.

The production of antitoxine depends on the fact that bacteria not only produce their toxins in or upon the body but the presence of this toxin causes the body to manufacture an antitoxine. This fact is taken advantage of and the antitoxine of diphtheria is prepared on a large scale. A horse after having been tested for glanders and tuberculosis and proved to be otherwise healthy is injected with gradually increasing doses of the diphtheria toxin. This toxin has been secured by filtering very toxic pure cultures of diphtheria through a germ proof filter. The injections cause local œdema and febrile symptoms which soon disappear, when another is given, and so on till no farther resistance is made to the toxin. The toxin has aroused the physiological resistance of the horse, which resistance is accomplished by the production of a substance which neutralizes the toxin. The blood serum of the immunized horse is drawn into sterile vessels where it stands on ice

for forty-eight hours to permit the serum and the corpuscles to separate. The serum is then pipetted off and constitutes antitoxine serum. It is preserved by the use of carbolic acid, camphor, trikerosol, etc. The best serums result from the mixing of serums from different horses.

The next step in the preparation of antitoxine is the determination of its value in immunizing units. This is done as follows :

1. The least dose that will kill a Guinea pig weighing 250-260 grams is determined.

2. The least quantity of serum that will protect this Guinea pig against ten times this dose, is determined.

3. Express the required dose of antitoxine serum as fraction of a cube cubic centimeter and multiply it by ten. There will then be as many immunizing units in one c. cm. of the serum as there are parts in the resulting fraction.

An immunizing unit is one hundred times the amount of serum necessary to protect a standard Guinea pig against the smallest fatal dose of diphtheria toxine. I am not aware of any other remedy prepared with such mathematical accuracy.

Is the antagonism of antitoxine physiological or chemical—that is, is it simply a case of chemical neutralization? This question has resulted in much controversy and experimenting. During the year 1898 Drs. Martin and Cherry, of England, produced evidence which is all but conclusive that the chemical view is the right one. (See Proceedings of the Royal Society, Vol. LXIII., No. 400, for July, 1898.)

If this be true then antitoxine is a proximate remedy and does its work by removing the cause—the diphtheria toxine. The clinical evidence all favors this view. It produces little or no effect when injected into the healthy. Its injection stops the destructive work of the toxine at once. It does not interfere with the ordinary homœopathic remedies. It is not in the least germicidal. In fact the diphtheria bacillus thrives well on it.

Antitoxine itself probably produces no bad effects. The urticaria and joint pains are more than likely due to impurities.

Dosage. Since it is practically harmless give enough. For children over two years begin with 1,500 to 2,000 units, and repeat in eighteen hours if no improvement follows. It is a waste of time to give 500 units except as a prevention.

If our conclusions are right about the manner in which antitoxine acts then it follows that it will not remedy the changes already caused by the toxine, and this is true. It therefore removes the cause and other remedies should be given to cure the patient. The treatment then should consist of three parts: 1, as far as possible the destruction of the germs in the throat; 2, the removal of the destructive toxine by the injection of antitoxine; 3, the cure of the patient by the use of homœopathic remedies.

DIFFERENTIAL DIAGNOSIS AND TREATMENT OF DIPHTHERIA.

BY JOS. PETTEE COBB, M. D., PROFESSOR OF PEDIATRICS IN
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

The diagnosis of diphtheria rests upon two kinds of evidence, viz., clinical and bacteriological. The two kinds of evidence should, when possible, always be considered together, as they are mutually complementary. The bacteriological diagnosis is the more exact and can usually be arrived at earlier in the progress of the disease, but it is not always conclusive. The fact that the Klebs Loeffler bacillus can be found in the sputum or in the pharyngeal exudate does not prove that an individual is suffering with diphtheria any more than that the presence of the pneumococcus in the saliva proves that an individual is suffering with pneumonia. Conversely, a person may be suffering with an attack of diphtheria and a single examination may not discover the presence of the bacilli when subsequent ones do. The presence of non-virulent diphtheria bacilli and of pseudo diphtheria bacilli may also be misleading, if the evidence rests alone upon the bacteriological evidence.

Of what diagnostic value, then, is the bacteriological examination? First, if we accept the teaching of facts in the light of our present knowledge, and believe that all

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inflammation of the mucous membrane due to the Loeffler bacilli is diphtheria, the positive bacteriological examination gives us the first sign which shall point out the line of treatment, the local care of the inflamed surface, the necessity for isolation and other measures to prevent infection. Second, it gives us the only positive evidence that a mild tonsillitis or pharyngitis is endangering a household, and so serves to prevent the spreading of the disease by unsuspected cases, and, conversely, it tells us what cases of tonsillitis, even of a severe type, will not endanger others. Third, it is the only early sign that gives a positive diagnosis in inflammations beginning primarily in the larynx or nares. Fourth, by revealing the presence of microorganisms other than the Loeffler bacillus it early indicates the cases of mixed infection and guards against the too hopeful prognosis.

The instances in which a bacteriological examination is misleading are in reality very few if proper care is observed in obtaining the specimen for culture. I do not propose to tire you with any lengthy discussion of the process or its different steps. It will not be out of place, however, to remind you that a culture should be made during or just before the period when the membrane is forming, as the bacilli sometimes disappear early, and after the membrane is formed or when it is beginning to be loosened, it may be necessary to probe into the tonsillar crypts to discover the bacilli. The culture should not be made shortly after the use of any antiseptic applications for obvious reasons, and yet this error is often made.

The value of a microscope may have its limitations as a diagnostic agency, but I will venture to say that its value is underrated most by those physicians who have not had the benefit of its help in skilled hands.

In considering the clinical aspect of a suspected case of diphtheria the age of the patient and his surroundings have their bearings. It is unusual for infants under six months of age to suffer with diphtheria; from two to ten years of age seems to be the most vulnerable time of their life, while the farther they advance beyond the age of ten the more likely is an attack to be simple tonsillitis.

A known exposure is an important item of history. The fact that a child lives in an institution or in a tenement house or is mingling with a large number of other children in a public school will often in itself make the diagnosis probable.

A history of repeated attacks of tonsilitis is not the usual precursor of diphtheria, but would lend weight to the probability that the case under consideration would prove to be similar to former attacks. An attack of diphtheria gives immunity for a time variously stated as from a few months to the balance of one's life. In studying over my own observations on this point, I find that I have not personally known of the same person suffering two attacks of undoubted diphtheria; nor can I find that any of my own cases have given the history of a former unquestioned attack of diphtheria.

The general or constitutional symptoms, which may become very marked later in the course of the disease and are then very characteristic and unmistakable, are of comparatively little value in an early diagnosis.

Many cases begin very gradually with little fever, with little pain on deglutition and with little general disturbance except a feeling of malaise. An excoriating nasal discharge is a significant symptom if it appears early; any croupy condition or enlargement of the cervical glands should also be viewed with suspicion; the presence of albumin in the urine is almost diagnostic if scarlatina can be excluded. Most cases of diphtheria begin in the throat and its careful inspection gives us our most reliable clinical diagnosis.

The throat is red, usually all over, sometimes locally; on the tonsil or near it there is a grayish or whitish spot or spots, from the size of a pin head upward, or at the first examination a thin transparent film can be seen over part of the tonsil, the arch and the uvula. The small spot will increase in a few hours and grow into a membrane or several will coalesce. The neighboring tissues become œdematous and swell considerably. Very early there is an offensive breath which later becomes fetid. The lymph nodules early begin to swell and become sensitive to pressure; a general infiltration of the cellular tissue changes the contour of the neck. The face is pale and sallow, often bloated, and has the expression of apathy. While constitutional symptoms may develop early, we shall more often find during this stage only an unusual indifference, a freedom from much pain and a tendency to drowsiness.

The local signs may be very indistinct, especially in adults, and with mild constitutional symptoms give no evidence of diphtheria unless a microscopical examination is made, until other and younger members of the family become infected and develop marked cases.

The diphtheritic membrane often spreads from the throat to the nasal cavities, especially when the posterior surface of the uvula is affected; in tonsillitis an invasion of the nares is not common. Primary diphtheria of the nose is not uncommon, hence during an epidemic of diphtheria every nasal catarrh should be an object of special investigation. If the throat symptoms occur with measles or scarlatina the time of their appearance should be considered; when they precede the eruption or occur while the fever is at its height, they are rarely due to diphtheria; if they occur later, and especially after the fever has subsided, they are quite likely to mean that diphtheria is developing.

There is rarely any difficulty in distinguishing diphtheria from measles when a good history of the onset can be obtained; but the diagnosis between scarlatina and diphtheria cannot always be made with certainty during the first forty-eight hours without the aid of the bacteriological examination. We should remember the peculiarities of scarlatina which are distinctive, viz., its sudden onset, quick rise in temperature, initial vomiting, and the early appearance in the throat of an intense redness without any dots or gray film; when the ulceration develops, it is confined to the tonsils and there is no appearance of a membrane or film extending from one spot of ulceration to another. If the deflorescence fails to appear there may still be doubt unless the microscope comes to our aid.

Treatment. An important part of our duty in connection with diphtheria lies in the line of preventive treatment. I shall pass this part of our subject over without discussion.

Every case of diphtheria should be quarantined. Even those physicians who profess not to believe in the truth of the bacteriological origin of infectious disease admit and practice this necessity; they probably know why they follow this troublesome practice, but they have failed to give the majority of the profession any satisfactory explanation for their practice. If every undoubted case of diphtheria should be quarantined then it follows that every suspected case should also be quarantined until it is proven not to be diphtheria. A quarantine is of little service unless all of the details are carried out with an intelligent idea of what is sought to be effected; unless the methods of infection are understood they are not likely to be prevented. If a physician has not made himself familiar with all the

possibilities of microörganic life, the quarantine instituted and superintended by him will be a very porous bar to infection. If he waits until the suspected case develops, his quarantine may be too late to be of value.

Institute the quarantine early, make it absolute, maintain it until a culture shows no virulent bacilli, or in the absence of a culture test for ten days after the disappearance of all membrane.

Local treatment consists in cleansing and disinfecting; to be effective it should be done often and thoroughly; moreover, to be of value, it should be so done that the effort of resistance on the part of the patient does not cost more in loss of energy than is gained by the treatment. Gargles are rarely more than mouth washes but they should not be neglected. The cautery, caustics and irritating applications do more harm than good; they reach only limited areas, destroy comparatively few bacilli; seal up some drainage routes and open new avenues for invasion. Nasal douche irrigations with the patient lying first upon one side and then upon the other, the atomizer and, in patients old enough to avoid resistance, the swab are our most serviceable means of local treatment. Our most efficient cleansing agents are solutions of peroxide of hydrogen and alkaline aqueous solutions. In the line of disinfectants it is my rule never to use anything which I object to have the patient swallow and then use it thoroughly. Solutions of permanganate of potash, borolyptol or boric acid will give good results if used freely.

The local treatment is materially helped by impregnating the air with volatile antiseptics; the sublimation of calomel, the vaporizing of menthol and oil of eucalyptus, and the spraying into the air of bichloride solutions, are not only of benefit to the patient but render as well very valuable protective service to the attendants.

Internal medication. In all serious diseases and virulent epidemics homœopathy has stood out in marked contrast to the old school; the more virulent the epidemic the greater contrast has there always been in their respective death rates. This difference in results is just as true and just as striking in diphtheria as it is in Asiatic cholera.

In diphtheria, as in any other disease, it is necessary to individualize each case and to select the proper remedy for the individual. While a great many remedies may be required for different cases in their various stages, there are a few which are more frequently indicated, and there-

fore most frequently occur to our minds. Mercurius in some form is probably most frequently indicated for the stage of active development. When the glandular involvement is marked from the beginning I prefer the iodide, but with the usual developments of angry mucous membrane, grayish spots or film, œdema, fetid breath, low grade of fever and marked toxæmia, the cyanuret is more serviceable.

Kali bichromicum has quite a different picture. Constitutional symptoms are not prominent and toxæmia is not profound; the pharynx, uvula and tonsils are swollen, and look dark or purplish red. The false membrane is yellowish and thick; there is a large amount of tough, stringy, muco purulent secretion; pain on swallowing is intense. Kali is frequently indicated in the laryngeal type of the disease whether the larynx has been primarily or secondarily involved; when the membrane invades the nares, kali is also one of our useful remedies.

Arsenicum covers many of the symptoms and conditions found in diphtheria; the profound toxæmia with great weakness, extensive œdema with pale, waxy face, offensive breath, excoriating watery discharges, vomiting, diarrhœa, and scanty urination, are all good indications of arsenicum. When the inflammation begins in the nares with a thin watery excoriating secretion, painful deglutition and sensitive lymph nodes, arsenicum iodide should receive our first thought.

Phytolacca is much more frequently indicated than prescribed. It is indicated in those cases which resemble follicular tonsilitis, when the membrane is not extensive and toxæmia is mild, but where pain, swelling and glandular involvement is extreme. Deglutition is more painful than the severity of the inflammation would indicate; mucous secretions and saliva are profuse, the desire to swallow constant, nausea and vomiting persistent.

Many other remedies are to be studied, as mercurius cor. sub., apis and cantharis in nephritic involvements; strychnia, gelsemium, argentum, digitalis and glonoine for the different forms of multiple neuritis, some one of which are sure to follow.

Diet in diphtheria is a question of no small importance. The appetite is usually lost very early in the course of the disease and digestion is very greatly impaired. Meanwhile we are dealing with a disease which makes a great and sudden demand upon the patient's strength and reserve

nutrition. Food in small amounts should be administered from the beginning with the same regularity with which we exhibit our remedies, it must be nutritious without being bulky and must make the least possible tax upon the digestive and eliminating organs. Milk fulfills these requirements better than any other article of food; it can be used hot or cold, as buttermilk, koumiss or matzoon or as a thin gruel and thus give the patient quite a variety; fruit juices are a valuable addition to the diet list. The various concentrated meat extracts have little food value, put a great additional tax upon the eliminating organs and are to be avoided.

Various opinions are given concerning the value of alcoholic stimulants in toxic diseases, but my study and observation have taught me to place great reliance upon them in all form of toxæmia and especially in diphtheria. Carefully conducted experiments go to show that alcohol properly diluted helps the patient suffering with toxæmia in several ways. (1) By dilating the superficial blood vessels, improving the heart's action and stimulating muscular contraction, it aids absorption and elimination. (2) A certain amount of alcohol will be oxidized in the body and will not leave it as alcohol; in this way it serves as a food, furnishing potential energy and protecting other tissues. (3) Alcohol is a direct antidote to the toxine which has been absorbed and by its presence lessens the toxæmia and prevents the depressing effects upon nerve centres.

It is a matter of common observation that a diphtheria patient can take large quantities of alcohol without experiencing any toxic alcoholic effects therefrom; doses which would produce alcoholic symptoms in the patient when well or when sick with any other disease will give no toxic signs in the diphtheria patient.

If used it must be administered with regularity, must be properly diluted, and the character of the pulse must be the guide for the amount. It is my practice to administer whisky $\frac{3}{4}$ ss to ij diluted with six parts of water every three or four hours. I am particular that the whisky shall be a good article and that it shall be given in sufficient quantities to keep the pulse full and strong.

Antitoxine. The value of the antitoxine treatment in diphtheria is so universally acknowledged by the medical profession in this country that it is unnecessary at this time to enter upon any defense of the practice. It is true

that it has decreased the mortality rate of the old school practice much more than it has that of the homœopathic. But was our mortality so low that we should be satisfied? Should we reject anything which promises help? Is there any reason why a homœopath should not administer a remedy hypodermically? If the action of antitoxine in diphtheria is not homœopathic, how can you prove that it differs from the action of lachesis or other animal toxines in toxic diseases. Antitoxine has been proven experimentally and clinically, and stands upon a better footing as a homœopathic remedy than many others which are accepted without question.

I have no question in my mind but that some cases have died from antitoxine, that more have died in spite of the use of antitoxine, and that others will die in spite of antitoxine or any other treatment which we may give them. My own observations have inclined me to consider the amounts recommended as usually unnecessarily large. Instead of giving from 500 to 2,000 units as an initial dose, I give from 250 to 1,000 units, ready to repeat the dose in twelve to twenty-four hours if necessary. It is rarely however that I find it necessary to give the second dose.

I believe that some of the fatal cases where antitoxine has been used have been due to overdosing. In the same way some deaths from diphtheria may have been due to overdosing with mercurius cyanide, which is a powerful heart depressant.

If we are correctly informed antitoxine is manufactured in the course of the disease, and really is nature's own remedy; is her own means of limiting the toxæmia by stopping the development of the bacilli. In administering antitoxine we are endeavoring to anticipate the disease and to supply the remedy which nature would employ, but before she has had time to develop the same. If this is true, the earlier it is used the better it will protect the patient. Again, the earlier it is used the smaller will be the dose required to obtain the desired result—a check in the progress of the disease—and the less liable will there seem to appear reasons for the second dose.

If we propose thus always to anticipate nature in her efforts we must be prepared to administer antitoxine to all reasonably suspicious cases, often before the microscope can have had an opportunity to confirm or disprove the diagnosis. The use of the remedy must not be put off

until in the natural course of the disease antitoxine has already been developed; we then are liable to obtain a medicinal aggravation, even from comparatively small doses, and embarrass rather than help nature. It is not giving antitoxine any fair show to use it as a last resort, and no conclusions for or against it should be drawn from such cases.

Personally, I object to its use after the completion of the third day. Its use is also counter-indicated if there is any serious renal deficiency; under such circumstances, if used at all, the dose must be small, as an overtaxed kidney is one of our most serious conditions. The unfortunate results which are recorded of the use of antitoxine seem to me to have occurred when the remedy has been used as a last resort, when the dose has been too large, when a renal deficiency existed at the time of its use, or when inferior or aged preparations of the remedy had been employed.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., SECRETARY AND TREASURER.
FRANK R. LEEDS, M. D., RECORDING SECRETARY.

The regular monthly meeting of the society was held in the amphitheatre of Hahnemann Medical College at 8:30 P. M. Saturday, May 27.

President C. J. Swan, M. D., favored the society with his inaugural address, after which came the

REPORT OF THE SECTION ON OBSTETRICS.

FRANK H. HONBERGER, M. D., CHAIRMAN.

THE PRESIDENT'S ADDRESS. BY C. J. SWAN, M. D.—
Mr. Secretary and Fellow Members of the Clinical Society: Four weeks ago to-day, when this society honored me by making me its president, the most severe loss the society has known occurred. In the death of Prof. Ludlam the Clinical Society was bereaved of its father, its staunchest friend and its most efficient worker, so that the memory of that night will always be a sad one to me. My poor pen is not competent to pronounce a eulogy upon the great soul that is no longer among us, but in a totally inadequate way I must say a few words which are in my heart, and when I say them I feel that I speak for each member of this organization, for we all loved him. During the nearly twenty years since the society's inception he has been editor of its organ, THE CLINIQUE, and it has been by the inspiration of his energy and example that its pages year after year have been filled with the newest and best in medicine, so that it stands in the front rank of medical journals of to-day. His methods of work and his ability to work were the chief elements of his success, and I think I admired his faculties in that direction even more than his readiness in speech-making and repartee. He was at that desk in his well-stocked library, so well known to all our faculty and students, at seven in the morning, before breakfast, and all the hours not spent in active practice were occupied in literary work of some sort. I believe it is well known that he began the study of French after he was forty years of age and mastered the language, both spoken

and written. He always gave us wise counsel in time of perplexity and cheered us in times of worry and anxiety. His presence was an inspiration, and his words were full of happy suggestion.

His writings, speeches and teaching have given him the widest fame of any homœopathic surgeon in the world, and when I say that Reuben Ludlam is the greatest name that this institution has known I do not say too much. Let us always keep his memory green.

In thinking over the matter of an address upon the occasion of my presidential inauguration I have been somewhat at a loss as to a subject for my discourse. When one stops to think of the number of these addresses that have already been delivered by the brightest members in our faculty, past and present, upon the widest variety of subjects the difficulty of selecting an interesting topic will be appreciated.

It finally occurred to me that something about post graduate work in Europe and the advantages of such work might be both interesting and instructive. There is an idea too widely prevalent that the medical man goes to Europe largely or entirely for the sake of the eclat such a trip confers, and for the privilege of remarking at various and sundry times upon what he did while studying in the hospitals of Europe. While in some cases I am unable to deny the element of truth in this generally erroneous idea, the delight with which the returned student rolls the foregoing remark under his tongue is not from an empty sense of pleasure in having been abroad, but it comes from the deep sense of satisfaction begotten of the mental stimulus he has received, begotten of his wider experience and because of the real genuine advance he has made in the knowledge of his profession, due to the excellence of the teaching and the profusion of clinical material in the foreign clinics. Another false conceit which I wish to combat is that the American medical student while abroad has a decidedly rollicking time of it, that his medicine is liberally mixed with beer and other more or less enticing beverages not to mention fair women and such like devices of the devil. It is not my intention to place the medical student upon a pedestal and make an image of him which is unlike and above other man animals of his class, but in this case there are certain forces which tend to keep him from wasting his time in pursuit of pleasure. In the first place ninety-nine out of one hundred American medical students abroad have a very

limited amount of money. They are in Europe for strictly business purposes and they are bent upon getting as much value received for ever dollar spent as is possible. They see rich opportunities all about them and they have a feverish desire to imbibe knowledge to the limit of their capacities in the usually short time allowed them by their pecuniary limitations. The result is that the days are taken up by attendance on clinics and lectures and the nights by reading and study and the acquiring of needful rest. I have never seen such an earnest, hard working body of men as the American and English students I met while abroad. The German student on the contrary struck me as an individual who by simply remaining in an atmosphere of learning for a great number of years finally absorbs sufficient knowledge to successfully pass his examinations and secure his degree. Of course, there are sad exceptions to what I have said of the generality of Americans and brilliant exceptions to what I have said of the Germans; but in a general way I believe I have stated the facts and assure my hearers that in my criticisms of the Germans I have been in no way influenced by the famous "Dewey incident."

Of all the medical schools of Europe, Vienna claims my first attention, not only because I am most familiar with that school, but because it is the greatest of all, offering as it does, the best teaching upon the widest variety of medical topics, with the greatest abundance of clinical material. It is the only great medical school in Europe where a student can work at several branches of the profession without wasting time by going from one part of the city to another for his different clinics and lectures. All is in one great enclosure. The general hospital is a part of the University of Vienna and is rather an old institution, having been founded by the Empress Maria Theresa about the year 1775. The buildings and courts which they enclose, cover a space of twenty-five acres of ground. How many beds there are I cannot say, but the number must go into the thousands. From what I saw of post-mortems there are from ten to twenty deaths daily, and in every single fatal case a post-mortem is held; from this some conception may be gained of the opportunities for the study of gross pathology. The lying-in wards supply about an equal number of births daily, so that the population does not suffer by the heavy death rate.

The hospital is subsidized by the government and all

the professors receive salaries varying in amount from three to ten thousand a year. They devote about half the working day to the hospital and the rest to their private practice, medical literature, etc. In Austria the vast majority of the people are very poor, the taxes for the support of an army of half a million of men and an expensive government are enormous, so that free medical and surgical attendance is imperative. For this reason the hundreds of free beds are filled with patients from all parts of the empire and all these people are absolutely subservient to the will of the physician in charge. It is partly due to this autocratic position of the German doctor that he is often such an extremely rough handler of patients—especially clinical patients—and it is also no doubt partly due to the fact that the German peasant is usually an extremely unintelligent animal at whom it is necessary on occasion to use strong language in order to be understood.

Post graduate work is mostly done in private classes, taught partly by professors but mostly by assistants under various titles, connected with the hospital. These courses are from four to six weeks in length, an hour to an hour and a half a day and cost from \$7 to \$20 per course. As it is possible to take six or seven of these courses at once it will be seen that the expense of instruction in Vienna is not inconsiderable. There are a few teachers who limit the number of their class to four or six, and as these are often the most popular ones it is usually necessary to arrange for courses far in advance. Ordinarily, however, a student who is prepared to loosen his purse strings will be able to secure anything he wishes in the way of instruction or actual work, be it diagnosis, treatment or operations. Everybody in Vienna seems open to a tip and nobody is insulted thereby if the amount is great enough, the only consideration being that the size of the tip must be in proportion to the rank of the recipient.

This hospital has given many great names to the medical profession. Billoth, for years considered the greatest surgeon of his time, made his reputation here. I had the good fortune to see his last operations before the illness which terminated in his death. Fuchs, the oculist, whom they call "the great," has a clinic of 25,000 patients a year. Stetwag had one nearly as large. Pulitzer, Gruber, Urbanschitz, the most famous aural surgeons of to-day, have immense clinics. Caposi, the dermatologist, and Krause, the internal medicine man and diagnostician,

are among the teachers, besides many more nearly if not quite as famous, are working in this hospital and giving to the profession the fruits of their labors and experience.

The expense of tuition and living in Vienna amounts to from \$100 to \$125 per month. While the Austrian capital is, take it all around, the best place for medical study in Europe, it is also the most expensive. In London, Paris and Berlin both tuition and board are cheaper, and in the smaller German university towns like Heidelberg, Gottengen and Halle an economical student can get along upon from \$30 to \$50 per month. Each of these places has its peculiar advantage, and each has at least one professor of wide renown whose work is well worth seeing and whose teaching will well repay the student. When I began this address I had hoped to go into some detail about each of these places, but I find it will make my paper too lengthy and might possibly weary my generous listeners. Therefore I will pass to a more general consideration of the subject.

It is not alone with medical lore that the American's brain is fed and nourished. He gains a wider experience of men and things, of customs and usages, of language and manners, and is thus so much better fitted to cope with the world with which he is preparing himself to do battle. While I heartily advise study abroad as a finish to a medical education, I would wish to warn my hearers that there are many conditions of life and study in Europe which will disappoint them. While on that side of the water are the delvers and plodders—men who will work for months developing one new staining material for a microscopical specimen or a new material for a ligature—it is the American practitioner who will make the best and most skillful application of the device discovered. The treatment will seem a bit crude after the student has become accustomed to the finished and scientific methods of our homœopathic teachers. In fact, Krouse answered when asked the treatment of a certain case, "This is the age of diagnosis, possibly the next will be the age of treatment." They seem pretty well satisfied when the diagnosis has been perfectly made. I remember that while we as students had the most profound respect for the learning and abilities of our foreign professors, none of us felt that we wanted them to take care of us if we fell ill, so compacts were made that we were to care for each other in such extremities and were not to be allowed to fall into the hands of the Germans.

Another argument against the European study is the time and money needed for the trip, and still another argument is the rapid growth and perfection of our own clinical facilities, especially right here in Hahnemann Medical College, where we are absorbing what is good from all sources, and adding some things we ourselves have devised. We have this year seen some post graduate clinical work that I believe is unexcelled anywhere, and following the traditions of this institution this post graduate work will grow and enlarge with the growth of the college and hospital. And members of the Clinical Society, before closing this address, I wish to impress upon you the importance of keeping this organization up to the proper standard of enthusiasm. We must remember that this organization is a legacy to us from our dead president, Dr. Ludlam, and we are bound to see to it that its work grows and develops as he would have it were he still among us. As president of this society I pledge to it my best efforts, and thank you for the great honor done me in electing me to this high office.

XXII. A FEW SUGGESTIONS ON OBSTETRICAL PRACTICE.
By J. E. SAWYER, M. D.—I presume there is no condition or circumstance in a physician's life in which he is more thoroughly scrutinized than in his approach to and conduct at the bedside of a parturient woman; especially is this true of a physician's first introduction into a strange family.

The manner of his approach, his general appearance, and his first acts performed, are all to help to decide whether he is to have the confidence of his patient or not, without which it is difficult to carry a case through to a successful termination. To many these preliminaries may seem trivial and of very little importance, while to others of larger experience they often mean a great deal. First, he should come into the room quietly and gentlemanly, with an air of confidence and ease in every act. Address the patient kindly, giving her to understand that he is there to assist her in every way possible, and fully prepared for all emergencies that may arise. At the same time he should not forget to let others understand that he is the great centre around which all must revolve, from his first entrance into the sick room until the final act is performed in the bringing forth of a new life into existence. Secondly, he should not be in too much of a hurry to examine his patient, unless he sees from general indications that there

is danger of immediate delay. I think it better, as a rule to study the character of the pains, and let the patient recover a little from the excitement of his arrival and entrance into the sick room, or else he will find himself in the awkward position of examining his patient with all signs of labor ceased, as will often occur from nervous excitement. The first examination is, to a certain extent, a trying one, both to the patient as well as to the physician, for often the patient watches with almost breathless anxiety for the result, as they are always expecting some abnormal position or condition, or, if normal, will want to know just how long they will be in labor. This is when the physician must exercise his skill, if he has any, in not giving to the patient, either by word of mouth or facial expression, professional secret, or in other words, the exact conditions as he finds them if he does not find them absolutely normal; for we all know that good courage goes a long way in bringing about a normal, natural labor. Always be cautious in giving your patient any stated time when she will be through her labor, for just as sure as you do, and she goes beyond that time, she will become discouraged, think something is wrong or that you do not understand her case, and requires a great deal of explaining to satisfy her. My experience has been in the management of these cases, that a great deal of assistance can and ought to be given to these suffering patients. If the sac has been ruptured in the early stage of labor, or if we do not get that expanding force of the water sac, from the lack of a proper amount of liquor amnii or its exclusion from the sac by the firm pressure of the presenting parts into the pelvic rim, and the os is high up in the pelvic cavity, and pressing back onto the sacrum, I know that I am going to have a long, tedious labor. I now insert one or two fingers into the os uteri, bringing it as far forward as possible, helping to dilate it with every pain. In this way the uterus is stimulated to harder contractions, and the presenting parts are forced down more easily, as they are lifted away from the back of the pelvic cavity. I have seen patients lie hours, with the conditions, such as I have mentioned above, making no progress, or scarcely any, exhausted from these long, fruitless pains until they were just ready to give up, when if the proper help had been given, they would not now look upon the process of giving birth to a child with such horror as many a poor woman does to-day. And another thing we are to

take into consideration is the life of the child. Hitherto we have only looked at the mother's side of it, but when we think of that bunch of humanity compressed up in the fundus of a womb, for so many hours, with no chance for it to give below under such pressure as will benumb our hand in a very short time, if we insert it into the womb, as we often have occasion to do, cannot but lessen the chances of a strong lived child being brought forth to gladden the heart of a suffering mother. And then again there are cases which I believe are hurried through with too much speed, by the too early use of the instruments. The first thing a physician thinks of when he is called and the last thing he would ever forget and leave at home would be his instrument case, which if he would do occasionally would be much better for the patients. A great many physicians say that instruments can be used with perfect impunity. I agree with them in this statement, but the question arises in my mind: Are they? I think that I can truthfully answer "No."

* If all women were alike and all physicians could see alike and each one had the same amount to do as his neighbor, instruments might be used with impunity; but until that time comes I believe there should be a little restriction on the indiscriminate use of instruments.

It is not always in the hands of the inexperienced that the most harm is done to the patient. Too often the busy physician, tired, after a hard day's work, called to attend a confinement, feels as though he could not spend much time with the patient, in justice to himself and those of his patients whom he must see the next day, so he will go prepared to hurry the case along with all possible speed in order to return home early and get his much needed rest. Now, as soon as the os is dilated enough to introduce the blade of a forceps he puts them on (having persuaded the patient and those around her that it is better to do this than to let her suffer longer), begins traction and soon, aided by the newly incited "*vis a tergo*," the child is soon dragged into the world with the combined forces, through a partially rigid os, which has probably given away on one side if not on both, and the patient may consider herself fortunate if the perineum is not ruptured, also. The physician has done his work scientifically, and if the perineum was ruptured he has repaired it and all in sight is well done. The physician goes home and gets his rest, and attends to his other patients on the

morrow. The patient partially recovers—cannot seem to get strong—drags herself around for months or maybe years before she finds out just what and where her trouble is, and is finally restored to health through an expensive operation after all this needless suffering.

So we have with us to-day two classes of physicians which I believe should take a little more thought for the welfare of such cases. The first, too inactive or indolent, lets his cases linger on too long without assistance, while he is taking his rest or leaving the patient in the hands of others while off attending to other duties when his proper place is at her bedside. The other, as I have just described, rushes his cases through with too much rapidity, giving no thought of stages, conditions, or of the future health of the patient.

Now, is it not our duty, if we are conscientious physicians and custodians of the public health, to take into consideration all these things and do all in our power to bring the patient through in the best manner possible and present to her as strong and healthy a child as nature intended she should have?

DISCUSSION: Dr. T. C. DUNCAN: I listened to Dr. Sawyer's paper with a great deal of interest. I have to say just a few words to the young physician who is frequently in too great a hurry and fails to control either himself or his patient. He should get himself and his patient into harmony. He should take charge of both the patient and the patient's family, and control and direct all in the bringing about of the great result.

Do not be in too great a hurry but retard expulsion. Forceps should be used to retard as well as to hasten labor. Retard the child when it is half born, the uterus will then contract and hæmorrhage be lessened to a very great extent.

Dr. A. C. HALPHIDE: Dr. Sawyer's paper has been very interesting to me. I was especially interested in the first part of it, and wish to emphasize what he said of environment and suggestion. He did not make use of those terms, but I like to call things by their right names.

There is no time when these influences are more important and potent than during gestation and confinement, and it is most unfortunate when the attending physician does not know and prepare his patient before the

beginning of labor—unfortunate for the physician and more unfortunate for the patient.

The physician's presence acts as a suggestion; it soothes and encourages or irritates and discourages the patient, according as she has faith in him or not. Strangers are always more or less constrained in their relations, and under unfavorable conditions they are likely to make unjust estimates of each other. It requires all of the tact of a resourceful physician to make a favorable impression upon an anxious, nervous patient just entering a most trying experience. Women should prepare for the event, they should engage a physician beforehand. After labor has begun there is no time for them to get acquainted with the attending physician, and fear of, or lack of confidence in the accoucheur may seriously interfere with the natural physiologic process of parturition.

The reason for these precautions is found in the influence exerted by the mind over the body. A little observation makes it plain that the coöperation of the mind in the physiologic processes is most important, and the physician who can the most readily secure the coöperation, other things being equal, is the one who will have the largest measure of success.

XXIII. SECONDARY POST-PARTUM HÆMORRHAGE. BY KATE I. GRAVES, M. D.—Mrs. S. was taken in labor, second confinement, about midnight, March 9. The presentation was the first position of the vertex. Everything progressed in the usual way, the pains being of the average severity until 7:30 A. M., when a nine pound boy was born. As the head began to bulge the perineum with each pain a few inhalations of chloroform were given. After the delivery of the child on making pressure over the uterus I noticed a peculiar throbbing of the left common iliac artery, and I was fearful of trouble. Firm and continuous uterine pressure was made and a dose of Squibb's fl. ex. of ergot was given. In about twenty-five minutes the placenta with membranes was extracted by Credé's method. This was examined with *more* than usual care, and found to be perfectly intact. The abdominal binder was put on at once, and one-half dram ergot given, but as the flowing was very profuse no other change was made. The pulse was soft, weak and rapid. In a few moments the patient became very faint and colorless, necessitating the giving of sulphate of strychnia hypodermically, and aromatic ammonia by the mouth.

However, under uterine compression and frequently repeated doses of china and ergot the hæmorrhage was controlled so that at the end of two hours I felt that it was perfectly safe to leave her. I told the nurse to watch very carefully because I feared further trouble.

At my next visit I put in two stitches to repair a slight laceration of the perineum. Everything progressed favorably, the perineum had healed perfectly, the temperature had never been above 99.2° until the fourteenth day. At this time the patient had not sat up, had done nothing whatever to cause any strain; the bowels had moved satisfactorily every day, when suddenly she told the nurse she was flowing a good deal.

A profuse hæmorrhage of bright red blood followed, necessitating the giving of ergot, the application of ice bags externally, and producing the same collapse requiring strychnia as at first. The throbbing of the left iliac artery and a feeling of weakness in the left inguinal region were the only symptoms of which the patient complained. The muscular fibres on the left side in about the region of the semilunar fold of Douglas seemed very much relaxed and separated.

A vaginal examination found the uterus in good position, well contracted for the time and nothing whatever abnormal about it.

I subsequently learned that there had been considerable odor to the lochial discharge for two or three days preceding the hæmorrhage, but it always promptly disappeared on giving a creoline douche.

With this hemorrhage, there were large clots, but nothing whatever that showed the least disintegration or had any odor, or seemed like anything but fresh clotted blood. Her temperature went up in a short time to 100.4° and pulse was weak and rather fast. The flow continued more or less profuse for several days, but the temperature dropped to 99° or thereabouts, and aside from the prostration no bad symptoms were present. About the nineteenth day another hemorrhage occurred, but not as alarming as the second, however, requiring the use of the ice bag externally and frequently repeated doses of ergot. The tenderness and relaxation of the walls on the left side continued, but under the effects of a tight bandage and massage were becoming stronger.

At the end of the fourth week the patient began to get about, although there was a tendency to the bright red flow

until the end of the sixth week. She was given continually either ergot, china, crocus or nitric acid. What was the cause of the hemorrhage coming on the fourteenth day and again on the nineteenth?

She was not of the hemorrhagic diathesis, and never had flowed more than the normal amount at the month. She had always enjoyed good health, although not robust. She had a severe attack of la grippe about two months before confinement, with a long lasting bronchial cough which strained the abdominal muscles.

Among the causes of secondary post partum hemorrhage, Hirst mentions retained membranes, displacement of uterus, dislodgment and disintegration of clots at the placental site, emotional causes, relaxation of the uterus, retention of blood clots, fibroids, pelvic engorgement from inflammation or constipation, wounds in the genital tract, carcinoma, or a rupture of the anterior artery, or a dilated vein. Cazeaux says that women of the lymphatic temperament with soft and lax fibres, or who have little muscular power, are the most liable to this secondary hemorrhage, while Playfair gives as a cause, anything which produces a disturbance of the vascular system of the body generally, or of the uterine vessels in particular.

Mundé would add as a cause sloughing of the endometrium.

Now in my patient I was not able to find any one of these causes present, saving a general soft and lax fibre, and a lack of muscular, and particularly a lack of arterial tone. She had no organic heart trouble but a weak muscular action.

Did the previous attack of la grippe count as a factor in producing the hemorrhage?

Case 2. OMPHALORRHAGIA.—October 2. Mrs. T. was delivered of a fine nine and one-half pound boy. The umbilical cord was very large and the veins, especially at the junction with the body, were very tortuous.

I accordingly pressed out the gelatinous matter as much as possible and made firm pressure over the blood vessels before ligating, taking great pains with the latter, passing a second ligature about it as a precautionary means.

The nurse was told to have an especial care and watch lest there might be hemorrhage. There was not the slightest oozing until after forty-eight hours had passed, when the nurse discovered in the morning the clothing about the navel saturated with blood. On my arrival I found blood

oozing from behind the ligatures and also from the end of the stump. I applied powdered ferrum per sulphate over all the bleeding surfaces, and bound the whole stump as lightly as possible with tape one-fourth of an inch wide. This controlled the bleeding for the time being.

Three hours later when I saw the child, the oozing had begun again, and he was so weak that I immediately ordered whisky given. I then removed the previous dressing, and applied a ligature after a modified Dubois' method. I called for two ordinary but rather large sewing needles, which I disinfected and placed at right angles beneath the bleeding vessels through the cord, and then passed a figure of eight ligature of white sewing silk around them. The whole was covered with the powdered iron and absorbent cotton. Small-doses of china were administered internally. The nurse gave her whole time to watching the child and when there was the least trace of oozing the iron was reapplied. After twenty-four hours we had no further trouble.

I recite this case because for twelve hours it gave us so much anxiety, and because the prognosis in these cases is usually considered so unfavorable, particularly when the flow is from the base as well as the edge of the wound.

DISCUSSION: DR. BAILEY: I cannot but regard it as strangely fortunate that such cases of uterine hæmorrhage are extremely rare. If they ever occur they are too often. Their scarcity makes them all the more startling, and I think every physician attending labor cases dreads them and is always apprehensive. Just as certain "that success is never blamed," so is the treatment and watchfulness in this case. It is to be commended because of its great success. As to the answer to the question proposed in the paper, I think the atony of the muscular fibres, uterine and arterial, the real causes at work to keep up the recurring hæmorrhages. The clotting is but an attempt at checking the intra-uterine oozing, but it probably, though distention, serves to reopen the mouths of weakened blood vessels. The weakness of the heart and its impulse is favorable to the stopping of the flowing. While these changes in the vascular system are passing so rapidly in succession, the nutrition of the patient must be maintained, the tone of vessels improved and losses restored.

The reference to the hemorrhage from the umbilical cord arouses a long chain of recollections and experiences. One of my neighbors lost his baby on the night of the second day after birth through the slipping of the string that was used to tie the cord. It was a bit of criminal carelessness on the part of an old physician. A young doctor, I am sure, would not have done it. The cord used was not a cord at all, but a bit of a common rag picked up from the floor. The shrinking of the umbilical cord probably loosened the rag ligature, and as the child slept its life blood came pouring out through the umbilical cord. The next case I attended I carried in mind the fact that any cord might slip unless it was absolutely fastened, and so I threaded a needle with surgeon's silk and passed it through the umbilical cord and tied it as I would in any other ligature, and I have maintained this practice for years. I sleep better if I know that silk cannot slip. I once had to pass a threaded needle through the margins of the abdominal ring and tie the umbilical vein deep to stop a hemorrhage in a two days' old baby. I cannot too highly express my pleasure in listening to this paper of Dr. Graves.

XXIV. A CLINICAL CASE BY FREDRICA R. BAKER, M. D.—Mrs. B., aged twenty-seven. Married five years. One child four years old. General health good, but is hysterical; mother living, age sixty-one; father died of softening of the brain; one sister died of cerebral meningitis; and one brother of tubercular meningitis; short, thick set, expecting her second confinement in February.

December 27 slipped on some ice in the yard and just saved herself from a fall backward. Said it felt as if the abdomen was split open the entire length. Was so uncomfortable all that day she remained on the sofa. That night in bathing noticed a "bunch" low down on the abdomen. Was on her feet all the next day and at night this bunch was so large she sent for me. External parts so much swollen and discolored I ordered hot fomentation of Pond's extract every four hours. A ventral hernia as large as an infant's head appeared just above the symphysis. I replaced it and strapped it well, then applied abdominal bandage, put her to bed, and kept her there.

January 20 she had a slight attack of the grippe and the night of January 30 a severe attack of croup to which she is subject. This left her very weak, and February 1 at 3 P. M. her labor began. I was sent for at 6. Found all doing nicely. Uterus dilating well and child in third vertex position. About 11 she began to be hysterical. She had done good work and all was going well and as rapidly as possible, but the external parts were so discolored and swollen I decided to take the child.

Just here let me warn you against a low framed brass bed, with woven wire mattress, supported through the center by a brass rod, especially one that has been used by a heavy person.

I gave her chloroform and just as I had my instruments well on, and reached for a towel with one hand, that rod slipped out, and down she went, jerking the handles out of my hand and a snap at the same instant made me fear a broken blade. I examined and found all right, and the child was quickly delivered; cord was around the neck twice; the girl weighed six and one-fourth pounds. The second, a footling, followed in twenty minutes. This was a seven and one-half pound girl; and both were all right. A hemorrhage followed until I took the placenta, which was attached at the fundus. This was, by the way, the smallest placenta I ever saw, being not more than five and a half inches across and very thin.

A creoline douch was given per vagina and she was put to bed in good condition.

As she had no nipples I bandaged the breasts at once. Arsenica 6x was given every hour.

She reacted nicely; urinated normally at 3 A. M. and the lochia was normal. There were some after pains but they were relieved by the hot water bag.

9 A. M., Feb. 2. Temperature 99°, pulse 90. Slept some; feels a little lame and sore; again used hot arsenic and boracic acid to external parts only; wanted to get up and see the babies dressed.

Feb. 3, 9 A. M. Temperature 98½, pulse 86, feels good. Urine normal; flow normal; not much lameness; light makes her eyes look green and causes a peculiar feeling at base of brain. Darkened the windows and tied black silk handkerchief across the eyes, using gas light to work with. I changed the remedy to hypericum 6x every hour.

Second day bowels moved naturally. Pulse, 86; temperature 98½°. All well and no pain anywhere. She still

complained of the queer sensation at the base of brain. Pupils were fully dilated, and there was a fishy look in them. At eleven that night they came for me, saying she was unconscious and nothing would rouse her. I found her pulse 90; temperature, 99°. She was conscious on my arrival but would not talk and only shake her head in answer. Finally she began to cry and begged me to "make her stop doing that;" what I could not learn. She said if I would stay she could go to sleep, which she did, after about an hour, and slept until 4 A. M. When I returned in the morning she did not remember my being there at all, but did not want me to go; and would not talk much. The next night the same thing occurred. Watching her carefully we noticed any light in the room caused this. If all was dark she breathed all right and seemed natural. But light frightened her. On the fifth day I decided to remove all pictures from the room and see if any of them was the cause. The first one to come down was a life sized crayon of her dead sister at the foot of the bed. She at once burst out crying, saying, "That was it; whenever there was a light in the room she left her frame and hid, and when it drew dark pinched my neck and said if I told she would kill me." This was the last of this mental trouble, and except for her eyes she was without a symptom.

On the tenth day the nurse reported a little odor to the discharge, and I decided to give uterine douches of creoline; found a small abscess the size of a bean on anterior tip of cervix that had discharged; cleaned this and gave uterine douche of creoline with immediate relief to the eyes. Before I left the house they felt better.

I gave the douche for eight days, at which time she had the blankets taken from the windows, could have daylight, and bright gaslight in the room. I kept her in bed twenty-seven days, then by using an elastic abdominal belt she was around the house. She is well now. Eyes react to strong sunlight; wears medium dark smoked glasses when out of doors. She takes full charge of the two babies and has made three trips down town shopping.

DISCUSSION: Dr. POPPE congratulated the essayist on her management of the case, and gave it as his opinion that the cure of the abscess which the doctor found on the cervix was sufficient to relieve the eye symptoms.

Dr. SWAN called attention to the fact that retinitis is

frequently a condition found after childbirth, accounting for the photophobia in this case.

Dr. BAKER, in answer to questions, said that stramonium was not used in this case. This ventral hernia did not return.

XXV. REPORT OF CLINICAL CASES. A. F. STORKE, M. D.
—Mrs. X., American, age thirty, very stout and fleshy, first came under my care May 27, 1897, when I was called to relieve a neuralgia of a burning character in the left side. On examination I discovered a history of like attacks dating from a fall when a girl, fifteen years previously. At this time she complained of severe pain in the sacral region of the spine, and the coccyx was violently bent inward. From the time of that fall she had always suffered excruciatingly at the month, had had frequent attacks of cystitis with more or less constant albuminuria, and constipation marked and continuous. These symptoms were all greatly aggravated since the time of her first conception and pregnancy which was now four months advanced. This exacerbation was due, of course, to the altered nutrition of the kidneys, to the engorgement of the spermatic veins and ureters, and to the increased tension of the abdominal viscera, all caused by the pregnant state. But the albuminuria seemed to be more than that due to the condition known as the kidney of pregnancy, for repeated microscopic examinations showed epithelial and fatty tube casts. There was some dropsical effusion, more particularly marked under the eyes and in the extremities.

A strict adherence to hygiene and the proper homœopathic remedies relieved this attack and seemed to prevent future ones; for during the remaining five months of her pregnancy she had but two very slight recurrences of the neuralgia, though the albuminuria and dropsy cropped out at times, and I realized that eclampsia was more than probable. During the time she was under my care she took *mercurius corrosivus* 3x, at first every hour, then later four times a day for the remaining period of her pregnancy; and although the amount of albumin did not seem to lessen very markedly, the pain and discomfort abated. The cystitis was relieved by washing the bladder out with creoline and hot water, twenty drops to the quart.

On October 27 labor commenced and appeared to be normal, but after twenty-four hours the pains subsided

and I found the os still closed. Her strength was gone, the parts were hot and dry and well marked convulsive tendencies induced me to hasten matters. So I anæsthetized the patient, called counsel and at 3 o'clock on the morning of the 29th, manual dilatation was performed and forceps applied at the superior strait. Compression enabled the head to pass the coccyx, and after two and a half hours' hard work on the part of the consulting physician as well as myself, the head was born and that, too, without causing any laceration. The arms were hooked out and the shoulders soon followed with equally good results, and we were beginning to congratulate ourselves on our success. But "pride goeth before a fall." We were brought up with a sharp turn by a ripping sound, and the hips appeared, causing a complete laceration of the perineum and sphincter ani and extending three and one-half inches up into the rectum. Thanks to the pressure exerted by the instruments and extreme violence, the child was moribund; so that my assistant devoted himself to her while I labored with the mother. The womb remained doughy and flabby and the pains had not returned at the end of forty five minutes, despite manipulations of all sorts. Examination showed a placenta almost totally adherent and so friable that instead of peeling off from the endometrium each touch broke away a part and produced hemorrhage. Thus the entire after-birth came in fragments, attended by an unusual if not alarming loss of blood. Now after emptying the uterus thoroughly and making sure that no fragment of the placenta remained, we still had a sluggish condition to deal with. But ten drops of ergot in hot water, together with constant kneading, soon brought about contractions and stopped the hemorrhage.

Thus the third stage was completed, the mother was dressed, the child resuscitated and quiet and rest ordered. On the following morning a primary operation was made to repair the extensive laceration; but despite asepsis and antisepsis the wound failed to unite. She made a very slow recovery with a temperature ranging from 99° to 103°; only once, however, above 102° and that on the seventh day when we found a sloughing away of some of the perineal sutures. After six weeks' time she was up and about; and despite the entire laceration, there was no pain, no dragging. But there was complete lack of control of the bowels so that she was constantly compelled to wear a

napkin. One year later a secondary operation was performed which was fairly successful, though there remained still some very slight oozing of fæcal matter through the recto-vaginal wall when the bowels were unusually loose. But after a third operation consisting of the freshening and curettement of a small fistula, success seems to have been attained; and stranger than all else, the albuminuria, the dropsy, the neuralgia, and the pain to which she has always been subject at the month, all these seem to have left her. Of course the downward path of nephritis is not always constant and regular. We frequently find ameliorations. But do these periods of improvement ever last for as long a time as eighteen months? And then is the disease liable to return? And what would be the possible outcome of another pregnancy? Was the condition only one of albuminuria of pregnancy? Or was it really nephritis? These are some of the questions I should like the society to answer.

DISCUSSION: DR. BAILEY: The answer? Easy to ask, difficult to answer. It might be a nephritis, if so a microscopical examination at the present time might aid in the answer. This patient might go safely through another pregnancy. In regard to controlling hemorrhage, five yards of iodoform gauze, according to an interne in one of the great German hospitals, is sufficient to control any hemorrhage of the lying-in woman; the gauze crowded into the uterus stops the hemorrhage and excites contractions. Do not crowd the uterus too full.

DR. DUNCAN: What was the quantity of urine voided and what was its frequency? Also what diet was allowed?

DR. STORKE: The patient could go no longer than four or five hours without urination, and got up three or four times every night to urinate. There was much albumin. Restricted diet was employed.

At the suggestion of Dr. Halphide, Dr. Storke appends urinary analysis put in wineglass, August 18, 1897 here:

Hahnemann Medical College Laboratories. Report of urinary examination.

Name, Mrs. X. Case, Professor Storke.

Chemical: Quantity, twenty-four hours, .800 c. c.; color, pale reddish yellow; odor, arnica-like; reaction, alkaline; specific gravity,

10.19; total solids, 85.41; chlorides, abundant; sulphates, normal; albumin, present; sugar, no; blood, present; bile, no; peptones, no; urea, low; P_2O_5 , low; sediment, present.

Microscopical: Epithelial, blood and mucous cells; tube and hyaline casts.

(Signed) E. H. GRUBBE, *Examiner*.

XXVI. CASES OF PUERPERAL FEVER. BY F. H. HONBERGER, M. D. *Case 1. Puerperal sepsis with peritonitis.* Mrs. C., aged twenty-three, has always enjoyed the best of health from childhood, and has been almost entirely free from the many little distressing ailments so prevalent during gestation; labor came on normally at full time; it was rather severe, although not unusually prolonged. She was delivered of a healthy male child, weighing eight pounds; the delivery was made with forceps under the usual antiseptic precautions; there was some laceration of the perineum which was not repaired. The cervix had a slight unilateral tear, and the patient flowed quite freely during the first twenty-four hours, but not sufficiently to weaken her or to cause alarm. She seemed in excellent condition for the first thirty-six hours, but at the end of the second day there developed a temperature of 101° and a pulse of 98; twelve hours later her temperature was $104\frac{1}{2}^\circ$; pulse, 124. She had no decided chill, but some slight chilly sensations. The bowels were moved with magnesia sulphate, and a boracic acid vaginal douche was given. On the morning of the third day temperature was 103° ; pulse, 100. The breasts were bandaged early. As she did not nurse the baby they filled with secretion and became very sensitive, showing signs of hardening.

I first saw the patient on the fourth day after confinement; the breasts were then thoroughly steamed, then gently rubbed with camphorated oil and covered with cotton batting. This treatment was continued three or four times per day for about three days until they became soft and caused no further trouble.

On the evening of the third day her temperature was 104° , and the pulse 124. She complained of tenderness over the region of the uterus and left ovary; the lochia became very scanty and almost ceased. I gave intra-uterine douches of one per cent solution of creoline with ver. viride 1x and china ars. 2x internally, alternating every half hour. The temperature came down to $102\frac{2}{3}^\circ$ in four hours, and it remained below 103° until about noon the next day, when it again reached $104\frac{2}{3}^\circ$. I then had the patient

sponged every two hours and bowels moved by enema. At 5:30 P. M. the temperature was $104\frac{3}{4}^{\circ}$; gave another intra-uterine douche; at 8 P. M. her temperature was 102° ; pulse, 128. Next morning, being the fifth day after confinement temperature, was $98\frac{3}{8}^{\circ}$, and the pulse 96. The same remedies were continued. The lochia was scant and pale in color with no odor. The patient then felt very comfortable, and the temperature did not again go above 101° until the eighth day, when she complained of a chilly sensation and more or less pain all over; within three hours after the chilliness the temperature ran up to 105° , and the pulse 124. The abdomen was slightly distended and tender over the entire region. The patient was put under an anæsthetic, and I gently curetted the uterus; found nothing but a few shreds; the temperature did not come down below 104° ; gave high normal salt enema, 1 $\bar{3}$ to a pint of hot water, which was retained. Temperature came down to 101° by next morning; pulse, 92; patient took a good quantity of nourishment, such as eggnog, milk, etc.; the abdomen continued to be tender, and she had frequent liquid stools; the temperature varied from 99° in the morning to $102\frac{3}{8}^{\circ}$ in the evening until the fourteenth day, when it again reached normal, and did not go above 100° until the twentieth day. The tenderness over the abdomen now grew decidedly worse, and the temperature arose to $103\frac{2}{8}^{\circ}$; pulse, 122. On the twenty-fifth day the temperature dropped from $105\frac{1}{8}$ to $95\frac{3}{8}^{\circ}$ inside of eight hours, and the patient was in a state of collapse. She was given strychnia $\frac{3}{16}$ gr. hypodermically and hot normal salt enemas until temperature came up to normal. The patient's temperature for the next ten days varied from 101° to 104° , and the pulse from 90 to 130, until the abdomen became less sensitive and the distention had disappeared. The acute stage now being past, we found a marked thickening upon the left side extending from the umbilicus into the pelvis, the latter being well filled with plastic exudate. The temperature from now on varied from $97\frac{2}{8}^{\circ}$ in the morning to 101° in the evening until the exudate was absorbed. During the acute stage of peritonitis hot applications, with turpentine, were applied over the abdomen, and at different stages of the disease she was given such remedies as carbolic acid in the 2x, five drops every hour, quinine, veratrum viride, belladonna, terebinth, cantharis, arsenicum, etc. As soon as the exudate had been absorbed the patient gained strength very rapidly and was dis-

charged from the hospital eighty days after date of confinement. The laceration was not repaired, thinking it best that she get good and strong before attempting such repair.

Case No. 2. PATIENT CONFINED IN ROOM OCCUPIED BY FEVER PATIENT.—Mrs. C., aged thirty, had passed through two normal labors with no abnormal symptoms of any kind. This labor came on at full time, was of short duration and very easy in character; she was delivered of a female child weighing nine pounds; the secundines came away readily and intact; she lost very little blood and had no lesion of mucous membrane that could be detected, in fact, it was as easy and as perfectly normal case of labor as I have ever attended; the patient felt exceptionally well until the beginning of the third day, when she complained of a decided chill followed by a temperature of 104° ; in a very short time an intra-uterine douche was given with no appreciable effect upon her temperature; the douche was repeated early next morning with better results; the temperature came down to normal in a few hours and remained there for two days, when another chill occurred and temperature shot up to 105° without apparent cause; the intra-uterine douche again brought it down to 98° in a very short time; it remained normal three days when suddenly it started up and went to $104\frac{3}{4}^{\circ}$. Thinking it possible that something might be found in the uterus she was given an anæsthetic and the uterus was gently curetted with negative results; the temperature continued high; gave intra-uterine douches for several days with indifferent results; the thermometer would register $104\frac{3}{4}^{\circ}$ every evening and drop to the normal point or slightly below each morning. This condition continued for a period of about four weeks, when the afternoon temperature began to show a little dropping off and would be of shorter duration, only remaining high from two to four hours while previously it continued high from ten to twelve hours. At the present time, the end of nine weeks, the evening rise is about $101\frac{3}{4}^{\circ}$ remaining normal from 2 or 3 A. M. until about 3 P. M. The patient is not emaciated, has an excellent appetite, although only allowed a very light diet; she lived upon liquids the first five or six weeks but is now allowed some other light food. One peculiarity of this patient is that the pulse remained low in comparison to the temperature; the pulse rarely went above 110, and as soon as temperature would drop the pulse would come down to 80 or 85; it was due to this fact that I continued to make a favorable prognosis.

I believe the fever was caused entirely by her being confined in a room and bed previously occupied by a child suffering from an attack of remittent fever; the fever patient, having recovered, only left the room upon the day that she was confined, there being no other room that could be used and there was no time to properly fumigate and prepare for the oncoming labor. She was given such remedies as china, arsenicum, quinine, gelsemium, belladonna, cantharis, terebinth and others as symptoms would seem to indicate. I report this case that the student and general practitioner may see the result of conducting a case of labor in a room that has been contaminated by fever or other disease.

Case 3. This case came to me eight days after confinement with a diagnosis of la grippe, complicated with pneumonia. The patient had a history of high temperature accompanied by a very severe cough which developed on second or third day following delivery; she also had a bad cold at the time that labor came on. She complained of feeling sore all over, in her legs, back, abdomen and especially through the chest; her temperature had ranged from 103° to $105\frac{3}{4}^{\circ}$ for about a week and her pulse from 110 to 140; the lochia had been very scanty and at times entirely suppressed; there was no odor of any account to the discharge. An examination revealed considerable tenderness over abdomen, most acutely in left inguinal region; believing the trouble to be caused by absorption of secretions from the uterine cavity she was anæsthetized and thoroughly curetted, bringing away some particles that should have come away with the lochial discharge. The uterus was then thoroughly irrigated with a one per cent solution of creoline. The patient was given china ars. 2x every hour; the temperature registered normal within ten hours after this treatment. She was given one intra-uterine douche each day for four or five days, the temperature being normal each morning and not going above 101° in the evening. The tenderness continued in the left inguinal region and a thickening gradually developed in this location. She was kept in bed for six weeks until the exudate had become absorbed.

In each of these cases you will notice there was more or less plastic exudate thrown out as a result of the inflammatory condition, which I believe was caused by absorption of septic material from the uterine cavity. This started up a metritis which gradually extended to the

cellular structures of the pelvis and was followed by the exudate which in each case was absorbed and did not break down and form pus. In two of the cases tampons saturated with a twenty-five per cent solution of ichthyol were placed upon either side of cervix in the vaginal cavity with apparently good results. Absorption seemed to go on more rapidly and patient complained of less sensitiveness after two or three applications in each case. Of course, the tampons were not used until lochia had almost or entirely ceased.

XXVII. VOLUNTEER PAPERS. A UNIQUE CASE. BY DR. N. A. PENNOYER.—On the 15th of June, last year, a girl twelve years old was brought to me by her mother, with the following history:

While living in Chicago, several months previous, a swelling of the cervical glands was noticed on the right side. The attention of the family physician was called to the trouble, when he said that he would remove the diseased part in a few days. Calling later, he found that the disease had increased so rapidly that he requested counsel. The surgeon, a professor in one of our colleges, diagnosed tuberculosis, and advised immediate operation, which advice was accepted and acted upon. This was in the second week in December. The child remained in the hospital twelve days, but evidence of return of the trouble was noticed upon dismissal. The swelling increased rapidly so that a secondary operation was deemed necessary, and was performed in January. Notwithstanding this expedient, the disease again returned in the same locality, though much increased in extent. Co-incident were swellings of the glands on the opposite side of the neck, of those in the axillary and inguinal regions and tumefactions over the abdomen. The case grew rapidly worse; was pronounced hopeless. At the time the child was brought to my office she presented an extraordinary spectacle; the face was swollen and edematous, the upper lip being fully three times the ordinary thickness; the forehead was tense and glistening. The right ear was as greatly enlarged as the lip, turgid with blood, and bent forward on itself from the immense swelling at the former site of the operations. The two long scars left evidence of the severity of the surgical work. I did not count the nodosities on the body, but I think there were fully thirty scattered about in the regions above named. Besides the œdema of the face and

neck, there was some about the external genitals; the urine was scanty and frequently voided. An examination later revealed heavy albumin, but no casts; but hyaline casts were found two months later; the appetite was capricious, bowels irregular. The child was fretful and cried easily. The temperature was a degree above normal and the pulse 100. Both diagnosis and prognosis were reserved.

Treatment. For some time previous I had been using with some cases of uterine fibroid, Prof. E. S. Bailey's $\frac{1}{10}$ triturates of thyroid extract. The case presented to me some features of myxœdema, and as the child had been under homœopathic care and doubtless taking the usual remedies for glandular and tubercular symptoms, I decided to give the new preparation a trial, so one tablet was given four times daily and later two at a dose. Apis was also given. Within a week the patient took to her bed with rheumatic symptoms, the knees and ankles being the seat of trouble. For this bryonia was given, and two or three nights phenacetine was administered, to control the pain. Apis was continued as the urinary symptoms demanded. Rheumatism subsiding, the thyroids were again given. A second attack of rheumatism occurred and was similarly treated. Following this the thyroid and apis treatment was resumed with apparently little effect except that the symptoms grew no worse, until one day after about two months' treatment, I was called to see the child after perhaps a two weeks' interval since my last visit, when a remarkable change for the better was evident. The swellings had decreased fully one-half, the ear was returning to its normal position and the face revealed the natural delicate outlines which had been so completely effaced. The girl's spirit and strength had correspondingly risen, forming a very happy contrast to the former condition. I was pleased shortly after this to show the case to Prof. Bailey, who by chance was visiting the Sanitarium. Improvement continued so that by September 1, there remained only a swelling about the size of an almond under the right ear, but a slight enlargement of the thyroid gland was now visible. During the next three weeks, the child continued to improve in general health so that we were all hopeful of complete recovery, when one evening, after a long walk down town and back, she was taken with dyspnœa for which I was hastily summoned. Whether from overheat or overexertion, or both, I could not determine the cause of the relapse. Nothing availed. The heart's action grew weaker and more frequent and the patient succumbed to tachycardia on September 27.

Notwithstanding the fatal termination of the case, some interesting features are presented for study.

First: The symptoms indicated tuberculosis, for which surgical measures have often afforded relief.

Second: The thyroid treatment was so far successful as to indicate the presence of myxœdema.

Third: With the disappearance of the latter, marked symptoms of Graves' disease were prominent, viz., enlarged thyroid and tachycardia, which latter closed our case.

In Gould's year books, we find some interesting literature bearing upon the sequence of Graves' disease and myxœdema, which I append to this report.

"Pospelow describes a case of syphilitic disease of the thyroid gland following some years after primary infection. Clinically there were the symptoms of diabetes insipidus. Under specific treatment the swelling of the thyroid gland disappeared, but signs of myxœdema then developed. Thyroid glands were administered, with relief of the myxœdema, but reappearance of the diabetes, which in turn yielded to mercury. This, again, was followed by myxœdema, and at the time of the report thyroid treatment was again instituted. Baldwin contributes four most interesting cases in which myxœdema occurred in persons who had previously suffered with Graves' disease, and in all of which treatment with thyroid extract proved most useful. The first occurred in a boy of ten, four years after Graves' disease. The second affected a girl of fourteen, two years after the exophthalmic goitre was cured. In the third, a girl of fifteen showed the first signs of myxœdema five years after the improvement from Graves' disease, and in the fourth, a woman of forty-four, four years later. Gron records a case of myxœdema occurring in a woman of sixty-two years, in which the autopsy showed a considerable enlargement of the pituitary body, and he collects the recorded instances of this association. Gowan points out the relation between myxœdema and Graves' disease, as shown by the probable nervous origin of each and the proportion of women affected to men.

"*Diagnosis.* Starr points out the distinguishing features between nephritis and myxœdema. Two forms of nephritis must be distinguished. In the acute cases, where there is considerable œdema, the resemblance may at first be striking, but some of the points of distinction are really very marked. The preference of the swelling in myxœdema for the supra-clavicular spaces and in the region of the masseter muscles, as well as the abdomen, and the absence

from the legs and back when these are the dependent parts, are in striking contrast with the well-known conditions of renal dropsy. Pitting on pressure is not noted in myxœdema, and the onset is slow and progressive.

"In chronic nephritis with contracted kidneys and hypertrophy of heart there is still more confusing resemblance to myxœdema. The polyuria with the low specific gravity and scanty traces of albumin and hyaline casts, as well as the slow course of the symptoms, the gastric and cerebral disorders and the pallor of the skin, are common to both diseases. It will be noted, however, that in chronic nephritis the dropsy is rarely extreme, and is uniformly seen about the ankles, or below the eye if the face is affected. The remarkable dryness of the skin with scaly desquamation, and the coarse, bristly character of the hair so characteristic of myxœdema than of the other disease.

"Tresilian records a case of myxœdema that had been regarded for a number of years as an instance of chronic nephritis. The patient was a man of sixty-four years, who had albuminuria and a weak heart. The disease progressed slowly for ten years, and first occasioned dyspnœa and slowness of movement and weakness. Later he complained of great sensitiveness to cold and lack of perspiration. He was sallow and presented swelling about the eyes, especially after sleeping. Early in the case there was considerable urine, the patient being disturbed at night to pass water, but later almost complete anuria developed. He was very weak when first placed upon thyroid treatment, and did not respond to it. Death occurred from syncope."

XXVIII. THYROID TREATMENT OF MYXŒDEMA AND CRETINISM. By N. A. PENNOYER, M. D.—That administration of thyroid is the best, indeed the only treatment worthy of the name, for myxœdema and cretinism, is unquestionable, but the constant query is, "Can they be cured, and will they not relapse even if the remedy be continued?" Murray thinks "a favorable answer may now be given to these questions. He says, in substance: Myxœdema is a symptom or combination of symptoms of loss of the functions of the thyroid gland. In the idiopathic form it is a symptom of chronic interstitial thyroiditis, just as anasarca may be a symptom of renal disease or ascites of hepatic disease. The myxœdema can be cured, although the chronic interstitial thyroiditis still remains. As myxœdema is thus a symptom of thyroidal inadequacy, it occurs not only as a result of removal of or

fibrosis of the thyroïdal gland, but also in rare cases in consequence of other diseased conditions of the gland. In illustration of this, Mr. Murray says, two interesting cases which have been observed by Köhler may be mentioned. In one the myxœdema developed in consequence of syphilitic disease of the thyroid gland, and as this improved under treatment by potassium iodide the myxœdema disappeared. In the other the myxœdema occurred as a result of actinomycosis which affected part of the thyroid gland. Great improvement in the myxœdema followed the removal of the infected tissues by surgical measures. In myxœdema which accompanies fibrosis of the thyroid gland, we cannot restore the gland to its normal condition, but we can restore the patient to health if no incurable complication has arisen. For example, says the author, a gentleman, aged forty-four, who had suffered from myxœdema for about two and one-half years, was sent to him three years ago. At that time he suffered from well marked myxœdema. He could scarcely walk half a mile and could undertake no work. Under treatment with thyroid extract rapid improvement took place, so that in six weeks the myxœdema had almost entirely disappeared; five months later he wrote to say that he was quite cured. So complete has been the recovery of his mental and bodily capabilities that one and one-half years ago he was able to undertake the duties of secretary to a large manufacturing company, and not long afterward he was able to ascend a mountain over 3,000 feet high, with a walk of ten miles, without feeling much fatigue. A daily dose of ten minims of thyroid extract is sufficient to keep him in good health.

Animal extracts. Prof. Wood, in a clear and scholarly manner summarizes our present knowledge of the physiological action and therapeutic use of these substances. The use of thyroid extract in myxœdema rests on a firm scientific foundation. It has been tried empirically in many diseases. "In hypertrophy of cicatricial tissue resembling keloid, possibly true keloid, thyroid extract has caused absorption of the hypertrophied and cicatricial tissue. It has been used with success in simple goitre; in the goitre of Switzerland before calcareous degeneration has taken place, it will bring about destruction and absorption of the overgrown tissue. In excessive obesity with tendency to weakness and anæmia, in which exercise and diet fail, thyroid extract should be tried. It is sometimes useful in melancholia, but how it acts we do not know. When thyroid extract is used freely in continuing doses, it

sometimes produces a series of phenomena constituting so called thyroidism. The most important of the symptoms are loss of weight, shortness of breath, and a weak and rapid pulse. In all cases in which the extract is being freely used and continuously, but especially in those cases in which the symptoms are not those of myxœdema, the patient should be weighed at least every two weeks, and any undue loss of weight or disturbance of circulation or respiration should be the immediate signal for the withdrawal of the remedy or a great reduction of the dose. The thyroid extract has been largely used in exophthalmic goitre, but here, I am sure, it does harm. The cause of the symptoms in exophthalmic goitre is undoubtedly the excessive development of the thyroid secretion."

Lemke regards tachycardia and tremor as the most significant symptoms of Graves' disease. He holds that it results from some form of *specific muscle poison* produced by the thyroid gland.

Matthes has examined the nitrogen-balance in cases of exophthalmic goitre before and after strumectomy. Before the operation it was found that the excretion was in excess of the ingestion, although it was possible by the introduction of large quantities of albumin and calorics to obtain a balance. After the operation the body weight increased, and disintegration of the albumin was diminished to twenty five per cent of the nitrogenous metabolism. When the gland that had been extirpated was fed to the patient, it was found that the amount of nitrogen excreted increased. These results are important, because they indicate that partial removal of the thyroid gland may have an important effect upon the general nutrition; it improves the so-called cardinal symptoms.

Jaboulay describes a case of Graves' disease in which the right lobe of the thyroid gland was removed; later the left one, this having hypertrophied; the middle lobe then enlarged, and a third operation was undertaken, the sympathetic nerve between the upper and middle cervical ganglia being removed. The palpitations, tremor, and exophthalmos diminished, but the former returned after three months.

Warren (Surgical Pathology and Therapeutics) says that he operated upon two cases of exophthalmic goitre. "In the first the temperature rose to 106° the first evening, and the pulse to 204. On removing the dressing a small quantity of thyroid juice was found upon it. The wound healed by first intention, and the patient was benefited by

the operation. In the second case no bad symptoms followed the operation at first, but on the fourth day the temperature, which had been normal, suddenly rose, the pulse became extremely rapid and weak, and the patient died in a few hours. All the cases of glandular and cystic goitre which the writer has operated upon have recovered without bad symptoms, although occasionally an acceleration of the pulse has been noticed for a few days."

CLINICAL CHIPS.—Cratægus is a safer cardiac stimulant than digitalis and can be given for a long time without danger.

Gaultheria is a remedy too frequently overlooked in rheumatic fever.

The action of anacardium on the mental brain makes it a valuable remedy in functional mental disorders.

Thyroidine in the third decimal potency is almost a specific in psoriasis when myxedematous conditions are present. The physiological action should not be sought as it is decidedly taxemic.

Hydrochloric acid dilute is our best remedy in chronic gastritis.

Iris virsicolor has a greater tendency than any other remedy to relieve the liver of its pent up bile. It also stimulates the hepatic peristaltic action and aids the flow of bile into the intestine.

Jaborandi is very frequently indicated in the migraine when the ocular muscles are involved.

Verbena hastata is one of our newer remedies for epilepsy—and a very good one, too.

Orexine tannate is another new remedy used in atonic stomach diseases.

Senecio-aureus is valuable in acute insanity resultant reflexly from uterine disorders. Insomnia and sexual erethism always call for it.

Cantharis in the acute stages of pleurisy is in many cases a better remedy than bryonia.

Camphor in the third decimal potency is a good hypnotic in neurasthenic cases when there is a tendency to hysterical spasms or contractions.

Editorial.

DIAGNOSIS AND TREATMENT.

The advancement in the scientific understanding of disease has given the medical profession a respect and a standing with the laity which heretofore it has rarely possessed. Even until recent date medical men were supposed to be a good class of "guessers," and as a result the patent medicine vender has as favorable a chance for a hearing as the man of medical education and scientific attainment. Evidence is abundant where people of standing and possessed, to a great degree, of wisdom in practical affairs have committed their physical sufferings to the care of cheap impostors and the advertisers of fakes and fads. To a certain extent such a trust will always continue, but it is fortunate for the present generation of physicians that the average class of people has now more than usual faith in the scientific doctor. More than this, there is a higher consideration in the profession itself for the man of attainment, with the result that the general trend is more toward a thorough knowledge of disease. The doctor of to-day who does not seek a perfection in pathological study, who does not study the cause of disease, and who does not intelligently aim to apply that knowledge to the cure of disease, is certainly in the minority and ought to be. The brains and character of the profession itself have no respect for the superficial talker who neither knows nor cares to know anything in regard to the pathology of the disease he is trusted to treat. Hence we live in a professional age when diagnosis is appreciated and believed to be a necessary adjuvant in the practice of a physician.

If we look back only a few years we find that the physician of prominence held his practice by the attributes of good address and easy manners, but such characteristics are not sufficient in the present century, and the true physician and the careful student are to be congratulated, for they

alone are to be thanked for our standing with the laity. It is therefore encouraging to know that bacteriological research and the understanding of all pathological considerations are both appreciated and found useful in the fulfillment of a physician's vocation.

At the same time we are mindful of the fact that the ultimate aim in all our professional accomplishment should be directed toward the cure of disease, and hence diagnosis without a satisfactory treatment is not sufficient. By our works we are known, and by our remedy we help our patients. The study of accurate symptoms is, then, the true means for a desired end, and this branch of study should not be overshadowed by the more fascinating art of diagnosis. Hahnemann promulgated a great law, and that law was directed purely to the treatment of disease. No doubt it is understood and better applied when it has the aid of pathological research, and yet the result sought is the utility of a remedy in overcoming disease. The question of potency, the repetition of the dose, the employment of adjuvants and the general management of a case are matters of experience and personal belief; but the fact exists that treatment, whatever that may be, is of greater importance than diagnosis.

The application of a well-chosen remedy should still receive the attention of our school in particular. The question exists whether the exact science of surgery and the recent perfection in that specialty have not captivated the interests of our brightest minds. To do something, and to see some definite result, is a natural incentive with all, and for that reason it is natural to seek quick results; still, this is not always expedient for the physician or the patient. In many ways medicine is an exact science, as well as surgery, and particularly when a remedy is used with a knowledge of its physiological action and after a proving which gives a clear picture of the totality of symptoms. All that is required is persistent study, patient adherence to a plan of treatment and the selection of a remedy which experience and the knowledge of symptoms

demand. Let the physician hold to this as accurately as the surgeon uses the knife and the results will be equally great. Add to this a correct diagnosis, based upon correct anatomical, physiological and pathological conditions, and scientific medicine will both yield success and command respect.

H. V. H.

A GROWING EVIL.

The late Sir Henry Holland, when he was president of the Royal Society of Great Britain, called our attention to the fact that it then took all the capital letters of the alphabet to express the titles that were being formed for scientific men. This sarcastic remark was called to mind by observing in print the titles that are now being used by the optician and his associates—the graduate opticians. Not content with the old names, we now see those practicing these callings advertised as “Oculopticians,” “Ophthalmotricians,” and similar titles, in circulars and on alluring signs about the street.

There are a number of places in this country where a class of instruction in ophthalmology is given which is not excelled in foreign countries, but the practice of institutions in conferring upon their pupils any degree after a short course is not only reprehensible but unjust to those who give the necessary time to the study of this branch of the oculist's art.

It is not surprising then that State societies are beginning to notice this growing evil and endeavoring in some measure to check it, feeling that these men are not qualified to consult with physicians. The large number of troubles which arise from lack of correct lenses, or from the use of ill-fitting ones, is now so well recognized, and the study necessary to properly adapt lenses to this class of troubles is so great, that all proper attempts to overcome the tendency of the public to seek relief at the hands of other than skilled ophthalmologists should be encouraged.

Physicians should be careful that their patients consult only competent authority. If this is not done it is not unlikely that the evil results, while not so great in number, will often be quite as severe as those occasioned by marauders who hawk their glasses about the country.

C. H. V.

MEDICAL SOCIETIES.

As the time approaches for the meetings of the American Institute and the various State societies we are reminded of a duty which every physician owes not alone to his school of practice but to himself as well. The tendency with us all is to relax such duties as much as possible after an arduous winter's work. Still the advantage gained is both individual and general; by attending and taking part in discussions of clinical experience every one adds to his practical information and to the general advancement of the profession. Unfortunately the active management of all of these societies is left to a few hard workers who are willing to work for the profession. Some of our most experienced men neglect this duty to the great disappointment of the many who are anxious to learn from their experience. Let us all consider these opportunities to uphold the standard of our school.

H. V. H.

Hospital Notes.

THE SURGICAL CLINIC.

SERVICE OF DR. HOWARD R. CHISLETT.

Case 1,132. DIFFUSE CELLULITIS OF THE CHEST SIMULATING EMPYEMA.—Mr. A. R. L., aged twenty-one, American.

History. The father of this patient died ten years ago. He had injured himself many years before by lifting heavy stones, and had some obscure trouble with his back. Real cause of death unknown. The mother is still living and has always been well. Brothers and sisters also perfectly healthy. The patient himself was never ill until ten weeks before admission, when he noticed that a small swelling had come in the right axilla. It disappeared in a few days. Two weeks later he awakened one night in great pain, and does not remember much of what has happened since that night. The swelling above mentioned was thought by his physician to be an enlarged gland. It probably was a suppurative adenitis, the gland having ruptured at the time he noticed the disappearance of the swelling. When he consulted Dr. Maguy there was a pronounced swelling extending over the right pectoral region to the axilla laterally and to considerably below the nipple. The whole chest wall was very sensitive, œdematous, and at points distinct fluctuation was discernible. Several incisions were made and drainage tubes introduced, but the patient did not improve. When he entered the hospital he was very pale and thin, perspired profusely and carried a temperature from 100° to 103° . Counter-openings, larger drainage tubes and thorough irrigation twice daily soon made a pronounced improvement in his condition. This improvement continued about three weeks, during which time he gained considerable flesh and a tolerable good color. The discharge had lessened so very much that some of the tubes had been removed, but the temperature began to climb up again, and we found it necessary to make other drainage openings. He again improved for a time only. Careful examination now revealed a slight effusion into the right pleural cavity, and the patient was chloroformed in the expectation of a thorough examination and the drainage of the pleural cavity if the effusion should be found

purulent. The abscess cavity was carefully examined, a sufficient number of openings made to give *perfect* drainage, the flabby granulations were then curetted away and large rubber drainage tubes inserted. After thorough preparation an aspirating needle was introduced through the sixth intercostal space and about two ounces of clear serum removed from the pleural cavity.

Result. The patient is still improving and expects to leave the hospital during the present week, although there is still considerable discharge through the drainage openings.

Case 1,133. VESICAL CALCULUS; SUPRA-PUBIC CYSTOTOMY.
—Mr. J. R., aged thirty-seven, American; carpenter by trade.

History. This patient has always felt well, but ever since he was sixteen years of age he has occasionally passed small calculi with the urine. These would cause slight cutting pain, but did not bother him very much. He thinks the last one was passed about ten years ago. One week before admission to the hospital while urinating there was a sudden shutting off of the stream, as he expressed it, "as if something had plugged up the canal." There was considerable pain, some hæmorrhage, but inability to void the urine, so he sent for his physician. The introduction of a silver catheter displaced the cause of the obstruction, which was thought to be a calculus, and since that time he has been able to urinate naturally, though it still causes him considerable pain.

Examination. Repeated soundings of the bladder after the patient was admitted to the hospital failed to reveal the presence of a calculus, although the physician who referred him detected the click upon his first examination and the patient, too, was positive he had both felt and heard the distinct click.

Operation. The patient was chloroformed and another attempt made to find the stone. The first examination, made with the bladder empty, was without result. We next injected about four ounces of boracic acid solution, still no result. It was not until the bladder was distended with nearly a quart of water that I was able to obtain the positive evidence of a calculus. It was probably caught in the rugous folds of the mucous membrane and required great distention to dislodge it. The bladder was exposed

above the pubis and after pushing the peritoneum up three guy ropes of silk were introduced into the bladder wall. By means of these sutures the assistants were able to hold the bladder in contact with the abdominal incision while I made an opening a half an inch in length into the bladder. Boracic acid solution immediately gushed forth and by introducing a lithotomy scoop I brought through the opening a stone three-quarters of an inch in length, one-third of an inch in width in the middle and tapering to each end. The bladder wound was sutured with fine silk, the mucous membrane not being punctured. This row of sutures was supported by one of No. 2 catgut through the muscular coat of the bladder. The upper half of the abdominal wound was closed with sutures of silk worm. Similar sutures were introduced in the lower half but left untied, this portion of the wound being packed to provide drainage and to guard against urinary infiltration. This packing was removed in forty-eight hours and all the sutures but one tied. There had not been the slightest discharge of urine and in two days more the last suture was tied. The wound healed kindly, the patient urinating naturally after the second day. The pain, too, entirely disappeared and the patient left the hospital ten days after his operation.

Case 738. LEFT INGUINAL HERNIA; KOCHER'S OPERATION; RECOVERY.—Mr. W. F., aged nineteen, of Polish descent.

History. Two years ago after playing a game of baseball, this patient was taken with sharp pain in the left inguinal region. Upon examining himself he found a protrusion. He never consulted a physician until recently, and has never worn a truss or support of any kind. The protrusion was reduced at night. About his only complaint aside from a great deal of discomfort is that of pain after walking or upon standing for any length of time.

The examination revealed an enlarged external ring and a protrusion the size of a small hen egg in the left scrotum. It was easily reduced.

Operation. After a thorough preparation the sac was exposed by the usual oblique incision. After dissecting the sac from the surrounding structures and separating it to the level with the internal ring, a small incision was made transversely through the external oblique muscle a

half an inch above the internal ring. Through this incision a pair of curved forceps was passed along the inguinal canal and the end of the sac placed within their grasp. By this means the whole sac was drawn through the small opening and two catgut sutures introduced so as to close the external oblique wound and the neck of the sac at the same time. The balance of the sac was then stretched out over the course of the inguinal canal and sutures introduced in such a way as to completely cover this sac by a fold of the external oblique muscle and fascia. The external wound was closed with sutures of fine silk.

Result. We had a slight infection of the lower end of the wound, traceable to the fact that the patient had removed the dressings on the night after the operation. This infection necessitated the removal of a few stitches and the healing of the wound by granulation. Report eighteen months after, perfectly well.

Case 756. VENTRAL HERNIA, FOLLOWING OPERATION FOR INGUINAL HERNIA; OPERATION; RECOVERY.—Mr. H. M., aged fifty-four.

History. This patient has been operated upon twice for hernia. There is no protrusion now from the external ring but a pronounced swelling in the region of the old scar extending from the middle of the canal to two inches above the internal ring. The hernial sac was exposed by an elliptical incision which excised the old scar. The covering of the hernia was practically peritoneum, skin and scar tissue, as the muscular layers had become completely separated and had retracted leaving a gap three-quarters of an inch in width through which the intestine protruded. The sac was dissected from the surrounding structures down to the level of the general peritoneum and sutured with a continuous catgut suture. The muscular structures were then sought for and separated. The incision was prolonged dividing the lower third of the inguinal canal and the spermatic cord entirely freed from its connections. The cord was then carried up half an inch beyond the original internal ring after having excised some of the veins of the pampiniform plexus. The retracted internal and external oblique muscles were then sutured beneath the spermatic cord which was held out of harm's way by means of blunt hooks. In the lower part of the wound in the region of the external ring, the inner margin of said

ring was sutured to Poupart's ligament, thus closing the gap entirely. The cord was allowed to fall into position and the skin sutured over it. The patient was discharged, at the end of six weeks cured and there has been no recurrence up to the present time, the operation having been performed in October of 1897.

Case 762. ACUTE SUPPURATIVE ARTHRITIS; AMPUTATION; RECOVERY. Miss J. M., aged twenty-nine; Irish maid.

History. When five or six years of age she had severe pain in the left knee. It became greatly swollen and gradually spread over the leg until it nearly reached the ankle. The swelling finally broke of its own accord, discharging large quantities of pus. The leg has been a continuous source of trouble ever since that time. During the past two years she has had three operations, the first two, I judge from her description and the scars, being for the removal of dead bone. The last one, performed by myself, was simply an incision, or rather multiple incisions for the drainage of the knee joint and a diffuse peri articular suppuration. These incisions disclosed a pronounced osteo-myelitis involving the articular surfaces of both femur and tibia. There was no effort on the part of nature in these two weeks to cure the condition and as the inflammation of bone was so extensive I advised amputation. This was finally acceded to and the limb removed at the junction of the middle and lower third of the thigh by the long anterior and short posterior musculo-cutaneous flaps. The periosteal flap was sutured over the end of the sawed bone and the wound closed by two rows of sutures, one superficial and one deep. The wound was drained at both angles for the first few days.

Result. Primary union, the patient dismissed at the end of four weeks.

*THE GRADUATING EXERCISES OF THE HAHNE
MANN HOSPITAL TRAINING SCHOOL
FOR NURSES.*

The commencement exercises of The Training School for Nurses took place in the college amphitheatre, Thursday evening, June 1. The amphitheatre was filled to overflowing with friends of the nurses who were to receive their diplomas, after two years of arduous work for the sake of a professional training. Flowers and palms were in great abundance, showing the popularity of the graduating class. Miss Cora Overholt delivered her annual report, which was well received. Mr. J. E. Chattergi, the Bramacharin, gave a short and pleasing address. The principal address and the conferring of diplomas was performed by Hon. Erskine M. Phelps, President of the Board of Trustees of Hahnemann Hospital. Following is a list of the graduates: Thora J. Abel, Alta Belle Howell, Mary D. MacNaughton, Adelia S. New, Margaret Belle Griffen, Katherine Almira Griffen, Harriett Hopkins, Anetta Hansen, Christina M. Thomson, Jessemine Alice Jewell, Mabel Pettibone, Leila M. Fairbairn.

ADDRESS OF HON. ERSKINE M. PHELPS.

My Dear Friends: It will be impossible for me to speak to you this evening without alluding to one whom we all deeply mourn, our departed friend and president, Dr. Reuben Ludlam. When his final summons came, he responded, bringing his sheaves with him; the sheaves of a well spent life, the garnered harvest of his great profession. In ancient times, and in all countries, the profession of medicine was annexed to the priesthood. Men imagined that all their diseases were inflicted by the immediate displeasure of the Deity. Our president was as great a priest as a doctor. When he entered the room, it seemed as if he was inspired. He was a priest and a doctor combined, wearing the robes of both, and growing whiter and whiter as he went along through life. He was one of the most congenial men that I ever knew, and yet, withal, so strong in his faith, believing that he was right, but always kind, considerate and courteous to all. I well remember in the dark days when some of the trustees hardly knew which way to turn, he would come into the room with a smile. Despair went out of the window and hope came in the door when he entered.

"The circle narrows as we go;
But only here;
Comrades in life to every heart most dear
In the eternal realm we yet shall know
With a diviner knowledge than below."

To you ladies, who are now to take upon yourselves the noblest of professions, that of a nurse: There is something about the nurse that appeals to man. In all countries, in all climes, the name is sacred. Wherever she goes, the door is opened; she is a welcome guest. She wears the garments of the annointed. As you are now stepping out into that great and glorious life, to give your life to alleviate suffering, to do all in your power to help humanity, you must remember that you not only have the respect, but also the love and admiration of the civilized world, taking upon yourselves such a noble calling.

You will find that each day as you go out upon your duty will be a test day; every hour an examination hour. God puts each fresh morning, each new chance of life into your hands, to save the life of others, as a gift, to see what you can do. A servant takes a block of wood and throws it into the fire; an artist snatches it from the flames, and carves from it an immortal statue. So you all can seize the opportunities that lie within your grasp.

You are to follow the noblest of flags. Beautiful as our own is with its stars and stripes, great and famous as the flag of St. George is, yet there is a flag above all flags, more glorious, more holy than the flag of any nation—respected and honored by all, beloved by all, the flag of the Red Cross, which tells the story so beautifully. Where that is kissed by the morning breeze, no bullets fly; that is respected by every foe in the civilized world, the flag of humanity, your flag, the flag that you are carrying to suffering humanity.

Correspondence.

BALTIMORE, MD., June 15, 1899.

To the Editor of the Clinique: Johns Hopkins Hospital, the clinical school of the medical department of Johns Hopkins University, is one of the best appointed hospitals in the world. Commissions from England, France and Germany have been sent by their respective governments to examine its architectural plans, investigate its methods of sanitation and observe the work of its medical and surgical staff. It is beautifully situated at the junction of Monument and Broadway Boulevard, in the midst of beautiful lawns and flower gardens. Interest in the professional work for Dr. Bailey and myself centered around the work of Howard Kelley, W. S. Halstead and their associates. Kelley and his associates operate every day in the week except Tuesdays and Fridays, their hours being ostensibly from ten to twelve; but some days extending to four to five in the afternoon. Tuesdays and Fridays in this department are given to the nurses to prepare dressings, rearrange instruments, sterilize catgut, and in general accumulate supplies. In the matter of catgut, as indeed in many other particulars, a wide difference exists between the practice of the gynæcological and general surgical sides. On the former catgut is quite generally employed in all work as ligatures and sutures, except in intestinal work and the ligation of large pedicles, while in the latter fine silk is commonly employed as ligatures and fine silver wire as sutures. In both the closing of the integumental wound is by the sub-cuticular stitch. Silk and silkworm gut are sterilized by being put into stout glass ignition tubes which have been plugged with cotton and then subjected to the heat of a steam sterilizer for an hour on three successive days. The tubes are then stored away in glass jars. Catgut is prepared according to the Kroenig method, which consists in heating first at a temperature of 80° centigrade for two hours to evaporate the water in the gut, second in heating in cumol to a temperature of 165° centigrade for one hour, third in heating a hot air oven 100° centigrade for two hours. The material is then kept in sterilized test tubes. Another noticeable practice on the gynæcological side is the use of sea sponges in abdominal work, while gauze sponges are extolled and sea sponges tabooed on the surgical side. Kelley believes that no other agent possesses the elasticity and absorptive power

of the sea sponge, while Halstead intimates that the difficulties of complete sterilization make them dangerous agents. On both sides the use of sterilized silver foil is general as a sealing agent in wounds that are not to be drained. The reckless manner in which it is applied would lead to the belief that they are all free silverites, if not Bryanites. The results seem to be good and the appearance is pleasing. If it has any virtue not possessed by colloidion, it is not apparent. The gynæcological and general surgical sides illustrate two different principles also in methods of operating. On the former rapidity of operation, with a minimum period of anæsthetization and a lessened fear of hæmorrhage as an element in the production of shock is emphasized, while on the general surgical side an utter disregard of the time of anæsthetization and its danger and a dread of loss of blood or the production of a hæmatoma is always in evidence. Careful and painstaking hæmostasis is constantly urged and its value daily impressed. I do not mean to leave the impression that the gynæcologists fear the anæsthetic; indeed, Dr. Stokes, the resident gynæcologist, a clever operator and a careful observer, said, "Our patients die when this unfortunate result follows not from the anæsthetic or loss of blood, but from what we put into them, septic materials, and it is this we fear more than anything else." Rubber gloves are quite in evidence, and are generally employed by the assistant, and in many cases by the operators. On the general surgical side the statement was made by one of the operators that he would hate to have his knee joint opened and examined by any man's bare finger, but he would not object if he wore sterilized rubber gloves. A wide field of usefulness seems open to them, but I could not help noticing that in an interesting case in which the appendix was difficult to find, the rubber gloves were laid aside. The use of gloves does not supplant the ordinary methods of hand sterilization, the usual scrubbing and washing supplemented by permanganate and oxalic acid being strictly adhered to. Outside of the operative work itself, the most noticeable feature, especially on the gynæcological side, is the completeness of the record work. A simple case of curettment and repair of relaxed outlet may illustrate: The patient comes to the table with the usual history and the recorded examination of urine and of vaginal discharges. The anæsthetist has before him an elaborate blank which he fills out, stating the pulse

before anæsthesia, pulse after, when anæsthetic was started and ended, the amount used when the operation was started and ended, the thickness of the abdominal walls, condition of the vermiform appendage, the character of the suture material used in the peritoneum, the muscles, fascia and the skin, the number of drains, whether infusion, irrigation or enema were used, and the kind of stimulants employed. The assistant preparing the patient records the condition of the external parts, measures the depth of the vagina, its dilatability, etc., by accurate instrumental measurements; the operator collects the scrapings into a sterile bottle, which is immediately examined by the microscopist and bacteriologist, numbered and recorded. In cases in which foreign growths are removed, the specimen is at once photographed en masse and then submitted to the usual investigations. Many hospitals have elaborate plans, but none in my observation exceed this one in the strictness in which the plan is carried out. The value of this work in determining results cannot be estimated. Thus Halstead, as a result of his statistics, has modified his hernia operation, the plan as outlined in his writing being no longer strictly followed. As a result of his statistics, he finds that his extensive resection of the veins of the cord resulted in atrophy of the testicle in six per cent of his cases, and that transplantation of the whole cord was followed by hernia in about the same per cent. He, therefore, now divides the cord, transplanting the veins, bringing them out of the upper portion of the wound, making them subcutaneous, while the spermatic duct with its associated vessels follows the track of the old canal. I cannot but feel that this operation will be still further modified as time goes on. As expressed by me in the "Text-Book of Surgery," the method demands the placing of structures in an abnormal position. Further experience will probably prove that there are still other undesirable possibilities. That the work done is interesting, even to old stagers like Dr. Bailey and myself, is proven by our remaining in the operating room in a temperature of 93° from 9 A. M. to 3 P. M., while three different operators sent out on the cart that takes the place of the old-fashioned shutter, a half-dozen abdominal sections. We were not only pleased with the deftness of the operators, but we also expressed a sense of satisfaction when the operator unexpectedly ruptured a nasty cyst and let the contents into the abdomen, and when the appendix was

still in hiding after an hour's search and the wound had been twice enlarged, and when the operator said that it was an extremely interesting case and took time to wash his hands, have his face wiped and to—think, it seemed like home.

GEORGE F. SHEARS.

CLINICAL CHIPS.—The use of amyl nitrite in epilepsy has gained some recognition from the fact that inhalations of the same have in many cases cut short the spastic extreme of the spasm. Its success has been most pronounced when a long period has existed between the aura and the convulsion, the inhalation being used at this time. It is claimed also that its beneficial results occur most frequently when the lesion is at the base of the brain, the theory being that it affects the vaso-motor centers. To accept this we must admit that all vaso-motor influence centers in the medulla, which by no means is an anatomical fact. The cure of the epileptic seizure does not pertain so much to the relief of the fit as to the recurrence of the same; that is accomplished by internal medication which lessens the explosive discharge of motor force. Amyl nitrite internally is of value when cerebral congestion is extreme. A beating, throbbing sensation in the head with constriction of the throat, pre-cordial distress with dyspnea and a general muscular tremor are indications for this remedy.

Do not overlook magnesia phos. in the spasms of children incident to teething.

Senecio aureus should be thought of in cases of insomnia with great nervous irritability, particularly when there is a continued mental excitement. Its use in puerperal mania has been long established.

Miscellaneous Items.

Do not forget the American Institute at Atlantic City, June 20. The local committee are doing everything to make the entertainment feature a success.—At the annual meeting of the Board of Trustees of the Hahnemann Medical College, held June 2, 1899, Prof. C. H. Vilas, M. D., was unanimously elected President to succeed the late Prof. R. Ludlam.—At a meeting of the Trustees of the Hahnemann Hospital of the city of Chicago, held June 2, 1899, Hon. Erskine M. Phelps was elected President; Major Henry A. Rust, Vice President; Henry J. Macfarland, Esq., Treasurer and George F. Shears, M. D., Secretary.—At a meeting of the Faculty of the Hahnemann Medical College and Hospital, Prof. E. S. Bailey, M. D., was elected Dean to succeed Prof. C. H. Vilas, elected President of the College.—Dr. A. K. Crawford's address in California is 772 12th Street, Oakland.—Dr. H. H. Bissell, '99, will be associated with Dr. Blackwood for the coming year.—Dr. S. B. Montigue has moved from Saginaw to Petoskey, Mich.—Not to see Prof. R. Ludlam at the American Institute will indeed be a sad experience.—We are glad to note that Dr. Charles N. Hart, of Denver, is still a member of the State Board of Medical Examiners for Colorado.—Professors Shears and Bailey are picking up clinical points at Johns Hopkins.—Dr. J. E. Sawyer, formerly of St. Paul, has located at 4643 Evans Ave.—Dr. Frank R. Leeds, '99, is one of the internes at the Chicago Baptist Hospital.—Dr. Julia C. Strawn has been elected resident physician and superintendent of Chicago Baptist Hospital.—Dr. F. C. Bowker has located with our good friend, Dr. M. C. Sturtevant, at Morris, Ill.—Drs. Bartlett & Colwell, of Aurora, Ill., have dissolved their copartnership by mutual consent, Dr. F. L. Bartlett retiring because of ill health. A new partnership will be entered into by Drs. Colwell and Fred A. Bartlett.—Removals: Drs. G. P. and A. S. Bennett, from Nevada, Mo., to Sedalia, Mo.; Dr. John Coburn, from Canton, Ill., to Beaver, Okla.; Dr. E. E. Holman, to 6500 Harvard Ave.; Dr. Mary B. Hadley, from 94 Lincoln Ave. to 1047 N. Clark St.; Dr. D. J. Evans, from 166 31st St. to 175 35th St., city; Dr. C. O. Howerth, from 6032 Ellis Ave. to 228 E. 53d St.; Dr. H. W. Cory, from Detroit, Mich., to Marion, Ind.; Dr. Millie J. Chapman is now located at 321 Smith Block, 6th St., Pittsburg, Pa.; Dr. Mary Gamble Cummins, from 299 Summer St., to 347 Van Houten St., Paterson, N. J.—The bureau of clinical medicine will report at the next meeting of the Clinical Society, Dr. W. P. MacCracken, Chairman.

THE CLINIQUE.

Vol. XX.]

CHICAGO, JULY 15, 1899.

[No. 7.

Original Lectures.

A STUDY OF CONIUM MACULATUM.

BY J. E. GILMAN, M. D., PROFESSOR OF MATERIA MEDICA
AND THERAPEUTICS IN THE HAHNEMANN MEDICAL COLLEGE
AND HOSPITAL OF CHICAGO.

This is the common or spotted hemlock, a well-known hedge plant growing plentifully by the wayside and waste grounds. It is indigenous to Europe and Asia and has become thoroughly naturalized in this country. It is an herb that grows to a height of from two to six feet. The root is in the shape of small turnip and if this is cut an acrid juice exudes which if applied to the tongue will cause that organ to swell and become sore. The leaves are of a dark green color and resemble somewhat the leaves of the common parsley, for which it has been taken with the result of inducing several notable cases of poisoning. It blossoms in July and August bearing white flowers with unequal petals in clusters. It is not difficult to distinguish this from the parsley for the reason that if the leaves are rubbed between the fingers it emits a fetid, musty odor while parsley under the same conditions gives forth an aromatic one. The kind of hemlock of which we are speaking possesses a classical history and has been the source of much controversy as to its medicinal action and virtues as a medicament. The fact that in the colder latitude it loses much of its poisonous qualities and in southern regions develops them to the full extent, may account for the varying opinions that have been expressed regarding it. In the ancient times the hemlock, the *conium maculatum* grew profusely on the shores of Greece and there was used as a means of causing the death of offenders against the State who were considered proper candidates for death by poison; and we have a vivid account of the death of Socrates by this

means, as well as others of lesser note. The entire fresh plant without the root is gathered about the time when the flowers fade, the plant is pounded to a fine pulp and the juice expressed. The juice is then mixed with an equal part of alcohol and placed aside for eight days, then filtered. The dry power is half. The first potency is made with dilute alcohol the others with the stronger alcohol. The conium maculatum possesses very strong and well marked poisonous effect upon man and the carnivorous animals while upon the gramnivorous animals it has little or no effect. But in this latter statement there are exceptional instances which give reason to think in some cases it does exert decidedly poisonous effects upon the herb eating animals. For Moisond gave a decoction of four ounces of the dried plant to a horse who had eaten three and a half pounds of the plant without ill effect when this caused dejection, stupor, dilation of the pupils, spasmodic trembling of the muscles, grinding of the teeth and copious sweats. We have a typical case of the toxic effect of conium in the description of the death of Socrates, "And Crito hearing this gave a sign to the boy who stood near, and the boy departing, after some time returned, bringing with him the man who was to administer the poison and who brought it ready bruised in a cup. And Socrates beholding the man said, 'Good friend, come hither, you are experienced in those affairs. What is to be done?' 'Nothing' replied the man, 'only when you have drunk the poison you are to walk about until a heaviness takes place in your legs, then lie down, that is all you have to do.' At the same time he presented the cup." After drinking, the narrative goes on to relate the stoical and calm manner in which he philosophized on the subject and then proceeds to state the end. "But Socrates after walking about now told us that his legs were beginning to grow heavy and immediately lay down for so he had been ordered. At the same time the man who had given him the poison examined his feet and legs, touching them at intervals."

"At length he pressed violently upon his foot and asked if he felt it, to which Socrates replied that he did not. The man then pressed upon his legs and so on, showing us that he was becoming cold and stiff, and Socrates feeling it himself assured us that when the effects had ascended to the heart he should be gone. And now the middle of the body growing cold, he threw aside the clothes and spoke for the last time. 'Crito, we owe the sacrifice

of a cock to Æsculapius. Discharge this and neglect it not.' 'It shall be done' said Crito. 'Have you anything else to say?' He made no reply, but a moment after moved and his eyes became fixed. And Crito seeing this closed his eyes and mouth." In modern times the cases of poisoning have been many from this plant and two or three of them are worthy of our consideration as illustrative of the action of the drug in its full intensity. One case of a soldier who had eaten a soup containing the conium leaves became in less than two hours senseless, breathing with difficulty; his pulse became small and slow, surface cold and the face livid like that of a person who had undergone strangulation. Emetics were administered with a temporary relief, but he became unconscious again and died within three hours after taking the soup. At the post-mortem the stomach was found half filled with a quantity of pulpy matter and there were some red spots on the mucous membrane near the intestinal end. The vessels of the brain were gorged with blood which was quite liquid. Hence the force of the poison was exerted on the brain and we have a different view of it as a poison from the preceding case. As a modern instance, however, of the similar action to the case of Socrates, Dr. Tyler J. W. Bennett relates a case. "A man ate a large quantity of hemlock leaves by mistake for parsley. In from fifteen to twenty minutes there was loss of power in the lower extremities, but he apparently suffered no pain. In walking he staggered as if he were drunk, and at length his limbs refused to support him and he fell. On being raised his legs dragged after him, and when his arms were lifted they fell like inert masses and remained immovable. There was a perfect paralysis of the upper and lower limbs within two hours after he had taken the poison. There was loss of power of swallowing and a partial paralysis of sensation, but there were no convulsions, only slight occasional motions of the left leg. The pupils were fixed. Three hours after taking the hemlock the respiratory muscles had ceased movement. Death took place in three and one-fourth hours. It was evidently caused by a gradual asphyxia from paralysis of the muscles of respiration, but the intellect was clear until death. On inspection there was a slight serous effusion beneath the arachnoid membrane. The substance of the brain was soft. On section there were numerous bloody points but the organ was otherwise healthy. The

lungs were gorged with dark fluid blood. The heart was soft and flabby. The stomach contained a green pulpy mass resembling parsley. The mucous coat was much congested, especially at the greater end. Here there were numerous extravasations of dark blood below the membrane over a space of about the size of the hand. The intestines were healthy here and there, presenting patches of congestion in the mucous coat. The blood throughout the body was fluid and of a dark color."

From these and other cases of poisoning we find that in some instances the conium produces a profound congestion and paralyzing effect upon the brain almost identical in action with opium, and upon the cerebro-spinal system inducing a motor paralysis, beginning with the peripheral extremities and ascending to the nerve centers. On the muscle tissues it produces no action, but is, strictly speaking, a nerve poison paralyzing in its effect, so there is a loss of muscular control and action, beginning in the lower extremities, gradually coming nearer to the centers, until it produces paralysis of the nerves of respiration, and, as it allows carbonic acid to accumulate, the mind becomes clouded and death follows very speedily; or death may occur from the cerebral congestion, as in the instances given which resembled opium in its action. The active principle of conium is an alkaloid coniine, which is a colorless oily liquid alkaline in reaction, with an acrid, tobacco-like taste and a mousy odor, or an urinous one, like the urine of rats. To the coniine is due the poisonous action and the medicinal value of the conium maculatum. In the provings of conium upon the healthy individual we find a larger range of symptoms induced than can be obtained from the cases of poisoning already mentioned. Through the nerve prostration and the trophic changes induced by the motor enervation we have a great many tissue changes. The symptoms we have already encountered—gastric disturbance and vomiting, staggering gait, weakness of the limbs, numbness, fatigue, loss of control of all the muscles of a progressive character, congestion of the brain inducing coma, etc.—belong to the early action of the drug, and when the drug action is continued for some time, but not so powerfully as to paralyze the central nervous system, we have a great variety of symptoms and closely allied disease conditions. Hahnemann says: "The specific artificial disease and the peculiar affections that the spotted hemlock (*conium maculatum*) causes

are not nearly so well described as they deserve, but whole books are filled with the empirical praise and the equally empirical abuse of this plant. It is true that it can produce *ptyalism*; it may, therefore, possess an excitant action in the lymphatic system and be of permanent advantage in cases where it is requisite to restrain the excessive action of the absorbent vessels. Now, as it besides this, produces pains (in large doses violent pains) in the glands, it may easily be conceived that in painful induration of the glands in cancer and in the painful nodes that the abuse of mercury leaves, it may be the best remedy in moderate doses not only for curing almost specifically this peculiar kind of chronic pains in a more effectual and durable manner than the palliate opium and all other narcotic remedies which act in a different manner, but also for dispersing the glandular swellings themselves, when they have their origin as above described in excessive local or general activity of the lymphatic vessels, or occur in an otherwise robust frame, so that the removal of the pains is all that is required in order to enable nature to cure the complaint herself. *Painful glandular* swellings from external injuries are of this description. In true cancer of the breast where an opposite state of the glandular system, a sluggishness of it, seems to predominate, it must certainly do harm on the whole (it may at first soothe the pain), and especially must it aggravate the disease when the system, as is often the case, is weakened by long continued suffering, and it will do harm all the more rapidly because its continued use produces, as a secondary action, weakness of the stomach and of the whole body. From the very reason that it, like other umbelliferous plants, specifically excites the glandular system, it may, as the older physicians remarked, cure an excessive secretion of milk. As it shows a tendency to paralyze the nerves of sight in large doses it is comprehensible why it has proved serviceable in amaurosis. It has removed spasmodic complaints, whooping cough and epilepsy, because it has a tendency to produce convulsions.

It will still more certainly be of use in convulsions of the eyes and tremblings of the lips, because in large doses it develops exactly the same phenomena. The same with respect to giddiness. Hahnemann here gives an opinion as to the value of conium in cancerous diseases of a contrary nature to the experience of the profession in its use. Baron Störck in 1760 introduced conium into a more

general use as a remedy which he had found effective in curing scirrhus ulcers, cancers of different kinds and many other chronic forms of disease. Störck first used the conium externally in the manner recommended by allopathic physicians of the present time. Störck placed the conium in bags, dipped them in warm water or milk, and applied them as poultices to the affected places. He by this means, as he assures us, arrested gangrenous degeneration, broke up the gout, scattering arthritic nodosities, scrofulous tumors, glandular indurations of the mammæ, alleviating the pains of inveterate rheumatism, and curing even the most malignant cancers. Störck, after this external use of the drug, began to give it internally in small quantities, progressively increasing as he thought needed, and Störck claimed to have repeatedly cured cases of that most intractable form of cancer (scirrhus) in different portions of the body, and not alone scirrhus but other forms of cancer as well; also ulceration of a chronic type and scrofulous swellings and indurations. These cases were followed in Störck's catalogue of diseases cured by conium with cases of a different nature, including leucorrhœa, tetter, asthma, scurvy, cataract, amaurosis and epilepsy. Störck's enemies, of whom there were many, denounced his reports as false and declared they had tested this drug in the form and manner described by him without avail as a means of checking the progress of those diseases. On the other hand, he had as ardent followers, and Lister says, the number of those who have used conium after the manner of Störck is quite considerable. He says I have read the reports of some three or four hundred cases, and I have no doubt there are many more, but most of them are so vaguely stated that it is quite difficult to derive from them a clear knowledge of the true pathological conditions for which conium is the appropriate remedy. Hahne-mann, writing of conium, says, "It is one of the drugs of which it is extremely difficult to distinguish the primary and the secondary effects. Among its symptoms there are several of an opposite character, that can only be considered as alternate, or rather consecutive and transitory effects, suspended for awhile by a new assault of the remedial force. The primary action of conium seems to be characterized by a rigidity, condensation and constriction of the fibers, with swelling of the glands and diminution of the senses. Indeed, such action is confirmed by

the homeopathic treatment and cure under my hands of various cases of glandular engorgements of the breasts and lips occasioned by contusions, and of cataract resulting from blows on the eye. Feste calls attention to Hahnemann's statement and emphasizes it by stating that in order to use this drug homeopathically in disease it must be called for by a certain primary rigidity of the fiber; and second, by a primary inflammatory character of the disease. This is the reason, he adds, why conium is particularly suitable to persons of a lively, quick, sanguine disposition with a marked development of the glandular system, and is characteristically adapted to painful glandular affections, principally such as result from a strain or blow, but the precise cause of which may have escaped our recollection. Feste says also, "That conium is to the glands and capillary system what aconite is to the heart and the arterial system." In many cases, he says, therefore, we may look upon conium as the aconite of chronic diseases.

In attempting to analyze the symptoms induced by conium for ourselves, the first thing noticeable is the apoplectic condition which begins with a heavy sleepiness, gradually deepening until the coma is profound enough to interfere with respiration—and next the progressive creeping type of paralysis, beginning in the terminal fibers of the nervous system, and extending slowly upward to the centers of life. These are the first indications that come. Now, as the ultimate and slow generating symptoms following from the vegetative system it expends its force on the glands and on the skin, with wasting away of the testicles, the mammæ, the ovaries, and in the whole glandular system there is wasting away or interference with the functional activity of the organs.

On the skin we have ulcerations vesicular and papular eruptions, gangrenous and petechial areas, and a variety of symptoms which might be expected from the paralytic condition of the terminal fibers of the nerves distributed to the skin. In these nutritive changes conium has made its most brilliant cures. Hahnemann gives as the class of persons to whom conium is best adapted: Women with tight, rigid fiber and easily excited, the mercurial types of people. It is a remedy for the debility of old people (*baryta C*) and for cancerous, scrofulous people of the tight, rigid fiber characteristic. It is an antiscrofulous medicine, acting differently and yet similarly to *calcarea*; differently,

because this one cures the degeneration induced by the paralysis and the consequent starvation of tissue by reason of its inability to take up its needed pabulum and go on with functional activity while calcarea is that food stimulant which, if the system is either overcrowded or deprived of it, will induce a condition of innervation and paralytic weakness, simply as the result of such starvation or the innervation of plethora and eventuates in the glandular congestive inactivities and degeneration. It makes but little difference to the individual after he is dead whether he dies from over or underfeeding or from such weakness of the glands that no nutrition can be taken up. Vertigo is a very frequent symptom in conium, and we find such symptoms as these, vertigo, worse from motion as turning over in bed or rising up; vertigo at the climacteric with paralysis of the sphincter vesicæ and frequent hot flashes, and vertigo accompanied by a partial paralysis of the eye or objects seem to be unsteady; vertigo like turning in a circle, worse when lying down as though the bed was turning in a circle, the least motion as turning over in bed aggravates greatly; vertigo from the excessive use of tobacco. It is especially indicated in the vertigo of old people. This is also one of the eye remedies. In superficial inflammation of the eyes with pustules upon the cornea (keratitis); excessive photophobia; ptosis and induration of the lids and paralysis of the muscles of the eye; cataract from contusion. In the partial or complete paralysis of the ocular muscles, especially of the internal rectus conium is a great remedy. With this paralytic condition the attempt to fix the eyes upon any object becomes painful and may cause vertigo, and in the paralytic conditions of the ocular muscles in old people with cataract coming on. With the general lack of action we find the wax accumulating in the ears, and hardening with a greater or less loss of hearing, or the hearing may become especially sensitive. The stomach symptoms are present. Frequent sour eructations with hardness and distention of the abdomen; vomiting that looks like black coffee grounds; gastralgia, especially with a spasmodic cough; sometimes a spasmodic constriction of the stomach, and esophagus, as though a round body or ball moved upward to the throat; the globus hysteric.

It has been used as a relief for the pains of cancer of the stomach and liver—and we have the symptom chronic jaundice in disease of the liver with much aching in the

right hypochondrius. The constipation of conium has frequent and ineffective efforts at stool with sticking pains and stitches in the anus between the stools. The diarrhea is watery, frequent with many empty eructations and copious urine or watery and mixed with more solid portions. So it is one of the remedies for the diarrhea of old people with tremulous weakness, discharges sometimes involuntary and is especially indicated by the symptom that the flow of urine is intermittent. And in these cases we have not infrequently alternate diarrhea and obstinate constipation, the stool being followed by a tremulous weakness. Partial paralysis of the bladder, the urine flows by fits and starts, better when standing. It is in its effect on the glandular system that conium has won most of its strength with our school. It has a specific effect upon the mammary glands dissipating the engorgements, tumors and pains. Dunham says it has hardly less influence on the ovaries and on their homologue, the male testes. It is often beneficial in scanty menstruation and unready conception in the one sex and in deficient virility of the other, resulting from passive engorgement of those organs. When conium is indicated in the troubles with the breasts or ovaries there is swelling, pain, hysterical symptoms and great soreness—as evidenced by the following symptoms—soreness and swelling of the breasts preceding menstruation aggravated by the least jar or walking (keynote). The breasts swell, become hard and painful before the menses, when her hysterical symptoms increase greatly; the vertigo when lying down becomes very severe. After a blow or injury there is induration of the breasts, the swelling is hard as a stone. The stony hardness of the induration is a characteristic of conium. Dr. Ludlam says conium is a valuable special narcotic to the genital organs when we have uterine colic connected with leucorrhœal flow menstrual tympanitis, aching pains in the hypochondrium like menstrual colic. From what has been said you can discern the limits of the action of conium in these indurations and its method of operation. By the paralyzing influence and through the lack of action the glands become engorged and painful, with a stony hardness. Conium relieves this condition and with it the nervous tension, the hysterical symptoms that follow in its train.

One other of the uses of conium should be considered, and that is its effect in relieving bronchial irritation.

The cough is very persistent, frequent and tormenting. The cough is periodical, dry, excited by itching, grating,

tickling in the throat and behind the sternum and is especially evoked by lying down, talking or laughing. Old people often have a very troublesome cough at night, a dry cough seeming to originate in a small irritated or dry spot in the larynx. Expectoration occurs only after coughing a long time. The cough is apt to continue until a suffocative asthmatic attack comes on. Hacking, almost continual cough at night on lying down. It is one of the best of remedies for the dry, teasing, continuous coughs, worse on lying down at night in old people or in people prematurely old. Spasmodic, dry, teasing cough, worse in the evening and at night, greatly fatiguing the patient in subacute bronchitis. Conium is best adapted to old people or people prematurely old, dried up old maids and individuals of rigid fiber, people with yellow skin and the skin lacking in action with eruptions of a papular kind, or old ulcerations discharging an offensive ichorous matter. The whole of the symptoms point to the lessened vitality caused by paralysis and lack of nutrition due to the lessened nerve supply.

FORMALDEHYDE.

READ BEFORE ROCK RIVER VALLEY HOMEOPATHIC ASSOCIATION,
BY E. A. SICKELS, M. D.

Formaldehyde is a gaseous compound discovered by Hoffman in 1867. It is produced when a current of air charged with vapor of methyl-alcohol (wood alcohol) is directed on an incandescent spiral of platinum wire or platinum sponge.

Chemically it is an aldehyde of formyl. The aldehydes, as you know, stand midway between the alcohols and the acids. They are formed by the removal of hydrogen from alcohols. The incandescent platinum oxidizes the methyl-alcohol, and one atom of oxygen combines with two atoms of hydrogen forming water and methyl-aldehyde or formaldehyde, thus: $\text{CH}_3\text{HO} + \text{O} = \text{CH}_2\text{O} + \text{H}_2\text{O}$.

By means of a condensing apparatus a liquid called *formol* is obtained. This is a solution of formaldehyde gas in methyl-alcohol. The *formalin* of commerce is a watery solution of the gas which contains forty per cent of formaldehyde.

When formaldehyde is heated, or strongly condensed, it is converted into a white crystalline powder called *paraform*. When paraform is volatilized it reverts to the gas-

eous form and at the same time sublimes as a crystalline powder. It is by this process that formaldehyde dressings are made. The paraform is molded into sticks. These are the pastils of commerce which are so frequently used in disinfecting.

Formaldehyde has an intensely irritating effect on the mucous membranes of the eyes and respiratory tract. The paraform may be taken internally in doses as high as ninety grains with no bad effect. If continued it sometimes causes congestion and degeneration of the kidneys, spleen and liver. It is excreted largely by the kidneys. Its ingestion has not as yet been followed by fatal poisoning. Locally formalin causes a whitening and roughness of the skin similar to carbolic acid. This condition passes into a localized necrosis without suppuration.

But the chief use of formaldehyde is as an antiseptic and disinfectant. The ordinary method of disinfecting is by means of a formaldehyde lamp, which generates the gas from methyl-alcohol according to the above formula. The doors and windows of the room to be disinfected should be perfectly tight as the gas is very diffusible. At least a quart of alcohol should be used in disinfecting an ordinary living room containing about 1,500 cubic feet. The room should remain sealed for about twenty-four hours, as the length of time of exposure to the gas is secondary only to the quantity used. Formaldehyde does not affect the coloring matter of the paper or drapery of a room, except light shades of violet or red. For this reason it is preferable to chlorine or mercuric chloride. After the disinfection is complete the room should be aired for several hours and ammonia water sprinkled freely about the room to neutralize the irritating fumes of the formaldehyde.

The use of the formaldehyde lamp is doubtless the best method for ordinary disinfecting. In the absence of the lamp the following simple method is highly recommended by the Chicago Board of Health :

Ordinary sheets are hung about the room in the proportion of one sheet to every 1,000 cubic feet of space. These sheets are sprayed with formalin (forty per cent sol.) from an ordinary watering pot. The sheets should be saturated but not allowed to drip. The room should be left exposed to the gas for from six to ten hours. Bacteriological experiments have determined this method to be very efficient. I quote from their report : " Cultures, both moist and dry, were exposed for five hours in these experiments—some in

sealed envelopes, others in three thicknesses of sheets or folded inside of woolen blankets. Of the former none showed growth after seventy-two hours of incubation, while the growth was but slight in those wrapped in the blankets. *Surface* disinfection was thorough and a much greater degree of penetration was shown in these experiments than that secured by any other method.

It is generally proved by bacteriological experiments that, while formaldehyde is without exception the best *surface* disinfectant, it is comparatively lacking in power of penetration. Symanski (August '98) says: "Formaldehyde has no penetrating power." This refers to the dry gas from the ordinary generator.

The following conclusions are a result of numerous bacteriological experiments with reference to the germicidal power of formaldehyde.

"Formaldehyde, $\frac{1}{2}$ per cent kills anthrax bacilli; $\frac{1}{10}$ per cent prevents the development of typhus bacillus; $\frac{1}{10}$ per cent destroys the more resistant microorganisms in one hour; $\frac{1}{2}$ per cent or $\frac{1}{10}$ per cent is a general disinfectant solution for washing hands and instruments, spraying in sick rooms and as a deodorant; $\frac{1}{10}$ per cent is used for lupus, psoriasis and other diseases of the skin." (*Am. Jour. Pharmacy.*)

"Formalin in the strength of $\frac{1}{10}$ per cent arrests the growth of the germs of anthrax, cholera, typhoid fever, diphtheria and staphylococcus pyogenes aureus. In one per cent solution it kills pure cultures of pathogenic germs in an hour. In diluted alcoholic solutions the effect is more intense. In three per cent solutions, especially with the addition of alcohol, the hands may be freed from all germs. Feces are almost instantly deodorized by a one per cent solution, and are disinfected (germ free) in ten minutes by a ten per cent solution. It is also an excellent preservative." (Walter.)

Formaldehyde has the property of hardening nitrogenous substances of the nature of gelatin. On this account it is made use of in the preparation and sterilization of catgut. After this method the catgut may be boiled without destroying it.

When a watery solution of gelatin is allowed to *dry* in formalin vapor the chemical characteristics of the gelatin are altered. It is no longer affected by hot or cold water, nor by acids or alkalis. Animal tissues, however, have the power of breaking up the combination and setting the formalin free. This formalin gelatin is ground into a fine powder.

Schleich (*Therap. Monats.*), claims that with this powder every acute suppuration can be stopped in twenty-four hours, and the wounds made to heal aseptically. This is his conclusion after a trial of 120 cases of acute suppuration. The wounds were simply cleansed mechanically, and then thoroughly rubbed with the powder.

The therapeutic range of formaldehyde is increasing rapidly. In gynecology it is remarkably efficient in the proportion of four ounces of a ten per cent solution to one quart of water, to be used as a douche for vaginitis or catarrhal or blenorrhagic endo-metritis.

In gonorrhoea in women, injections of a five per cent solution of formaldehyde caused a rapid disappearance of the gonococci and the discharge changed from purulent to serous.

It has also been used with good results in vesical and urethral disorders.

In parasitic diseases of the skin, as ringworm etc., a forty per cent solution of formaldehyde painted on the skin twice daily causes a complete disappearance of the trichophyton.

A solution of $\frac{1}{1000}$ or $\frac{1}{2000}$, used as collyria are very serviceable in trachoma and corneal ulcers.

Formaldehyde has been tried in tuberculosis. The fetid expectoration was diminished and the coughing spells were less troublesome, but aside from this no very flattering results were reached.

As a result of the foregoing experiments we must conclude that the dry gas makes one of the best agents for *surface* sterilization. If penetration is desired we must have recourse to the moist method. The use of formaldehyde is increasing in proportion as its therapeutic and chemical effects are becoming known. It is safe to say that it is a question of a comparatively short time when it will be considered our most effective agent for disinfection and sterilization.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.

FRANK R. LEEDS, M. D., RECORDING SECRETARY.

The regular meeting of the Society was held in the amphitheater of Hahnemann Medical College at 8:30 P. M., Saturday, June 24, Dr. C. J. Swan presiding. The evening was devoted to the

REPORT OF THE SECTION ON CLINICAL MEDICINE.

W. P. MACCRACKEN, M. D., CHAIRMAN.

XXIX. THE DIGESTIVE TRACT IN DISEASE. BY DR. W. P. MACCRACKEN, M. D.—Few physicians are inclined to consider the digestive tract as a whole, the tendency being to cut it up into a series of special organs, with separate and distinct functions, in no way relating to or depending on each other. The stomach and digestion, the liver and its disorders, the rectum and its derangements, occasionally and incidentally including that part of the digestive tract extending from the stomach to the rectum under a general term, the bowels, whose movements are to be either accelerated or retarded, losing sight generally of their chief function, absorption.

From anatomical and physiological study we learn the digestive tract begins at the lips and extends to the anus, is abundantly supplied with nerves and blood vessels, has a liberal supply of special glandular structures connected with it, and also a large and fully equipped secretive and executive apparatus, and is endowed with special functions connected with the preservation and maintenance of the entire organism. It includes the salivary, submaxillary, parotid glands of the buccal cavity, as well as the liver and pancreas; the glands in the walls of the intestines, as well as those of the stomach. Its functions are the preparation of foods for assimilation and introduction into the system, and the taking up and eliminating of the broken down and waste products from the same.

The activity and harmonious working of all the different elements along the entire tract is absolutely essential for the proper performance of the digestive functions, and should not be separated and treated as distinct and separate organs without reference to their relation to each other, their effect on digestion and assimilation, repair or decay of the entire system, for the integrity of the human

body cannot be maintained at a normal physiological standard if the digestive tract is in poor condition.

If the first part of the digestive process, mastication and insalivation is poorly performed the stomach will suffer; if stomach digestion is interfered with and the chyme not properly prepared, intestinal digestion is faulty, and more or less disturbance results to the entire system, either by the failure to supply sufficient nourishment or the absorption of products, ptomaines or toxins inimicable to health.

No engineer of any intelligence would attempt to run an engine and get its best work from it with the fire box full of clinkers, the flues all covered with scales and the boiler full of muddy water, and yet this is what a great many are trying to do every day with the human machines.

The great sympathetic nervous system is most intimately connected with the entire tract, one of its chief functions being the regulation of waste and repair; all the other organs of life—heart, lungs and brain—are brought into intimate relation with it and are sure to be affected and sympathize with the condition of the alimentary canal. It is impossible to have a clear brain, steady heart or good lungs, if the system is being constantly filled with toxic doses of partially digested food or the foul, decaying products of digestion that should have been eliminated from the system, but are allowed to remain within the intestinal tract, a constant menace to health by affording a breeding place for all the microbes with their ill effects.

From the earliest moments of a child's separate existence until it reaches an age where it has the power of discretion, it is looked upon by its fond parents and female relatives as a thing to be stuffed with some kind of food. If it cries, because hungry, it is fed (proper), if it cries, because it is overfed (most probable), it is promptly fed again and so on ad infinitum, regardless of the advice of that hard hearted creature, the doctor, who says its stomach should be allowed to rest a few hours and advises some hot water when it cries again. It is a source of revenue—this constant stuffing—so perhaps it is ill advised to try and teach people better concerning this, but then there is the poor baby who demands our protection and really must be saved from the kindness of its friends.

This over and constant feeding in infants is the prolific source of enterocolitis and in cases of artificial foods, marasmus, cholera infantum, dysentery and the host of

digestive disorders so common in children. Thus early in life do we begin to see the effect of the injudicious use of the essentials of life and it continues until the end with variations and modifications according to the temperament of the individual.

If you once realize that fully seventy-five per cent of diseases are directly traceable primarily to disorders in the digestive tract, and you will consider the effect of disturbances here, remembering the precepts of Hahnemann, "Diseases are produced only by the morbidly disturbed vital force;" and that "The physician should be a preserver of health as well as a curer of disease, and this he is when he recognizes the causes that disturbs health and prevents their occurrence and he derives assistance from the knowledge of facts concerning the most probable cause, and can intelligently proceed to remove the same;" your pathway if not easier may be shorter and you have the knowledge of having at least discovered the cause of the trouble.

Just try and recall in your own experience how many cases of heart trouble have been cured by relieving an overloaded colon; how many cases of asthma are brought on by disorders of digestion, causing irritation of the sympathetic; how many cases of melancholia and neurasthenia are cleared up by stimulating and relieving hepatic congestion, often due to catarrhal enteritis extending into the substance of that gland, and how many cases of spinal and meningeal irritation are clearly traceable to a bad stomach, torpid liver, constipated bowels or their results, ulcerations, hemorrhoids, fissure, fistula, etc., and you will begin to realize some of the effects of the digestive tract on diseases.

I do not propose at this time to go into detail concerning the various diseases and incidents this part of the human machine is liable to, their etiology, pathology, symptoms, etc., as each one is capable of furnishing an evening's discussion; but my object in presenting this paper is to try and have you look at the digestive tract as a continuous and harmonious system, just as the arterial, nervous and respiratory are complete, and not a lot of organs distributed through the body at haphazard. That the diseases of the stomach are not a distinct and separate class and have no connection with the intestinal disorders or with those of the other organs of the body, that the liver belongs also to this system and is not a part

of the body whose condition does not affect the entire process of assimilation, as well as that of elimination; mastication is part of the digestive process and so also is defecation, the one represents the preparation the other the completion of the process. In illustration I will give you a brief outline of three cases where marked relief was obtained by attending promptly to the disturbances found in the alimentary tract.

Case 1. Mrs. J., æt. seventy-six. Had an attack of gripe in January which was very light, this was followed in a week by a little bronchitis, her physician said. She gradually lost strength and developed a strong tendency to heart failure. The doctor gave her whiskey every two hours, strychnine and dig. comp. glonoine, and other heart stimulants and a cough mixture. She rapidly grew worse and was finally compelled to remain in bed all the time. When I saw her in May found the following conditions: Temperature, 99.2°; pulse 92, irregular; slight bronchial roughness; some cough and expectoration; tongue thickly coated; no appetite; very thirsty; sleep, restless; very weak and irritable; constipated bowels, only moved when cathartic was used. Stopped the use of the liquor, ordered a simple and nourishing diet, cleaned the bowels thoroughly by enema and gave her the remedies indicated from time to time. In four weeks she was up and around. Temperature, normal; pulse, 80, regular; was eating and sleeping well, enjoying life and left for a visit to some friends a few days after. The heart and bronchial trouble all disappeared under the treatment for the stomach and bowels without any special medicine.

Case 2. Mr. B., æt. sixty. Nervous temperament, hard worker, had considerable business worry, ate irregularly and rapidly, had been on a strain for six months, complained of constant, dull headache. While in his office one day there was a sudden collapse, as he arose from his desk to go to the vault. He says he did not fall but everything got black, and when he came to, found he was sitting in his chair covered with cold perspiration and so weak he could hardly move. He managed to call for help and was sent home; saw him in the evening and found following condition: Temperature, 98°; pulse 56 and weak; skin, cool; eyes reacting normally to light; perfect motion and no special impairment of sensation; tongue slightly coated; abdomen very sensitive along transverse colon and around umbilicus.

After evacuating lower bowel, ordered high colonic enema to be retained as long as possible; this was repeated three days before any marked result, and then such a flood of black, charred, dry, hardened fecal matter as passed is beyond belief unless you have seen the result, yourself of such an expedient. He could not believe it possible, he said, as his bowels moved every day regularly, but the passages were either diarrhea or very small. His question to me was, "Doctor, was I not poisoning myself by absorbing that fecal matter?" I told him he was. A few days more of persistent treatment and improvement was well established and he soon regained his usual strength, lost all dullness and said he felt better than for years.

Case 3. Dr. G., æt. thirty-eight. Hard working country practitioner, exposed to all kinds of weather, after a winter and spring's hard work was all played out; skin sallow; eyes slightly congested; complained of lassitude; pains in head, also around the heart; distress along the transverse colon; bowels irregular; alternate constipation and diarrhea; sensitive around umbilical region; liver also sensitive; tongue coated yellow; appetite capricious; said he made seven different diagnoses of his case every week, was sure he had cancer, paresis, some organic heart trouble, or some incurable malady of one kind or another and wanted to know just what.

Suggested a thorough house cleaning; rest, massage, and a liberal, simple yet nourishing diet, with remedies to cover the general conditions as they should come up. About three weeks later had the pleasure of seeing him again and his remark was, "Doctor, I always thought I was a fairly clean man, decent in my habits, but the amount of old sewerage I was carrying around was a revelation to me. I can account now for the feelings, it was simply slow suicide by poisoning."

In closing permit me to say that I do not believe you can do everything with any one remedy be it mechanical or dynamic but the judicious use of all the means at our hands and the treating each individual case as a whole and each system as a complete system, each part depending on the proper function of every other part being performed, then we may obtain some degree of success in relieving the ills of our fellow man.

DISCUSSION: Dr. HALBERT: I quite agree with Dr. MacCracken when he says it is necessary to consider the ali-

mentary canal as a whole when we speak of the digestive process. The general idea that the stomach digests and the bowels simply eliminates is indeed faulty. In fact the stomach mostly churns while the small intestine performs the more delicate operation of food elaboration. Thus in considering digestive disorders we must not apply our remedies to functional or organic changes in the stomach alone. I believe it necessary, in treating disorders of the alimentary canal, to consider two things more important than the remedies and these are the proper regulation of the bowels, by enema or cathartic, and the careful adjustment of diet in accordance with physiological and pathological necessities. To permit the large intestine to remain filled with toxic fecal matter and look for the indicated remedy is criminal negligence; or to permit the patient to eat aught except that which the physiological condition will tolerate is just as wrong. There are two conditions we must maintain; first, the proper amount and character of hydrochloric acid in the stomach, else the pepsin action is imperfect; and secondly, to keep the proper alkaline reaction in the bowels or the intestinal digestion is imperfect; the last condition is quite dependent upon the presence of a sufficient amount of bile. In conditions of hyperacidity of the stomach we should correct this by a free use of meats and eggs to use up the excessive acid, by alkaline waters and the internal use of sodium bicarbonate; lavage will also assist materially. On the other hand, when there is a deficiency of hydrochloric acid in the stomach we must give it in minute doses, five to ten drops of a ten per cent solution in one-half glass of water before the meals. The diet should then be restricted and fruit acids should be encouraged. A patient suffering with hyperchlorhydria should be fed thoroughly while a patient with chronic gastritis should have a light diet. When these points are carefully considered the treatment of intestinal diseases will be greatly simplified and the indicated remedy will act better. To preserve the bowel alkalinity and at the same time to help bowel movements, I frequently give inspissated ox gall in five or ten grain doses two or three times daily. It is a very good adjuvant to any remedy for intestinal diseases. The regular movement of the bowels and the regulation of the diet are factors of first importance. To understand properly how to feed a sick stomach we should make quantitative chemical analyses of stomach contents one hour after a test meal.

XXX. HEMOPTYSIS. BY A. L. BLACKWOOD, M. D.—Hemoptysis is a symptom of various pathological conditions. Tuberculosis is the most frequent cause. Its active hyperemia produces it in the early stages, and the aneurismal dilatations or necrotic erosions of branches of the pulmonary artery in the later stages. Inflammatory and ulcerative condition of the bronchial tubes, bronchial catarrh and fibrous bronchitis may each be causes at times, as well as congestion of the lungs dependent on a pathological condition of the mitral valve. Vicarious menstruation is another cause. I saw a case but recently where this was supposed to be the cause of the hemoptysis, but examination revealed pulmonary phthisis which accounted for not only the hemorrhage, but also the amenorrhea. Pulmonary abscesses, gangrene and cancer have each acted as etiological factors at times. The influence of the arthritic diathesis on the blood vessels and the general nutritive diseases as hemophilia, and purpura hemorrhagica will give rise to hemorrhages here as well as in other organs. On several occasions I have seen cases of severe hemoptysis in young, robust individuals in which it was impossible to ascertain the cause. Some of these may have been due to varicose veins.

In all of these cases the first question is the seat of the hemorrhage. Is it in the lungs or stomach, or has the blood gravitated into these organs from some remote point? A careful study of each case is necessary to determine this question.

The physician seeing the patient during one of these attacks must be cool and composed, and have a definite form of treatment mapped out at once; one or two of the friends who will make no demonstration should be allowed in the room. The patient should be kept quiet both mentally and physically, in a semi-upright position and the shoulders elevated. If the patient has not already had it, a tablespoonful of salt may be given dissolved in half a glass of water. Should cold be applied to the chest it should only be momentarily, as it is the sudden shock that is beneficial. The prolonged application of cold will produce congestion of the lungs and bronchitis and thwart our best endeavors. Aconite is a remedy I have used with marked benefit when there has been exposure to dry, cold air. The patient is of plethoric habit, has a tendency to palpitation of the heart, burning, stinging pains in the chest, cheeks are usually flushed, pulse is excited and there is great restlessness and anxiety and fear of death.

A short time ago I was called to see a girl fourteen years of age, whom the messenger said was bleeding to death. At the first sight of the room one would believe his statement. She went to school considering herself well, but was taken very suddenly. The sudden onset, the intense hyperemia of the lungs, and a temperature of 104° , the hard, full, quick bounding pulse, with short rapid respiration led me to put fifteen drops of *veratrum viride* 1x in one-third glass of water. A teaspoonful was given every ten minutes for a few times, and then at lengthened intervals, and relieved the patient as only a homeopathic remedy can.

When the nervous symptoms predominate, *aconite* should be given; when it is the arterial system, *veratrum viride*.

During the fall of '95 I was called to see a man who had been spitting blood continuously for three weeks, the blood was dark and came up without effort. There were varicose veins of the legs, and a history of painful bleeding hemorrhoids. This patient was cured with *hamamelis*. *Ipecac* is a remedy that every homeopathic physician has verified so frequently in hemorrhages that it requires but to be mentioned here. There is the marked weakness and aversion to food with great and long continued nausea. Hemoptysis comes from the slightest exertion.

Phosphorus has frequently proven itself master in the typical tall, slender individual with lively perceptions inclined to stoop forward, with the empty, gone feeling of the whole abdomen, and tightness across the chest. The hemorrhage is profuse, will cease for a time and then return.

Ferrum has assisted in a few cases where the patient has been weakly. The pale, anemic face becoming fiery red at times, stools are undigested, edema of feet and legs. Hemoptysis, is better when walking slowly.

Millefolium gives gratifying results in cases of hemoptysis due to pulmonary tuberculosis with cavities. There is the profuse flow of bright red blood without the fever or restlessness of *aconite*.

Geranium maculatum. A man in the last stages of pulmonary tuberculosis had hemorrhages that resisted all other forms of treatment, but they were controlled readily by this remedy in from ten to twenty drops every twenty or thirty minutes.

Arnica when there is a history of traumatism. The

patient feels sore, as if bruised. There is the hot face with cool body and limbs. The patient is weakly and is troubled with pains in all the voluntary muscles.

Belladonna in robust, plethoric individuals. The hemorrhage comes on suddenly, and is worse toward night. The blood is bright red, there is great congestion of the chest, throbbing headache and aggravation on movement.

Pulsatilla and crocus have each been of valuable service in cases of vicarious menstruation.

Sulphur is valuable in cases that appear to get about well and then relapse.

China in great anemia from loss of blood where debility is a prominent symptom. There is a sensation of great distention of the abdomen not relieved by eructations or dejection. Another symptom is the sour stomach, associated with watery diarrhea, worse at night, with copious night sweats.

The patient should not be given china on the mere fact that there has been a loss of blood, but the totality of the symptoms should be the guide in the selection of a remedy.

The remedies I have mentioned are not all that are of service in hemoptysis, but are those I have verified.

In some cases it is necessary to compress the large superficial veins, but not the arteries, that the blood may continue flowing into the limb while the return flow is obstructed. By this means the arterial pressure is reduced in the lungs. These ligatures with compresses over the veins should be worn from twenty to thirty minutes and then removed one at a time.

The bowels should not be allowed to become constipated. Should a large quantity of blood be lost at one time, and as a result the blood pressure greatly reduced, there is danger of death from heart failure. This may be avoided by using salt water, a teaspoonful to the pint injected into the rectum or under the skin.

In mild cases, rest, liquid food, and later semi-solid food, such as milk toast, eggs and junket, are all that are necessary.

XXXI. ANACARDIUM IN ACUTE DISEASES WITH MENTAL PERVERSIONS. BY H. V. HALBERT, M. D.—*Case 1.* Mr. D., a man sixty-three years of age, was brought to Hahnemann Hospital in a state of mental debility bordering upon melancholia. He had been found wandering about the

streets and was supposed to be in a condition of acute insanity. There were slight symptoms of right hemiplegia and some involvement of the facial and hypoglossal nerves; he was weak and exhausted and showed some signs of fever. After a few days' rest, sufficient to settle the diagnosis, it was found that he was suffering with an irregular form of typhoid fever, and the mental condition was, no doubt, a feature of that disease; the delirium was of the "low muttering" form, so frequent in such cases. Complicating this there was a pronounced acute bronchitis. By the regulation of diet, the proper remedies and careful hospital care he gradually recovered. The mental state, however, continued, and at times he was extremely violent. It was then that anacardium was given and held to for a long time; five drop doses of the tincture were administered every two hours. In a few weeks the improvement was quite perceptible, and he continued to convalesce gradually. In six weeks he left the hospital, and recent reports have shown a constant improvement, though the weakness and debility of age retard his perfect cure. It is a question whether the mental acumen will be absolutely restored, but the action of anacardium in such mental perversions is verified by his improvement. A more recent report indicates a perfect cure.

Case 2. Mrs S., age forty-six. I was called to see while she was in a highly delirious state. She had been a hard worker with her husband on the farm and had grown very penurious in her desire to save sufficient for the "rainy day." The family history pointed to some remote signs of insanity, but she herself had never before manifested any mental imperfections. All of a sudden she had conceived the idea that her husband and others were plotting to get her out of the way, and to that effect had given her poisonous medicine to make her pliant to their desires. In every other respect she was perfectly sane, but this fixed delusion persisted despite any argument to the contrary. Her general condition was that of incipient insanity and great nervous exhaustion; besides this, she had just reached the menopause.

Little encouragement was given the friends as to a cure and a private hospital was advised. They were so repugnant to this that I finally accepted the case. Anacardium was administered six times daily in five drop tincture doses; static electricity was used three times a week thinking palliation would be the only result. This treatment

was continued for a long time with a surprising improvement from week to week. As the cure is progressing so well I shall look for a favorable result.

Case 3. Mrs. C., age forty-eight. This case I saw in consultation with Dr. Rogers, of Michigan City. At that time her insanity was so pronounced and she was so violent that no satisfactory examination could be made. The history afforded no aid and the cause of her condition could not be accounted for. In this case also the asylum was advised as the only resort. Anacardium, the same as in the previous cases, was used simply as an attempt to do something. For a long time I heard nothing from the case when to my surprise, about one year later, the doctor informed me that she was perfectly well.

Case 4. Judge H., a man of rugged, physical build sixty-three years of age I saw in consultation with Dr. Brodrick, of Buchanan, Michigan. When I was called his case had been pronounced incurable by an old school physician and the usual palliative drugs were being administered for the sake of temporizing with a presumably incurable disease. In fact that prognosis seemed very plausible for cerebral softening was evidently appearing and his mind was indeed a blank. The patient could neither talk nor recognize any member of his family. His every action simulated the imbecility of age and a gradually weakening mind due to some past cerebral extravasation.

Three distinct attacks of cerebral embolism had occurred during the past three years and he had apparently recovered from each except the last, when the paralysis lasted for several months. At the time of the examination there was a flaccid right hemiplegia with many symptoms which showed a pons and medulla involvement. The facial nerve of the right side and the hypoglossal were distinctly paretic; the muscular sense, for the whole body, was greatly perverted; the superficial reflexes of the whole body and the deep reflexes of the left side were gone, while those of the hemiplegic side were slightly exaggerated. His heart was decidedly weak, showing a reaction from some previous cardiac strain, and there was an old mitral murmur which had been recognized several years ago. His pulse had for a long time averaged 35 to 40, and strychnia had been resorted to for cardiac protection. The temperature was inclined to be sub-normal most of the time. The general totality of symptoms, particularly as there had been a previous rheu-

matic condition, pointed strongly to cerebral embolism and a consequent softening. He could not and would not move except when helped by the nurse and at times there were signs of coma.

Naturally my prognosis was not favorable, but in conjunction with strychnia for a heart tonic, anacardium was prescribed somewhat empirically I must confess. The doctor has held to this, in conjunction with other intercurrent indicated remedies, and to my surprise his last letter, of a few days ago, tells me that the patient is up and about, and better than all, is in his right mind. He recognizes his friends, is able to hold conversation with them, goes out about town, has recovered the use of his limbs and attends to some business. I can congratulate the doctor in the management of his case, and more than all encourage myself in the continued use of anacardium for mental diseases.

This and many other cases of similar character have confirmed my belief that anacardium has a very beneficial action upon the mental brain. Its physiological action corresponds to a general cerebral depression following extreme excitement or acute febrile conditions; the mental action is always incoördinate; anxiety is one of its leading symptoms and suspicion is always a prominent characteristic; anemia and exhaustion are always present and a sense of cerebral pressure is a common complaint. It is well worth our while to continue the study of this remedy in mental cases where so little hope is offered.

DISCUSSION: DR. W. E. TAYLOR: The use of anacardium in mental diseases is not, as yet, well understood by the profession from the fact that it is not often used. That, however, it has a decided beneficial action on the mental brain I am free to admit. It does not manifest such good results in old and incurable cases where the delusion is fixed beyond recovery, but pertains more particularly to the sudden perversions of the mind. Thus it is valuable in any mental involvement incident to fevers, to sunstroke, or toxemic conditions. I have found with the patients in the Western Asylum for the Insane that it was a good remedy to use when any unexpected change appeared in the mental delusions of my patients. Moreover, it is a good remedy to use whenever a patient "gets sick" from any other cause. For instance any disturbance of the bowels, any sudden cold, or a tendency to fever would

create temporary mental changes in many patients, differing from their fixed delusions. These conditions are certainly helped by anacardium. I shall be interested to study this remedy further with Dr. Halbert.

W. P. MACCRACKEN: Anacardium has a very pronounced effect upon the cerebro-spinal system and its effects in acute cases of melancholia, mania, especially the religious type, or rather the unreligious type, is very marked, for the tendency of these patients to swear is very pronounced and yet there is the constant talk of being lost, of devils causing them to swear, sitting on the shoulder whispering blasphemy into their ears, so that the swearing is due more to the idea of obsession than for the pleasure of swearing. Along with this we get the usual prodromals of all the affections where the brain substance shows a tendency to degeneration, loss of memory, forgetfulness, lack of coördination of ideas, which is soon followed by pronounced symptoms in the sensory and motor area causing at first hyperesthesia, followed later by anesthesia, especially of the lower limbs, and then loss of motion with soreness of the muscles.

Along with the peculiar expression, or rather lack of expression of these patients, is the continued druling, the clothing being all spotted, linen soiled and a generally untidy appearance of the person, who has generally before been extremely neat in all his habits. This is a remedy, when indicated as shown in the cases as given in the paper by Dr. Halbert, acts quickly and beneficially. It clears up at least to a certain degree, the acute symptoms at the outset and I believe will prevent some of these cases from reaching that deplorable condition of imbecility trying alike to themselves and all their friends. It has been efficacious in my hands in relieving several cases. Coffee must be strictly forbidden however, I find, while using this remedy.

Dr. E. M. BRUCE: About the only thing that I remembered of anacardium in my early study of materia medica was the symptom, "Thinks she is a demon, swears," and it was a long time before I began to use it. There are two classes of troubles in which this remedy has been of great service to me lately. One is in cases of so called nervous dyspepsia. The patient is very fussy about what he eats. Like Carling, in David Harum, he goes through an agony for himself and friends at each meal making up his mind what to eat, and suffers as much, if not more, over a few mouthfuls

of the most carefully selected food, as he does after a banquet where he eats everything from blue points to water crackers and cheese. The other class are men who have had close, exacting, exhausting work, and, in consequence of it, become forgetful and are extremely irritable over it, and painfully conscious of their irritability.

Why anacardium is not more useful in skin disease I am at a loss to understand, and am disposed to believe it has a wider sphere here than is usually ascribed to it in dermal troubles.

XXXII. VOLUNTEER PAPERS. ESSENTIAL PAROXYSMAL TACHYCARDIA; TWO CASES. BY NATHAN STARR, M. D.*—*Case 1.* Jos. S., a grain merchant, aged fifty-five years, consulted me in the fall of '89 for an obscure heart affection. The term "obscure heart affection" is used because the case had never been properly diagnosed, and I could do no better than my predecessors, until in the fall of '90 I chanced to see a translation of an article from the pen of Dr. Bouveret, of Lyons, France, on essential paroxysmal tachycardia.

The attacks to which this man had been subject for a number of years were as follows: Suddenly, without warning of any kind whatever, the heart beats would increase from normal to from 180 to 200 beats per minute. A kind of tremor, very fine in character, seemed to involve the head and upper part of chest; skin dry; face pale, pupils normal. Patient was conscious that something was radically wrong, but could not locate the difficulty. On several occasions he walked from his place of business to my office—about three blocks—during an attack. Seemed to be in a kind of dazed condition; no pain whatever.

I saw the patient during a number of the attacks, and for a time congratulated myself on being able to control them; but subsequently found that medication had but little, if anything, to do with the cessation of the paroxysms, as what had seemingly been of value in one paroxysm was valueless in the next, thus convincing me that in this case the paroxysm would have ceased without intervention.

The remedies used at various times were amyl nitrite, glonoine, digitalis, belladonna and moschus. The attacks would cease suddenly, after lasting usually from thirty

*Read before Illinois Homeopathic State Society.

minutes to two hours. On one occasion the attack lasted twenty-five hours, and having exhausted all the remedies and means then known to me I was at my wits' end. The patient said he thought a good shaking up would do him good and asked me to take him for a ride. I acquiesced, and we assisted him to a seat in the cart I was driving. We had driven about three-fourths of a mile in a fast trot when he said, "Now, I am all right." I stopped the horse and counted his pulse, which was seventy-two and perfectly regular. In the light of subsequent knowledge I would hesitate to try such an expedient again.

In this case no heart lesion of whatever character could be detected. In a letter received a short time ago from Mr. S. he says, "Having dieted myself for years without apparent benefit, I decided it was better to eat than to starve, and for the last two years have been eating and drinking whatever my appetite called for except coffee; I have light attacks occasionally and only of short duration. I attribute my improvement to constant outdoor exercise, principally to horseback riding; have accustomed myself to the free use of lemons, and employ frequent bathing. I am now sixty-five years old. The trouble began in '76."

In this case the severity and duration of the attacks have been such that the patient has escaped the alarming and serious secondary symptoms and conditions that each of you can picture without difficulty would result from a severe and prolonged attack.

Case. 2. February, 1893, was called in consultation with Dr. L. to see a young man living nine miles in the country. The doctor had seen him in two attacks when the pulse rate was upward of 240 beats per minute, as near as he could determine. The radial pulse was a mere thrill. The onset and cessation each time was sudden; duration from a few hours to several days. When we reached him the attack was over. The pulse rate was about normal, muscular power of heart good, no valvular difficulty. Dr. L. had tried *verat. vir.* and *digitalis* and thought them effective, but in subsequent attacks found them of no value. During the paroxysms the patient seemed excited and apprehensive, and there was a tendency to dyspnea. He tried many physicians, making several visits to this city to consult specialists, but all to no purpose; the paroxysms could not be kept off or modified in their intensity. I saw him several times each year when he came to our city. He always looked well—a large, robust, broad shouldered young

man, that from appearances, one would have selected for an athlete.

One day in December, 1896, word was received that the young man was dead. He had attended a revival meeting the night previous, returned home about 10 P. M., and retired as usual. About 1 A. M. his father hearing a noise in his son's room went to ascertain the cause. The young man was dying and gasped but a few times after his father reached his room, death evidently resulting from syncope.

In 1890 Dr. Bouveret reported eleven cases of this affection; two from his own practice and nine others. Four years later he reported twenty-seven cases, probably including the eleven. Of the eleven cases, four died in syncope or collapse, and of the remaining seven, one recovered. Of the twenty-seven cases, eight died in the paroxysms, two by syncope, two by systolic collapse, and four by pulmonary congestion and intestinal hemorrhage.

The etiology of the disease is uncertain; but excessive physical or mental exertion, emotional excitement and cold are thought to be the factors in its production. Contrary to what we would naturally expect, there seems to be no nervous predisposition in these cases, and an entire absence of hysteria and neurasthenia.

The pathology of the disease is yet undetermined. Autopsies, so far, have failed to reveal anything definite or characteristic. It has been agreed by some observers that this peculiar affection is a pure neurosis, the motor innervation of the heart being temporarily disturbed. Opinions differ as to how this disturbance is produced. Three views are held, and in order of their acceptance are as follows: 1. A temporary paresis of the vagus. 2. Excitation of the sympathetic. 3. A modification of the activity of the intra-cardiac ganglia. It is unnecessary for me to review the reasoning and arguments that have been adduced to support each of these views.

I might here add that one investigator, Dr. Samuel West, holds that this is a cardiac disease and not a neurosis, and points to the fact that in two autopsies, those of Brieger and Fraentzel, fibroid changes were found in the heart, and therefore he concludes that chronic interstitial myocarditis is the cause of the disturbance, even though a large per cent of the cases of chronic myocarditis never produce tachycardia.

One who studies carefully the reported cases of this dis-

ease is struck by the lack of uniformity in its manifestation, except the rapid heart action, and he can expect that later and more careful autopsies will show that some of these cases are purely neurotic and others are due to fibroid changes in the heart tissue located in certain intolerant areas; thus making both classes of observers right, in a degree at least. Fraentzel suggests the use of therapeutic measures to aid in diagnosis, and says morphine should control the paroxysms when due to excitement and digitalis when there is paresis of the vagus; but unfortunately other conditions are operative in some cases, and the stubborn fact remains that neither morphine nor digitalis is effective in certain cases.

A favorable prognosis can be made when the attacks are of moderate severity, short duration and become less frequent. Unfavorable when there is a tendency to syncope, precordial pain and distress, pulmonary congestion and edema, intestinal hemorrhage, general edema or increase in the severity and duration of the paroxysms.

These cases are reported, not that I have anything new and valuable to offer in the way of treatment, but rather to emphasize the fact that as far as medication is concerned the results were failures. I did not try compression of the pneumogastric, as the expedient was not known to me while treating the one case, and there was no opportunity of trying it in the other. It seems, however, of doubtful utility, judging by the results of those who have tried it. Other expedients that have been useful at times in cutting short an attack and that can be tried, are the taking of a drink of ice water, the taking of a deep inspiration and the suspension of breathing for as long a period as possible, and when there is cyanosis, with cold, clammy skin, forcible dilatation of the sphincter ani.

A few years ago Dr. Poulet, of France, recommended a new remedy, *coronilla varia*, a plant indigenous to Alsace, to be used in tincture of plant or powder of flower. It is a quickly acting remedy, and from reports, seems to exert a beneficial influence on the paroxysms. It is used in material doses.

In conclusion: Essential paroxysmal tachycardia is a somewhat rare affection, or at least rarely recognized; but its gravity makes it worthy our attention, and if any of the members of this society have had a successful experience in treating it, I would deem it a favor to be informed of your method and the means that led you to your success.

I offer little, but like the generality of mankind, expect much in return.

XXXIII. A PECULIAR CASE. BY A. C. TENNEY, M. D.—Mr. E. H., age twenty-six; single, drayman; temperate in habits and in good health.

Applied for treatment January 17, 1899. For a week had been suffering with tinea sycosis, which had spread very rapidly under bad treatment, and had become phlegmonous, exposing an inflamed surface equal to two square inches.

The wet boracic acid dressing was applied with such happy results that, as the inflammation subsided, the dry powder was used over the same area and around it so as to cover about five square inches of surface.

The third day after the application of the powder, which was repeated twice daily, the patient complained of dizziness and a sensation of revolving of the body to the left.

This he expressed as "whirling" and said it was constant while sitting or standing.

On the fourth day the condition was still worse, general prostration more marked, pulse weaker, slight attacks of hiccough, very annoying eructation of gas and complete inactivity of bowels.

Two large doses of epsom salts were given, producing two small evacuations. They were very foul, contained hard lumps of alvine matter and were almost black in color.

This day the whirling and vertigo were constant and extremely annoying. The two sensations were easily distinguishable, the vertigo being excited by sudden motion, and this day the entire condition was decidedly aggravated by exertion.

The boracic acid powder was carefully removed from all but a few points which had scabbed over with it, and no other local application was made.

The next day, the fifth, there was some improvement in the general condition, but the pulse was very weak and compressible, sixty to the minute. There was vertigo on rising quickly from a chair or even while sitting, but absent when lying down.

Placed patient on Yale chair to observe effect of position on heart action. Lying quietly pulse was about 60; at an angle of 45°, feet down, pulse ran up to 75, but gradually subsided to 60. Upon sitting up or standing pulse

went to 70, 75 and 80, but subsided gradually to 60. The heart sounds were constant throughout. The first sound was feeble and the impulse was flabby. The second sound was valvular, accentuated and reduplicated, as is sometimes observed after the use of digitalis in large doses.

When placed at angle of 45° the vertigo and whirling returned, and in an upright condition both were decided.

Pupils were dilated, contracting only when light was brought very close.

The mucous membranes were apthous and pale, the mental condition was mild and sluggish and comprehension was slow. This day a large dose of salts produced no effect on bowels.

The whole condition was one in which the elastic recoil and contractility of the muscular tissues was wanting and the glandular activity was far below par. There was gastric and intestinal fermentation. The diseased surface having healed, *all* local medication was omitted and nux 1x and cactus were given in alternation every hour for five doses of each; then every two or three hours.

The next day the whole condition was better, the whirling had diminished and there was more muscular activity; the pulse was stronger, averaging from 70 to 75; the pupils were normal. The prescription was continued. The next day, the seventh, three doses of each nux 1x and cactus were given and then discontinued.

The patient made a perfect recovery; in about ten days all bad symptoms had vanished, and the man is now handling heavy trunks and boxes without any discomfort; the appetite is good; the mucous membranes are normal, and there was no vertigo or whirling sensation.

At the beginning of these symptoms I believed the cause to be indigestion, but soon found the indigestion was but a symptom; I could find no cause to assign the condition to but the free use of boracic acid on a fresh absorbing surface, and would like to know of any similar cases. The literature at my command is very meager on this subject, only two or three cases reported and those under doubtful circumstances.

Editorial.

THE CHOICE OF A LOCATION.

The choice of a location is generally a puzzling consideration for every graduate in medicine and advice is frequently sought as to the future possibilities. This is something which no older physician can settle. The fact is the field is quite well occupied and if the young practitioner seeks a location with few resident physicians he is doomed to disappointment. His future success, however, does not depend entirely upon the number of physicians in any neighborhood. The first requirement of every beginner is to choose the place he is willing to make his home and then to settle there with a determination to wait and to win. The young man who leaves a medical college to-day has the advantage, if he has done faithful work, of a modern education which many of his older competitors have not enjoyed. This is sure to tell in many respects, for both acute and chronic cases will often yield to the scientific application and the understanding of remedies gained from a modern education. True the older physician has a fund of experience which time and experience alone can give, but a busy life does not always give him a chance for the study of newer methods. Here is where the young physician must make his record and the cure of one abandoned chronic case makes his reputation.

Then again, the opportunities for the genuine homeopathic physician are still unlimited. Many a town has not yet its full quota of physicians of our school. The law of similars is still a correct one, and when faithfully followed and considerately applied, is sure to give results. The trend of modern tendencies has been toward bacteriological study and pathological investigations, yet these do not take the place of homeopathy by any means; they are simply adjuvants of a broader education and a better understanding of disease. Our school must discard nothing which aids the practice of medicine or helps us care for the sick; but *similia* still lives and is just as sure to give results to-day as it did in Hahnemann's time. The young physician must also keep in mind that hard work is still a necessity for success. This is an age of competition, and no one can rest securely upon the

laurels of ability or reputation. Action is necessary to keep abreast of the times, and faithful adherence to honor, to duty, and untiring perseverance are still requirements to be obeyed. Where honest ambition rules progress cannot be stopped any more than a stone which belongs in the wall can remain by the roadside. To the coming members of the profession, particularly in our school, we look for great results and the proof that our theory of practice is not a dogma.

THE CURE OF MORPHINISM.

The morphine eater or the morphinomaniac is in reality a mental degenerate and the treatment which assures a positive and permanent cure must consider the patient in this respect. The theory of antidoting is not correct, for in a majority of cases the recovery from the antidote is as difficult as it is to conquer the morphine habit. Many times the results are far more dangerous, and the sooner the public is aware of this fact the better it will be for those unfortunates. The culpability of the physician who administers the first dose of morphine for the relief of pain is shared by the one who gives a more poisonous antidote to overcome an established habit. The former employs the deadly agent as a temporary expedient, while the latter is taking chances with an appetite already formed. Both make the patient dependent upon a drug; neither strengthens or overcomes the mental or moral weakness which is the underlying cause of their sad plight. It is not alone the first dose of morphine which causes the harm; it is more likely a mental degeneracy inherited or acquired. For that reason physicians who employ morphine even for emergency practice or for palliation should look well into the inherited conditions and the nervous tendencies of their patient.

That the morphine habit may be cured without the aid of extreme medication or supplementary drugs is an absolute truth. There is some underlying fault of the nervous system and this should be studied and treated just as we prescribe for other diseases in accordance with pathological conditions and the presentation of symptoms. The trouble is we have not sufficient patience with such unfortunates, and we do not encourage them to accept our milder remedies and patiently wait and struggle to over-

come the bad habit. Mental suggestion, therefore, is an expedient of unknown value.

Insomnia is too frequently an excuse for the first dose of morphine and it is an irritating factor which enhances the morbid desire of the disease. Therefore correct the insomnia by natural methods, by remedies which relieve the general neurasthenic conditions and by the gradual restoration of the physical health, and we have gained a great advantage. Often the cause is found in a condition of spinal exhaustion which, relieved, takes an abnormal supply of blood from the brain. Errors of diet, long existing chronic diseases, mental worry and nervous shock as well as environment have much influence as causative factors, and when relieved make the cure of morphinism susceptible to the internal use of mild and indicated remedies. When the profession considers and prescribes for this condition as a disease the so-called "cures" will neither thrive nor defraud the public.

THE PREVENTION OF TUBERCULOSIS.

The recent formation of local societies in different cities for the study of and the protection against the development of tuberculosis is certainly a step in the right direction. It is first of all a recognition of the fact that prevention is better than a cure and the sooner the general public becomes converted to this idea the better will it be for the physician and mankind in general. People are too ignorant of the causes of disease and thus give the doctor little help. The best way to cure a disease is really to prevent it. It is particularly fortunate that the profession and the public have at last become converted to the necessity of doing something to thwart the contagious increase of tuberculosis. Every one should lend his aid to the support of such measures of protection that may save us from a disease which as yet no remedy has cured. It is further hoped that such an organization may live long enough to learn something and to be of some use to mankind. Above all it is hoped that it is not formed on partisan principles nor to further the popularity of any particular physicians. The law of honor demands that with united effort we should all seek to save life.

Hospital Notes.

THE SURGICAL CLINIC.

SERVICE OF PROF. G. F. SHEARS.

Case I. FLOATING KIDNEY; NEPHROPEXY.

History. For two years this young woman, aged twenty-three, has had a great deal of backache, especially in the lumbar region, with pain in the bowels and a dragging sensation when standing or sitting and only relieved by lying down. Occasionally she has a severe twisting pain which she refers to the right side of the abdomen; this is sometimes accompanied by a desire to urinate. She thinks the whole trouble began two years ago after lifting a heavy stove, at least she then noticed a dull aching pain in the right thigh which lasted for a day or so and was followed by severe pain at the diaphragm. The pain radiated in all directions. She has been treated for dyspepsia, female disease and other troubles.

Examination does not discover any pelvic disease nor is the appearance of the mucous membrane indicative of severe intestinal disturbance. The urine does not indicate any special kidney lesion.

On examination a smooth tumor about the size of a normal kidney is found near the umbilicus. The tumor slips easily under the finger and can apparently be pushed into the right loin. Upon standing and taking a deep breath or turning on the left side it reappears near the umbilicus.

A diagnosis of movable kidney is made from the objective symptoms, for although the subjective symptoms, especially the pain in the loin, the desire to urinate when pain is present and the relief in lying down are corroborative, they are not positive. Indeed the objective symptoms may lead one astray. A distended gall bladder, tumors of the omentum, tumors of the pylorus, growths in the intestines or even impacted feces may closely resemble the objective symptoms of movable kidney. Many a patient has been opened in the median line of the abdomen and the operator has discovered that the tumor was retro-peritoneal.

Not every case of movable kidney requires operation; occasionally relief can be obtained from a properly fitting

abdominal support, but in a large majority of cases this plan fails. It must not be forgotten that the function of the kidney may be seriously impaired by the interference with its function resulting from the kinking or twisting of the ureter or from the pressure of a mechanical support—even life may be endangered. For this reason an operation is usually to be recommended.

The operation consists essentially in exposing the kidney and suturing it to the lumbar muscle and fascia.

There are many variations in the mode of operating. To-day I will make an oblique lumbar incision similar to the one made in colotomy, divide the skin, the superficial fascia, the latissimus dorsi and the external oblique and transversalis with the deep layer of the lumbar aponeurosis. This will expose the circum-renal fat, which will be carefully divided and the kidney exposed. Some difficulty is often experienced in finding the kidney and I have therefore taken the precaution of having it pressed into the lumbar region and there held before commencing my incision. In order to give additional strength and durability to the adhesions to be formed, I incise the capsule of the gland and strip it back. The kidney is then stitched to the incision, using kangaroo tendon. I have made the operation many times and with very excellent results, and as the operation is extra-peritoneal it is not accompanied by any serious risk. Indeed no fatalities have ever occurred in my practice and I believe this is true of most experienced operators.

Case 2. TUBERCULOSIS OF LEFT TESTICLE ; CASTRATION ; RECOVERY.

History. Mr. B, æt. twenty-seven. His mother died of quick consumption at the age of twenty-five years, shortly after birth of patient. His father's health is poor. Eighteen months ago this patient had what was called a serious case of piles, followed by ulceration of the rectum. After this condition improved the testicle began to swell; after four months' treatment the swelling was lanced and discharged pus, but although continuous treatment has been maintained and the discharge has now continued for several months the swelling has not diminished in size.

Examination. The general health of the patient is fairly good, temperature and pulse normal; appetite good; bowels regular. The right testicle is apparently normal, the left testicle four times the natural size. The skin is

infiltrated, and a sinus present which seems to lead into the testicle. The cord thickened for some distance above testicle.

Diagnosis. Tuberculosis of the testicle.

Treatment. Castration.

The inheritance of this patient, his age, and the symptoms presenting all point toward tuberculosis as the disease which has destroyed this organ. While tuberculosis is not actually transmitted the tendency or lack of resistance to disease germs may be. This man's mother died of tuberculosis, and this fact alone is important in making a diagnosis. He is twenty-seven years of age. Almost forty per cent of cases of tuberculosis of the testicle occur between the ages of twenty and thirty years. The slow growth of this tumor indicates tuberculosis. This disease may remain stationary for months or years. The patient's attention is first attracted by slight pain or discomfort usually at the location of the epididymis which he then discovers is a little hard and slightly enlarged. Other prominences may be noticed from time to time or the whole gland may enlarge. Finally the skin becomes adherent over some point, changes to a livid hue, an abscess opens and a fistulous opening remains. The disease rarely remains localized after ulceration. As a rule the vas deferens becomes involved and the disease extends. In the present case this condition can be recognized as a thickening extending almost to the external ring. This tendency of the disease should teach the necessity of prompt treatment in these cases of localized tuberculosis. After the disease has extended up into the pelvic glands any form of treatment is only palliative. In this case I believe I can get above the disease by making my incision from the internal inguinal ring downward, opening the canal and dividing the cord in the canal and taking care against infecting the clean wound with the tubercular products. If the abscess is limited some operators use the sharp spoon and pack with iodoform gauze, but cases of this character are quite uncommon and conservative measures are often the least conservative in the end. Castration is contraindicated in tubercular disease if tuberculosis of any internal organ exists.

Case 3. CONGENITAL RIGHT INGUINAL HERNIA; RECOVERY.

History. W. C., aged five years, has had hernia since birth. He has worn several kinds of trusses but the gut

cannot be retained in place. The hernia is gradually increasing in size and the little fellow complains that it aches. The mother thinks his restlessness and irritability is due to the rupture.

Examination. The child is thin, poorly nourished and has a right oblique external hernia, the tumor extending into the scrotum.

Treatment. Bassini's operation for radical cure.

The operative treatment of hernia in children, except in cases of strangulation, is a practice of rather recent date. It was claimed that nearly all cases of congenital hernia were cured by the natural process of growth aided by the wearing of a truss. This is true, I believe, in a certain percentage of cases, but there is a large number of cases that are not cured notwithstanding the most careful use of the truss, and there is still a larger number of cases in which the poverty of the parent or his ignorance prevent the proper treatment by means of a truss. Both these classes of cases should be treated by operation. For a long time the opinion prevailed that children did not stand the operation well. This, further experience has proven to be fallacious. Not only do children recover promptly from operative work of this character, but the prospect of cure is greater in childhood than at any other period of life. The Bassini operation has been selected in this case because the hernia is large, but I am convinced that in many cases the operation may be made without dividing the fibers of the external oblique by simply pulling down the sac, excising it and then suturing the walls of the canal, as in congenital cases the obliquity of the canal is preserved.

Case 4. FRACTURE OF THE RIBS; PNEUMOTHORAX; RECOVERY.

History. Three days ago this man had an altercation with a fellow workman and was violently thrown against a firm iron standard. The force was so great that the standard was loosened; the patient dropped to the floor, unable to move. When first seen he was in a state of collapse, with weak, rapid pulse, somewhat irregular. Twenty-four hours later the pulse was full and bounding; the temperature 102° , and the patient had great difficulty in breathing, and the expectoration was slightly tinged with blood.

Examination disclosed an irregularity in the fifth, sixth, seventh and eighth ribs, indicating fracture, with some

contusion of the soft underlying structures. The intercostal spaces were effaced and the whole right chest distended. Percussion gave increased clearness over the right side, almost to a tympanitic sound. Auscultation revealed almost an absence of the respiratory sounds. The area of heart dullness was displaced markedly to the left, and the apex beat equally so. These conditions still remain, although the patient is much improved generally.

This is an interesting complication of fracture of the ribs. The condition is known as pneumothorax. As the ribs were forcibly pressed inward by the iron standard the lung structure was lacerated, permitting entrance into the pleural cavity of air from the vesicles or bronchial tubes; it was probably this accident rather than fracture of the ribs that caused his great pain at the time of injury, and to this complication may also be attributed the dyspnea. The physical signs which are now present—the effacement of the intercostal spaces, the enlargement of diameter of the right chest, the clearness on percussion and the lessened murmur—are all due to the pressure of the air which has escaped from the lung. The symptoms cannot be due to blood entering the pleura from the wound of the lung, for there is resonance rather than dullness on percussion. Another complication which sometimes follows fracture of the ribs with injury to the lung is emphysema, due to the escape of air into the subcutaneous areolar tissue. Hammick reports a case of a man brought into the hospital for fractured ribs. In the morning the attendants were astonished to find the appearance of the man had entirely changed. At night he was a thin man; in the morning he had enlarged to a frightful size, from the escape of air into the cellular tissue. The scrotum was as large as a man's head and other parts in proportion. Upon incising the scrotum the escape of air was so great that it blew out a candle held before it. In the case before you the parietal pleura was probably not torn by the fractured rib, and the air being confined to the pleural cavity pneumothorax is present. There is very little to do for this patient except to keep him as quiet as possible, so that the lacerated lung tissue may promptly heal. For this reason, although there is little displacement, the chest is firmly bandaged and the patient kept in bed. When healing takes place, if severe pleurisy has not developed, the air and the small amount of blood which has entered the pleura will be absorbed and recovery take place. Pneumothorax may be a com-

plication of tuberculosis or some other inflammatory condition, and in such cases the prognosis is not so favorable.

Case 5. VAGINAL CYST, SIMULATING HERNIA.

History. This young woman, aged twenty-four, has been the subject of peculiar nervous spells for several years. The attacks would come on suddenly accompanied by pain in the pit of the stomach and nausea, which could only be relieved by heat and lying down. She appears to be in excellent health, and is brought to me because of a tumor on the posterior vaginal wall which her physicians from its mobility thought might be a hernia and the possible cause of her trouble. Examination disclosed a tense elastic tumor the size of a hen's egg. The tumor is easily pushed up and might thus give the idea that a hernia was being reduced. Careful examination, however, reveals that the tumor is circumscribed and definite and notwithstanding that it can be pressed out into the vaginal canal it is still in the vaginal wall. A vaginal hernia, that is a hernia in which the gut descends in front of the rectum and protrudes into the labium or vagina is not a common form of hernia and is generally reducible; disappearing when the patient lies down and returning when standing. It is clearly not a part of the vaginal wall. Such a hernia has been mistaken for a vaginal cyst and several instances are on record in which the gut has been incised in the attempt to remove the cyst. In this case the tumor is too evidently a part of the vaginal wall to be mistaken for hernia. I shall therefore excise the sac and close the wound with buried catgut sutures. This little tumor cannot, I believe, be the cause of her nervous and stomach troubles; and as there are no other evidences of ovarian or uterine disease I shall refer her to the medical department for further treatment.

REPORT OF THE SKIN AND VENEREAL CLINIC.

SERVICE OF PROF. C. D. COLLINS.

PSORIASIS DIFFUSA; THYROIDINE.—I wish to report a case of "psoriasis diffusa" which presents more than ordinary interest. The patient was a man of forty years, German, reporter by occupation, full faced, ruddy and apparently enjoying perfect health. There was no history of any family taint; none of his relatives ever had a skin blemish so far as he knows; his first trouble came on when about thirty years old, appearing first upon the legs and arms immediately after severe exercise; he paid little attention to it for a time but as it grew worse he consulted medical men in various towns and covered himself with various cerates but all to no avail. The spots finally changed their order of attack, isolated spots disappearing but becoming confluent on the leg, alone, or rather on both legs below the knee where the lesions covered the greater portion of both legs from the knee to the ankle.

These lesions were elevated, plateaulike, scaly, thickened, and irregularly outlined. Upon the appearance of these lesions upon his legs he became comparatively free from spots over his body.

Diagnosis: Psoriasis diffusa. Treatment: Thyroidine 2x every three hours. Regulation of his diet and habits was carefully advised. The only local measure that was used was that the scales were macerated by the local application of vaseline and a dusting powder of boracic acid used afterward.

There was prompt improvement from the start and it was continuous until he was nearly cured when a slight traumatism caused an abrasion on the right leg upon which we used antiphlogistine with decided benefit. A complete cure resulted in six weeks, which is an exceptionally short time for chronic psoriasis.

This case presents several unique features. First, the fact that psoriasis rarely makes its first attack in individuals who have reached the age of thirty and upward. The chosen period for the attack of psoriasis is from twelve to eighteen years, less frequently from eighteen to twenty-eight and very seldom after that age except in those who have had their primary attack in childhood. Second, the enormous confluent patch on the legs and perfect relief from disease on all other parts of the body. Third, the radical and powerful curative effects of thyroidine.

SERPIGINOUS ULCERATIVE, GUMMATOUS, TERTIARY SYPHILIDES.—Mr. M. W., æt. fifty, a molder by occupation, applied to me for treatment September 25, 1898, complaining of an extensive skin lesion on his back extending from his collar to the waist line and practically covering his back from side to side. I elicited the following history: When twenty-eight years old he had a venereal sore and was treated for some time for syphilis. The treatment was not very systematic nor thorough because he was not fully convinced that he had syphilis. He had but few maculopapular spots at that time and otherwise felt so little inconvenience that he soon stopped his treatment. He remained apparently well until eight years ago when this rash occurred upon his back and has continued with greater or less intensity ever since.

Examination showed the man to be in fair health. There were no sores in his mouth nor on his skin except upon his back. The lymphatic glands in the axilla and neck were somewhat enlarged and at times tender. The lesion on his back was ulcerated with spots of apparently healthy tissue intervening. The ulceration was of a gummatous nature boring from one-fourth to one-half an inch deep with abrupt margins, circular outlines and irregularly running into each other. From these, sero-purulent discharges of an offensive character came forth. The surrounding tissue was edematous and livid in color, in fact, the whole back looked like one great plateau of ulcerating gummas covered with various colored crusts ranging from sulphur yellow to black and green.

Subjectively he complained of a great deal of pain and stiffness and drawing of the parts upon moving or stooping, some burning, and at times, slight itching. He was practically unable to work because he could not bend and he had not slept on his back for years. Measurements of the lesion was twelve by eighteen inches.

Diagnosis: Serpiginous ulcerative gummatous tertiary syphilides. Treatment: Advised to be put upon a full diet of nourishing foods; stop all alcoholic drinks. Binioidide of mercury 2x was given every three hours. The back was sponged with hot borated water to remove all the crusts and pus after which a cerate of the following was applied.

R	Ung. hydr. oleat.....	3iiss.
	Bismuth subnitrate... ..	3iij.
	Vaseline	ʒi.
M	Sig. Apply.	

This treatment was persevered in for less than two months when his back was so well that had it not been for

the scar tissue there would have been no traces to show the preëxistence of this loathsome disease. He was then put upon nitric acid 200th for several months and now, after the lapse of nearly a year, there has been no return of the disease.

Remarks : There are several lessons to be drawn from this case. First, syphilitics who do not have a full explosion of the virus with its usual secondary symptoms (mucous patches, macules, papules, etc.) at the beginning of the disease are prone to have vicious tertiary lesions and vice versa. Second, that the first six months is the all important and most effectual time to treat syphilis. Third, the fact that secondary symptoms do not appear in a typical form should not cause us to doubt the existence of syphilis, but we should push our syphilitic treatment thoroughly, keeping in mind that tertiary lesions will surely appear if we do not. Fourth, that biniodide of mercury not only possesses antisppecific qualities but is also serviceable as an absorbent of gummatous deposits and is indicated in progressive degenerations.

ICHTHYOSIS.—*Case 13,973.* R. S., æt. thirteen years, came to the clinic July 3, 1894, complaining of a scaly eruption over his entire body excepting the hands, face and head; his mother says she noticed that he had a rough skin when born. The family history is perfect; no skin disease existed with the ancestors and of four children this is the only one affected. The child is weak, has poor appetite, restless sleep and is, in general, rather delicate, always better in summer but never gets well. Examination reveals a rough, scaly, dry and cracked skin especially on legs and arms and about the hips. No papules, pustules nor scars were in evidence, but there was a great abundance of dry amorphous scales often coming off in large flakes the size of a finger nail. The scales fall easily and are always dry, whitish gray and leave an irritated and pale pink skin beneath; there was no effusion, no pain, and mild itching; the nails and hair were not affected.

Diagnosis: Ichthyosis. Treatment: He was put upon a full diet and every endeavor was made to raise the standard in general health. The remedy was arsenicum album 3x q. i. d. The child improved continuously for six months. At times, when the itching or cracking became troublesome, tuminol cerate was applied temporarily but the same remedy was continued throughout. He became so well that he stopped coming to the clinic until June, 1895, when he reported "worse again." The same treatment

was given with satisfactory improvement but there was not a cure.

I would say that ichthyosis is a chronic inherited and incurable disease. It comes as an indication of an inherited weakness and is one of the most intractable of all diseases of dermatology. Children are born with unmistakable evidences of ichthyosis upon them. The disease usually increases until adult age and continues unchangedly for the remainder of life. Of all remedies arsenic enjoys first place. While cures are not looked for, much benefit may be derived from the proper use of arsenic together with palliative local measures. Ichthyotic patients are usually weak and while it is not a contagious disease it is transmitted to the offspring to a limited extent.

VARICOSE ULCER.—*Case 15,035.* W. W., æt. forty-five, laborer, entered September 17, 1895. Six years ago he was hurt while handling ice, the skin being stripped off the inner side of the leg near the ankle; he was sent to the hospital where he was cured and remained well until the following spring when it broke out again and is very painful when standing or walking. Says he never had any serious illness before and denies syphilitic infection; the family history is not known.

Examination shows an open discharging ulceration about two inches above the external malleolus, with considerable edema and swelling of the whole leg. The ulcer is an inch in diameter, of an indolent and sluggish appearance, with a smooth but irregularly outlined border, painful to the touch and discharges a rather scant serous matter.

Diagnosis: varicose ulcer. Treatment: Graphites 6x, graphites cerate locally. Uninterrupted recovery.

A few words relative to varicose ulcers. They are usually caused by a combination of varicoses and traumatism. The only condition with which they might be confounded is that of syphilitic ulceration.

The following comparisons may be of value:

VARICOSE ULCER.	SYPHILITIC ULCER.
1. Painful.	1. Not painful.
2. Irregular outline.	2. Round, perforating.
3. Edematous.	3. Not necessarily.
4. Lower half of foreleg.	4. Middle and upper half of foreleg.
5. Dilated veins.	5. Not so.
6. Tends to chronicity.	6. Gets better and worse.
7. History of traumatism, phlebitis or varicosis.	7. History of syphilitic infection.

TERTIARY SYPHILIDE.—Mrs. O. R., age thirty-seven; married fifteen years and has no children, but a history of three miscarriages and one child at full term which died when three months old. She is somewhat anemic and weak and also has a peculiar sallow or bronze complexion. She comes here to-day seeking relief from a scaly and cracked condition of her palms. She was married at twenty-two years of age and in about four months' time she acquired the initial lesion of syphilis which was followed by a characteristic secondary rash and mucous patches. She received treatment at the hands of a skillful practitioner for six months and thinking herself cured she discontinued any further treatment and remained apparently well for several years. Now in the last two years a lesion appeared upon the palms which bear unmistakable evidence of a previous syphilitic affection. Let us examine them closely. First, it is a disease which is strictly limited to the palms, not a single spot being found elsewhere.

Looking at the margin of the hand you can see a distinct border line between healthy skin and diseased skin and this line is exactly the dividing line between the anterior and posterior sides of the hand; all the integument on the palmar surface being pathologic and all on the dorsal aspect being perfectly healthy. This is a truly diagnostic point in all cases of tertiary palmar syphilides. Were this case eczematous you would find the lesion would not observe this boundary line but would steal its way around between the fingers up the arm and around on the back of the hand irregularly.

The next point is the character of the lesion. I find this one to be a dry, hard and scaly lesion with a tendency to crack. This is also characteristic of tertiary syphilis. Dry lesions on the palm occur in psoriasis also but it always appear in papular form. The syphilitic dryness amounts to an extreme dryness. It shows more *necrosis* and with it there is a flinty hardness, simulating the dry, hard skin produced by touching a hot iron to the skin which afterward becomes hard, dry and exfoliates.

Cracking is also a characteristic lesion, and naturally so; for it follows that a skin as dry and hard as what has just been described would crack at every bend. It is the same way with a palmar syphilide; the constant motion of the fingers will cause folds to occur in the skin and this marks the location of a fissure. These fissures are often deep, causing hemorrhage and pain, and often become

infected. When the fissures are numerous, but very superficial, the irritation thus produced amounts to no more than a mild itching.

The exfoliation is not great but when it does occur it occurs in large flakes or solid particles. Palmar syphilides may be confluent as in this case or may be isolated; that is to say they are dotted here, there and elsewhere, but in either case they always present their unmistakable characteristics.

The subjective symptoms are usually insignificant. They complain more of the dryness and roughness of the skin than from pain or itching.

It is an old theory which has been handed down from traditional medicine that any and all syphilitic lesions do not itch. I wish to say that in its broadest sense that is true, but specifically it is not true, and I mean to emphasize right here that many palmar syphilides do itch. I explain it by the fact that the skin is so thick and cell infiltration so intense beneath it that it sets up irritation enough to cause itching; also at times the fissures establish a subacute dermatitis sufficient to cause mild itching, but in no way compared to the intense itching of an eczema. There is a peculiar similarity between the palms and soles and often they will both be affected alike with tertiary lesions, and when they are they present identical symptoms.

It is the rule that both hands or both soles are affected alike and at the same time.

So much for the local lesion. Now let us analyze her general history: Here is a woman who has been married fifteen years and has not a living child. She has had three miscarriages in succession.

What does it mean to have a strong woman miscarry repeatedly? To be sure, you say laceration of cervix. Yes, truly; but here there has been no child born to cause laceration. Her child was born subsequent to miscarriages. This woman miscarried once at the third month and twice at the fifth month, and one of her children died when scarcely three months old. What does it mean? It means only one thing, and that is syphilis. This woman most likely never will have a living child again unless she takes specific treatment.

Treatment. This patient was given nitric acid in 200x potency for the following reasons: Nitric acid in many ways parallels mercury, but its sphere of usefulness is greatest in the chronic or tertiary syphilis. Nitric acid is

the best remedy where there has been an abuse of mercury and mercury has failed to cure the case. Nitric acid is for dark, tall and slender people. The nitric acid patient is worse nights and has as a special characteristic tertiary syphilides with cracking, bleeding and stinging pain.

Again this lady got well and again she stopped her treatment as before, and after six months she came back with the report that her hands got so well she thought it unnecessary to continue treatment, but her hands began to be rough again so she reported again for medicine. She was again given nitric acid and some lanoline to soften up the rough skin, and June 19, 1890, when I saw her last, she was practically well.

GONORRHEA.—G. L., æt. thirty-one; a laborer of Irish descent; came to the clinic September 13, 1898, with a history of specific urethritis of six weeks' duration. He had been under various treatments but with little benefit. I elicited the following history: The discharge began on the third day after exposure, and has continued unremittingly ever since. He has had frequent urination but no blood, and now his greatest trouble is the constant discharge, the fullness in the perineal region and his pain in urinating and defecating. He also suffers mentally very keenly. There is a deep, awe-stricken feeling of fear and despondency. There was nothing extraordinary about his urethral trouble, but this state of mind was very pronounced and characteristic. He was given gelsemium 3x every two hours, and an injection of

Borolyptol,
Hydrastis, nonalcoholic,
Aq. dist. āā ʒi
Mix. Sig. Inject three times a day.

His improvement and recovery were uninterrupted, and he was entirely well in three weeks. The remedy and injection were both continued without change.

I wish to emphasize the importance of gelsemium in subacute cases of gonorrhœa, especially posterior urethritis, and when associated with this awe-stricken state of mind.

In the treatment of gonorrhœa, especially in the subacute form or stage, it is my practice to use a urethral douche of a hot permanganate of potash solution or silver nitrate, using a quart of solution at each douche. This should be used every one to three days.

URETHRITIS WITH STRICTURE.—N. P., male, æt. twenty-nine; came to my clinic July 20, 1898, and reported that he

had had gonorrhœa for three months and is no better than when he first began. He had taken various medicines and injections but is no better.

The examination revealed the characteristic discharge, and when feeling along the line of the urethra on the under side one could easily discover marked thickening of the entire canal in its middle third and tenderness upon pressure. From this I concluded we had a peri-urethritis as well as urethritis, and probably cell infiltration.

This is the pathologic condition preceding the formation of strictures, and I realized that unless I could promote absorption we would surely have a stricture here.

Treatment. Merc. sol. 3x was given every two hours, and very hot sitz bath was ordered once a day. In ten days' time there was only a slight watery discharge; then I began passing a No. 12 sound, gradually running up the scale. In two months' time he was as well as ever. The discharge had all stopped, and there was not a suspicion of a stricture. I believe that merc. sol. would have eventually accomplished the same end, but the sounds hastened the absorption process.

Merc. sol. is a valuable remedy in chronic gonorrhœa, especially if there is deep-seated infiltration or peri-urethritis with painful swellings and discharges, mixed with blood.

Clinical Miscellany.

CHIPS FROM GYNECOLOGICAL SOURCES.—Hemorrhoids of the urethra? Yes. Tumors of the mammary gland; the gland itself atrophies, and is smaller than the well gland.

The *waist line* of the body of the uterus? Just above the neck!

The surgeon does his best work in his own operating room, hence show operations are often open to just criticism.

The first avenue of drainage in the pelvic abscesses is through the vagina, not through the abdomen.

The best surgeon remembers that of two evils he is always to choose the least.

Even if hemorrhage be very slight during an abdominal operation a free washing with hot saline solution is always desirable.

Much of the conservative work in gynecology is disappointing; its symptomatology is from obscure progressive pathology.

Effervescing drinks—soda water, ginger ale, champagne, etc.—can be advantageously given the second day after coliotomy.

Scrapings from every case of uterine curettement should be preserved in a ten per cent solution of formalin, then transferred to alcohol, and submitted for microscopical examination. A new uterine pathology will arise from this kind of study.

Ligatures tied on flat surfaces are sure to slip.

Two ligatures about the uterine or ovarian arteries double the safety from hemorrhage.

The round ligaments have their pathology.

Bladder distentions are oftenest anterior to the peritoneum.

Always in cases of alkaline urine with opaque deposits examine microscopically for tuberculosis.

The omentum is a scavenger in function and in no sense has vital functions of its own.

Mortality from myomectomies is about two per cent in this country.

E. S. B.

LOCAL ANESTHETICS.—The occasional cases of intoxication following the use of cocaine are sufficient to warrant a search for nontoxic anesthetics. Very few physicians would be willing to give up cocaine, because of its wonderful anesthetic effects, but among the drugs which are being used to take its place for various reasons are eucaïne and holocain. Eucaïne has been used principally in nose and throat work, and its best sphere of action is found in these organs. An antiseptic solution of eucaïne is made by a

similar process to that of cocaine, and its application is quite similar. The use of the spray allows a much greater absorption, and, hence, a weak solution applied by means of a spray is equal to a stronger solution applied upon cotton pledgets, which, as a rule, are decidedly safer. By the use of cotton pledgets the action of the drug is more localized, and consequently, less apt to produce constitutional symptoms. Experience has proven that eucaine may be sprayed or applied much more freely without danger of intoxication than cocaine, and hence, for miscellaneous use in unskilled hands, is the safer of the two drugs to use.

In ophthalmic surgery holocain is being used to a great extent in place of cocaine in certain special operations, for the following reasons: The solutions are stable and can be repeatedly sterilized by boiling without interfering with their activity. It is in itself antiseptic, and will destroy bacterial growths, pus organisms in less than twenty-four hours. For minor operations, like the removal of foreign bodies, blepharospasm, etc., its action is especially beneficial, because it does not produce dilatation of the pupil or suspension of the accommodation. It does not contract the blood vessels, and hence is more readily absorbed, and its anesthetic action is therefore quicker. For office work this is an especial feature, for a single drop upon the cornea will produce sufficient anesthesia for the removal of foreign bodies as quickly as the surgeon is ready with his instrument. The anesthetic effect upon deep structures is perhaps fully as great as that of cocaine, and it is of particular value in iridectomy. No toxic effects have so far been observed in its local use upon the eye. One disadvantage of the use of cocaine in certain external diseases of the eye is the desiccation and exfoliation of the corneal epithelium; but holocain does not produce either dryness, desiccation or exfoliation, and hence, in eyes inflamed for a short time, as after the removal of foreign bodies and other similar photophobic conditions, holocain may even be intrusted to the patient. C. G. F.

THE PSYCHROPHOR in insomnia is not fully appreciated. The sedative effect caused by the stimulation of the spinal cord in this way is pronounced and it relieves the cerebral hyperemia at once. It is used best by the patient after retiring, the psychrophor being introduced into the rectum

and ice cold water allowed to run through it gradually. It is not always best to let the water run too rapidly, as some shock is thus experienced. If the patient takes an hour to use it, refreshing sleep is liable to come at the expiration of that time. Some of the most aggravating conditions of insomnia have thus been relieved and in many cases where bromide and other hypnotics have been employed for a long time. The treatments should be followed up every night for a long time.

CINERARIA MARITIMA seems to hold the attention of many enthusiasts who believe its local application has considerable power in curing cataracts. Others claim that its internal use is sufficient to produce the same effect and with less danger. It seems to have an affinity for abnormal tissue development affecting serous surfaces; it is supposed to cause softening and absorption of opaque structures. The efficacy of the application of this remedy locally and its internal use are not sufficiently settled yet to warrant too enthusiastic commendation. It is a matter, however, worthy of future investigation and we await, with much interest, the reports of our ophthalmologists and the general practitioner as well.

THE TUBERCULOSIS CONGRESS which recently convened in Berlin has accomplished some good at least. It has systematized the future work in the study of that dread disease and at the same time stimulated professional interest in attempting to deal with it. More than all it has succeeded in bringing into public view the necessity of trying to prevent its increase through contaminated food and unhygienic surroundings. It succeeded in establishing three conclusions: First, the contagious and infectious character of the disease; second, the danger of infection through the medium of food and especially through the milk of tuberculous cows; third, the necessity of having special hospitals for consumptives for the isolation as well as treatment of such cases.

STRONTIUM is a remedy which has in the last few years been quite thoroughly used by the profession, and with varying degrees of success. The bromide has recently been lauded as a specific for epilepsy. Some recent comparative results by a physician who has investigated its use in a great many cases of the kind would lead to the conclusion that its bromide features at least are dangerous. It is still doubtful if any bromide may be used with tolerance. The best recent remedy for epilepsy is by all means *ver-bena hastata*.

H. V. H.

Miscellaneous Items.

For catalogues of Hahnemann Medical College apply to Dr. J. P. Cobb, registrar.—Drs. Bailey, Shears, Cobb, Blackwood and Evans represented Hahnemann College at the American Institute. We are glad to note that Dr. Cobb was elected first vice president for next year.—Hahnemann Hospital is ready to furnish good trained nurses for physicians in the country or city. Apply to the superintendent.—Our new dean, Dr. Bailey, is back from his summer study and attending to his regular clinical and other duties.—Dr. B. S. Arnulphy's present address is 18 rue Adelaide, Nice, France.—Hahnemann College, of Chicago, is the first college of this city to give a complete special course in the laboratory study of blood analysis.—Dr. M. C. Sturtevant, of Morris, Ill., has gone to the Maine coast for his health.—Dr. A. J. Myers, of Creston, Iowa, has been taking his usual summer course of study in our city.—Dr. J. Martin Clark is doing well at Hamilton, Ohio.—Dr. J. P. Lewis, '95, of San Diego, Cal., has been spending the summer in post graduate study in New York.—The editor is pleased to announce that before long we shall have an article from the pen of Prof. William C. Goodno, of Philadelphia.—Dr. Kate I. Ellis has been assisting Dr. Cobb during the summer.—Dr. W. P. McGibbon has opened an office at 4707 St. Lawrence Ave.—Dr. Boothby, professor of gynecology in the Boston University School of Medicine, is a proud and happy father. His son was a member of the winning freshman crew, Harvard University.—Dr. Lydia Cromwell is resident physician of Galen Hall Sanitarium at Atlantic City, N. J. She was one of the local reception committee during the meeting of the American Institute.—Dr. Hannah Jones Payne, we learn, expects to practice in Philadelphia.—Dr. Green, of Little Rock, was at the American Institute, seemingly much improved in health. He is determined to cheat all the old croakers.—The Worcester Bros., Frank D., of '87 and Geo. W., of '83, are located in Newburyport, Mass. They were both at the American Institute, looked well and prosperous and as enthusiastic as ever for "Old Hahnemann."—Dr. Linn, of Des Moines, '83, took a prominent part in the Institute delib-

erations.—The surgeons and gynecologists have a society to be known as the Surgical and Gynecological Association of the American Institute of Homeopathy. They propose to meet a day before the American Institute to discuss matters of technical importance, but do not intend to interfere with the regular bureau work of the American Institute. This action is the logical outcome of the increase of special workers in these immediate lines and as a matter of necessity now that the Institute has shortened the time of meeting.—Prof. Shears is at home and his Wednesday clinic will be conducted as usual during the summer.—Dr. Florence A. Barnes, who has recently returned from South America, has opened an office at 11,018 Michigan Ave.—Removals: Dr. I. M. Grover, from 993 Warren Ave., to 767 Congress St.; Dr. M. Hislop from 108 E. 43rd St., to 4343 Berkeley Ave.—The Mo. Valley Homeop. Medical Society will hold its fifth annual session at St. Joseph, Mo., the first week in October.—Dr. N. R. Perkins, of Boston, Mass., has been appointed to the Board of Registration in Medicine.—Dr. J. B. Gregg Curtis will remove from 110 E. Capitol St. to 912 15th St., Washington, D. C.—Dr. E. H. Lane, recent interne of Hahnemann Hospital, has located at 77 E. 39th St.—Dr. E. D. Perkins, '85, is one of the instructors in the Ashland, Wis., training school for nurses.—Dr. I. O. Buchtel, of Auburn, Ind., looked in upon our clinics for a few days.—Dr. Jessie E. Shears reports a pleasant visit with Dr. W. E. Taylor, looking over the Western Asylum for the Insane — Mrs. Dr. W. P. MacCracken is spending the summer at Cayuga Lake, N. Y.—At a special election in Ann Arbor, Mich., July 3, by a vote of 650 to 16, the city authorized the council to purchase ground and erect a homeopathic hospital. It will cost about \$90,000. This makes the homeopathic department a permanent factor in the university.—Dr. H. M. Paine, of Albany, N. Y., has completed his fiftieth year of practice and a fitting tribute was paid him by his own county society and the homeopathic profession of Utica, N. Y.—Dr. R. E. Dodge, '99, has located at 3300 Cottage Grove Ave.

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Original Lectures.

TREATMENT OF INTUSSUSCEPTION.

BY G. F. SHEARS, M. D., SENIOR PROFESSOR OF SURGERY IN
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

In considering the treatment of intussusception the peculiar conditions present should be remembered. A portion of the bowel, for some cause or another, has been caught by another portion of the bowel below it, and been propelled along by the grip of its circular fibers exactly as if it were a bolus of food. The prolapsing bowel consists of an entering and returning layer, and what is equally important, of its attached mesentery—two conditions to be remembered. Besides the mere invagination of one tube into another, peritoneum is placed in contact with peritoneum under conditions of pressure and irritation sufficient in themselves to produce adhesion, and when to this is added the constriction of the tube by the thickened mesentery, there is present not only the possibility of an incarcerated bowel, but also the possibility of a strangulated one. An intussusception is therefore an aggravated case of internal hernia in which strangulation is made all the more probable from the peculiarly aggravating position of the mesentery. Experience has taught the surgeon that the ordinary external hernia becomes a serious affair if strangulation results, or the gut is injured by too violent taxis, and that the safest of all procedures is to operate at once in all cases of irreducible hernia and that without making too strenuous efforts to prove that the hernia is irreducible. The same principle holds good in internal hernia, intussusception. My rule in external hernia has been to try under anesthesia to reduce the hernia by careful taxis, and if this did not succeed, to operate at once. The

same rule would, I believe, hold good in the treatment of intussusception. Try, if the case is a recent one, to reduce the invagination by the pressure of injected fluids just as you try to reduce the external hernia by manipulation; if this fails operate in the case of intussusception as promptly as in the case of strangulated hernia. Too much must not be expected from the injection of fluids. Experience shows that about twenty-five per cent of cases may be reduced by pressure from below—injections; if such means are adopted at an early stage in the disease. When the intussusception is above the ileo-cecal valve injections are of little value. Leichtenstein's statistics show that thirty per cent of intussusceptions are enteric, eight per cent ileo-colic. These from anatomical reasons are unsuitable for treatment from below. Of the remaining sixty-two per cent, theoretically suitable, experience shows that while a part are apparently amenable to the injection method, that the cure is only apparent, the bowel uncoiling only to the point of invagination, and immediately reappearing as soon as the force is withdrawn. In a number of these apparent cures, operations must afterward be made. If a diagnosis can be made of enteric or ileo-colic intussusception, injections need not be tried, but if a diagnosis of ileo-cecal or colic can be made, or if the diagnosis is doubtful, the percentage of cures by high injection has been sufficient to warrant a trial of this method, with the distinct understanding that if it fails the operation is to be made immediately. Enemata are best administered after an anesthetic has been given, as then no resistance is offered by the patient and the progress of the fluid can be noted. The means employed may be a fountain syringe or the ordinary hand syringe. If the former is employed it should not be raised more than two feet from the bed, and if the latter too great force must not be employed, for rupture of the peritoneal coat of the bowel is easily accomplished. During the progress of the injection the tumor may be manipulated with the hand upon the abdomen, but no force must be employed.

The following five cases of intussusception, which have come under my treatment during the last three years, may illustrate the methods of treatment employed. Other cases, diagnosed as intussusception, have been met with, but either no tumor was present or no operation or autopsy permitted a demonstration of the correctness of the diagnosis by ocular inspection, and they have, therefore, not been included in this paper.

Case 1. Boy, age eight years, had had slight symptoms of indigestion for several days. On way home from school he was seized with severe abdominal pain, accompanied by vomiting and movements of the bowels. An anodyne administered. On second day he was seen by Dr. Bastar, who then discovered a tumor, sausage shaped, situated on the right side. He still vomited upon taking food and had slimy stools. These conditions continued for four days, when the parents consented to consultation. At this time the distress was lessened, but the abdomen was bloated, and the general appearance less favorable. No tumor could be felt. Pulse 120, temperature 100°. Enemata had been thoroughly tried without result. I gave a grave prognosis, and advised celiotomy. The abdomen was opened in the median line and the distended intestine (ileum) met and followed in the line of the greatest distention. By this means the intussusception was readily found to consist of ileum into ileum. The sheath and invaginated bowel were very hard, of a dark bluish color, and could not be separated. A lateral anastomosis was made. The operation was made quickly and with great care as to cleanliness, and so far as the technique was concerned was a fine operation. The patient died in six hours.

Case 2. Boy, aged two years seven months. Presented the ordinary symptoms of intussusception—vomiting, pain, sausage shaped tumor, bloody scrapings in the stools with tenesmus. Injections had been faithfully tried. The patient came under my care on the third day, and a celiotomy, median incision was made. An enteric intussusception was found with an intussusceptum of about six inches, which could not be reduced. Excision of both the intussusceptum and intussusciens was made and an end to end approximation by means of a Murphy button accomplished. Death took place in twenty-four hours.

Case 3. Baby, aged eleven months. Symptoms began with pain, followed by vomiting and bloody stools. The physician recognized the symptoms, examined the abdomen, found the tumor, and advised consultation. The patient was seen by me eight hours after first symptoms. An anesthetic was given, the hips elevated, and by means of an ordinary fountain syringe, elevated two and one-half feet, twenty ounces of sweet oil were put into the rectum. With the hand on the tumor the mass could be felt to move and gradually disappear. Shortly after, upon putting the

fingers into the rectum, the bowels moved freely. The patient made a good recovery.

Case 4. Baby, aged eighteen months, presented the usual symptoms—vomiting, pain, tumor, sausage shaped in right side, small dysenteric stools, normal temperature. The symptoms first noticed twelve hours before.

The disease was promptly recognized by the physician in charge, and injections of water employed. Under anesthesia oil was injected, but without effect. The abdomen was then opened in the median line and the intestines eviscerated. Intussusception was found to be of the ileum into colon. Pressure was made on the apex of the intussusceptum and the intussusciens pulled gently in the opposite direction, the method being similar to that used in the reduction of a paraphimosis. Reduction was accomplished without much difficulty, and the intestinal contents were then propelled by stripping with the fingers through the diseased part. A good recovery followed.

Case 5. Girl, aged five years, was seen eight hours after first appearance of pain. The usual subjective and objective symptoms were noted. No rise of temperature. Injection was made under anesthesia without result. The abdomen was opened in the median line, the intestines turned out and enteric intussusception disclosed. Reduction was accomplished as in Case 4. As there was considerable distention above the disease and as the intestinal contents seemed difficult to move through the injured part, an incision was made into the intestine above the involved gut and a large amount of gas and fluid feces evacuated. The intestine was closed by a Lembert stitch and the abdomen in the usual way without drainage. Recovery followed.

It may be noted in the cases reported that the two cases operated upon within twenty-four hours from the onset of the symptoms were successful, the intussusception being reduced without enterectomy, and the patients recovering. While this fortunate result cannot be expected in every case operated at an early date, I believe in a large percentage of cases cures will result. While both of the cases in which manual reduction failed, and in which some form of intestinal operation was made, resulted fatally, one need not entirely despair even in these cases. In 1895, Rydgier was able to collect the published record of but twenty-five successful operations made between 1885 and 1895 in which enterectomy was necessary. Powers

said in his Hunterian lectures that between the years 1895 and 1897 but two cases of intestinal excision in intussusception had recovered in England. Within the last two years history, however, has been made. I am not in the possession of facts to enable me to give a report of all the cases operated upon successfully during these two years, but the report of Kocher, read at the Edinburg meeting, of his individual work, is an indication of the work that has been done. He reports six cases operated, five by resection of the whole part with five recoveries.

In regard to the operation to be made in these cases of intussusception three plans have been suggested: First, intestinal anastomosis and the cutting off of the implicated bowel from the fecal current without interfering with the blood supply. My first case was operated upon this plan. At this time much was expected from intestinal anastomosis. Theoretically it would seem a feasible method, and while my patient died too soon after the operation to cause me to believe the form of the operation influenced materially the result, and I may say subsequent experiment has led to a practical abandonment of this plan. Second, excision of the intussusceptum. This plan, originally suggested by Barker, and advocated by Greig Smith, consists in the insertion of a continuous suture at the neck of the intussusceptum uniting this with the intussusciens, the slitting up of the intussusciens and the removal of as much of the intussusceptum as lies free, the control of hemorrhage and the subsequent sewing up of the sheath. The plan, which seems a very good one, has been tried a few times with success, but is applicable in but a limited number of cases. The intussusceptum is often so firmly attached to the returning layer that the two cylinders become practically a single tube, and cannot be separated. In such cases this operation cannot be completed, and the time consumed in the preliminary work is practically lost. For this reason it will probably never become generally used. Third, direct excision of the involved bowel. This is the plan I adopted in my second case, and while the patient died the fatality need not be ascribed to the character of the operation, but to the delay in submitting to the operation. Kocher, whose successes I have already mentioned, is a firm advocate of complete excision. He says it is not the operation itself which accounts for the mortality, but the absorption of toxins or bacteria from the fetid intestinal contents which accumu-

late above the seat of obstruction. To prevent this, not only should the entire involved part be removed, but the bowel should be emptied above the occluded part, and washed out thoroughly. I adopted this procedure in my fifth case and have since used it in obstruction due to other causes with good result.

A perusal of the literature of the last two years shows a decided renewal of interest in the treatment of intussusception by operative measures, and I sincerely believe that the statistics of another two years will not only decidedly reduce the twenty-two per cent of mortality following operation, in which no resection has been made, and that even in those cases in which resection must be made, more favorable results may be looked for. Under no circumstances, however, should the surgeon expect to obtain, neither should he hold the hope to his patient, that as good results can be obtained as in hysterectomy, ovariectomy or even herniotomy. The conditions are in nowise similar. The peculiar vitality of the parts concerned in intestinal work has no counterpart in other abdominal operations. The conditions met are not simply mechanical ones, for some pathological condition precedes intussusception, and added pathological conditions rapidly supervene. Under the most favorable circumstances, then, the mortality must be excessive, and any attempt to belittle the dangers, or to claim that if the operation were made at once the mortality could be reduced to the very small percentage belonging to herniotomy, in the nature of things is simply to discourage the ambitious operator. While, then, too optimistic views must not be entertained of the results of operative measures, I cannot but believe from my own limited experience that early operations offer the best chance of curative results.

ACUTE GASTROENTERIC INFECTION.

BY JOSEPH PETTEE COBB, M. D., PROFESSOR OF PÆDIATRICS IN
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

Under this title are now included all such cases as are commonly termed summer diarrhea, mycotic diarrhea, cholera infantum and gastrointestinal catarrh. By this grouping it is not meant that all of these conditions are exactly the same but rather that they are due to a similar cause, viz, intestinal infection and intoxication, and that their differences in onset, in severity and in duration are due to the degree of intoxication and to the individual susceptibility.

Their most constant etiological factor is acute indigestion, therefore all of those conditions which favor indigestion are to be considered as predisposing factors. Age, constitution, surroundings, foods and methods of feeding, in a general way are predisposing elements in causing attacks of indigestion and any form of diarrheal disease. The most characteristic feature of this type of diarrhea is its universal prevalence in the hot months. The large cities where many people live in unhygienic surroundings and where many children are improperly fed, furnish examples of acute gastroenteric infection at all seasons of the year. Again all forms of diarrheal diseases are more common in the summer than in the winter months and are more inclined to become epidemic in the cities than in the country. The real epidemics, however, occur in the large cities, in the hot months and are of this infective variety. It is the influence of heat directly upon the food and so indirectly upon the child which fosters the disease and the epidemics occur only when the mean temperature reaches 60° F. or above. This fact has been thoroughly discussed and the different steps in the methods of infection are well understood and have been well explained. It is not my intention to claim any space to elaborate upon this theory, but rather to recall to mind the climatic conditions during the last six weeks.

Since July 3, Chicago and its vicinity have enjoyed an unusual rainfall, both in the frequency of downfall and in the total amount of precipitation; four times within these six weeks the precipitation has overtaxed the capacity of the sewers of the city, and there has been a backing up beyond the main sewer traps into basements and streets. A most virulent form of infection has thus been brought to

the surface to be deposited where favoring currents of air can, any time after the preliminary drying waft the residue onto fertile soil. These rainfalls have been followed by hot days and strong winds; thus has nature furnished the proper conditions for an epidemic. Food is often kept in the basement because it is a cool place; iceboxes and refrigerators, whether in the basement or not, are often supplied with a waste pipe which leads more or less directly to the sewer without the interruption of a ventilated trap. This is certainly a convenience, but if not properly guarded adds to the dangers of infection.

I accept this teaching, viz., that thus indirectly by its effect upon foods and food material, continued high temperatures bring about epidemics of infective diarrhea. But I cannot entirely dismiss from my mind the possibility of the direct influence. Unusual humidity and sudden changes of temperatures ranging unusually high and low are conditions which are held accountable for the development of all forms of catarrhal inflammation. It would seem to me that these same conditions must have their direct influence in the development of catarrhal inflammations of the bowels.

In the prevailing epidemic there has been more than the usual degree of inflammation; that is, the individual cases have been longer in duration, the amount and persistence of the mucus and blood in the stools has been unusual, temperatures have been persistently high, and the tendency to recurrence has been marked. Moreover, the cases have not been confined to infants, children and aged people (those living largely upon a milk diet), but have also included the well and the strong of all ages. These facts would lead me to conclude that the climatic influence is exhibited both directly and indirectly.

When considered clinically gastroenteric infection presents itself in two distinct types, the simple or catarrhal form and true cholera infantum. The latter, cholera infantum, has not been particularly conspicuous this summer, and, as usual, in Chicago has been very closely confined to certain limited districts where the surroundings and manners of life favor its development.

The simple form has been about equally divided between the mild cases, which begin gradually, with little or no fever and no gastric symptoms, and the severe cases, which are characterized by a sudden outset, high temperature, persistent vomiting and severe pain. Both forms

have shown a tendency to run on, to persistently carry a temperature, and to show a large amount of mucus in the stools.

The stools at first fecal, are more frequent and foul smelling than usual, becoming frequent, profuse, watery and excoriating; early exhibit abnormal colors (green, brown or white); are preceded or accompanied by abdominal pain, tympanitis, nausea, vomiting, pallor and clammy perspiration; prostration, indifference and even stupor are early shown. With the first reaction the temperature rises rapidly. The clinical picture is certainly one of intoxication. The bacteriological investigation of the dejecta have shown a few forms of microorganisms persistently present. These same organisms cultivated outside of the intestine will develop toxins giving the same symptoms when introduced into the circulation, thus confirming the clinical evidence.

In the prophylactic treatment the two most important elements are largely under our control, viz., hygienic surroundings and the use of proper foods in proper amounts and at proper intervals. The hygienic surroundings include personal cleanliness, clean, well lighted and well ventilated rooms, properly plumbed apartments, clean streets and alleys, and a freedom from overcrowding. When these conditions cannot be maintained, susceptible individuals should be sent out of the city during July and August. Experience has shown that water trips are especially valuable not only as prophylactic measures but also as remedial agents for convalescents and subjects of recurrent attacks.

The attacks are much more frequent among artificially fed infants than in any other class. Artificial feeding is often an important factor because it is improper artificial feeding. There are several things to be considered in feeding an infant upon artificially prepared food and they are all important. The food must approximate chemically the formula of mother's milk; it must be sterile; it must be administered in amounts suited to the child's capacity and at intervals which neither overtax the child's capabilities nor fail to furnish the desired potential energy. The neglect of any one of these requirements may be followed by disastrous results. The caution which intelligent mothers are more likely to need than any other is to avoid overfeeding. In hot weather, infants like adults, need more water and less food. Infants often cry when they

are thirsty as well as when they are hungry; even babies at the breast may be overfed, and for them a drink of sterile water is a grateful thing.

Nature's first effort in an attack of infective diarrhea is to clear the alimentary tract of its contents, and by a rapid outpouring of serum to flush out the colon. An intelligent help in this effort cannot be other than beneficial; it removes the source of infection sooner; it tends to prevent too great depletion of tissues from a profuse secretion of serum; it hastens the reaction and limits the amount of infection; it is in every way conservative. Wash out the stomach, flush the colon with a normal salt solution; if the small intestine contains a partially digested meal, suitable means should be taken to assist in its evacuation. Later on, when the catarrhal inflammation is causing large amounts of mucus in the colon, it will be found beneficial to regularly flush the colon. A child who is having from two to ten small movements every hour will often rest quietly for several hours after a colon flushing with a cool salt solution; its temperature will be lowered even more effectually than by cool sponging; its tantalizing thirst will be relieved; its irrational peristalsis and tenesmus will be temporarily quieted and a rest of varying length will be obtained.

The most important matter in the line of treatment is the question of feeding. All food should be stopped during the first twelve hours, or until nausea and vomiting have ceased. This is not a difficult matter with adult patients who realize that their sufferings are increased by taking food. It is not always an easy thing to convince a child or even its mother that it would be better off to stop all food for a time and to give the stomach a rest. Infants do not discriminate between thirst and hunger, and when in distress will usually swallow whatever liquid is offered to them; but even babies who are being nursed should have their food temporarily stopped. All of these patients of whatever age need water. It should be administered in relatively small amounts. If given hot with the addition of a little salt it will usually relieve the nausea and vomiting sooner. After the vomiting has ceased, and especially if there is much fever, the patient will crave cold water. When given in small amounts I have not found cold water harmful. A nursing baby should of course be returned to the breast for its food if it has been thriving upon the breast milk before the attack. The mother should be

cautioned to nurse it only at specified intervals of time, and not to allow it to take too much at any one time. All other articles of food must be prohibited.

Infants who are being fed upon artificially prepared foods are the most difficult to feed during these attacks; cow's milk in any form should not at first be employed, as it always seems to aggravate. I have not found the prepared proprietary foods of any more value than at other times, and rarely use them for infants under six months of age; rice water, barley water and mutton broth have been of the most service in my hands; a palatable amount of salt should be added to each one; to rice water and barley water, I also add sugar of milk, and when the character of the stools shows some digestive efforts are being made by the intestine, a small amount of cream can also be added; the cream can gradually be increased in amount until the food is brought to a normal fat standard.

The prescription for the food should be made with the same care that we use in selecting the remedy; directions for its preparation, the amount to be given and the interval for feeding should be given in writing, in order that no misunderstandings may arise.

I have not found it possible in this or any other season to pick out one, two or three remedies which will relieve all cases, but there have been a few of the many which have seemed to me most frequently indicated.

Veratrum alb.: Under this remedy we find stools which are greenish, watery, partially digested, frequent, sometimes profuse and containing mucus.

Pain before and during stool; nausea, vomiting and faintness during evacuation, followed by prostration, exhaustion and cold perspiration, especially upon the forehead.

Chilliness with pallor, cold perspiration and prostration are marked indications for *veratrum*. Pain is always present in a *veratrum* patient. It is usually located in the region of the umbilicus, where it is cramping and pinching in character, or it may extend to the muscles of the legs, the calves and the soles of the feet.

Colocynth has many symptoms in common with *veratrum*, but it does not show the exhaustion or prostration; the chilliness, cold perspiration and collapse tendency are not so marked. The pain is intense, is a squeezing, griping, or colic, which is relieved by a movement. The stools are more apt to be bloody than under *veratrum*.

Podophyllum has frequently been the indicated remedy. My indications for its use are principally in the character of the stools. These are profuse, painless, frequent, yellow or dark, and very offensive. They are more frequent in the night and early morning. China and phosphoric acid both have painless stools, but the other characteristics differ materially. Phos. acid has little nausea and vomiting, is accompanied by a voracious appetite; the stools are not usually offensive and rarely dark in color. China has painless stools which are also very offensive. They are small in amount and vary greatly in color; appetite is lost, there is little thirst or desire for very small amounts of water; rapid exhaustion, emaciation and profuse sweating are present.

Sulphur has been indicated in many cases after the first few days have passed, when the stools have continued green and watery, or bloody, with a great deal of mucus. The sulphur patient also has the morning aggravation very marked. Appetite is very variable, at times voracious. They are peevish, fretful, pale, with dark rings under the eyes and bright lips, making a marked contrast with the pale face. The feet and hands are hot and burn. The skin is harsh and dry. There is an offensive odor. The smell of the stool seems to hang around them all of the time.

Many other remedies have been used besides these few mentioned above, yet, as I recall the facts, there have been very few cases which have not at some time in their course required one or more of these.

Clinical Society Transactions.

HANNAH JONES PAYNE, M. D., CORRESPONDING SECRETARY.
FRANK R. LEEDS, M. D., SECRETARY AND TREASURER.

The regular monthly meeting of the Society was held in the amphitheater of Hahnemann Medical College, Saturday, July 29, at 8:30 P. M. A good sized audience was present to hear

THE REPORT OF THE SECTION ON THE MEDICAL DISEASE OF WOMEN.

E. STILLMAN BAILEY, M. D., CHAIRMAN.

XXXIV. CLINICAL CASES. BY KATHERINE B. CLAPP, M. D.
—*Case. 1.* Mrs. K., age thirty-five years; height, five feet, two inches; weight, 140 pounds; occupation, grocer's assistant; nationality, Irish; has been married five months; puberty, time not known; menses occur regularly every twenty-eight days, lasting three days; the flow is dark, clotted and of offensive odor. She always has pain at the menstrual period; the pain is worse when the flow begins.

Leucorrhœa constant, and more profuse just before the menstrual flow; it is yellow, and thick in character. The bowels are evacuated every day, but the stools are dry and are passed with difficulty, causing prolapsus of the bowel. The amount of urine passed in twenty-four hours is 760 c.c. Urinary examination shows the characteristics to be, specific gravity 1021, and the total solids to be 54 gms. with 8.06 gms. chlorides and 14.44 gms. urea. The microscopical examination was negative.

Family history. The mother and the mother's sister died of Bright's disease. The patient says that she has headache in the temporal region; that she has bloating of the abdomen, after eating; the headache and the bloating of the abdomen is worse when she has frequent micturition, and at such times she says there is a deposit, like red sand, in the urine.

The patient is easily startled, tearful, and worries over trifles. She is anxious to become pregnant.

Physical examination reveals a state of endometritis; the uterus prolapsed to the first degree and retroverted.

Treatment. Uterus was repositioned and the local application of a tampon, saturated with boroglyceride, was employed. Lycopodium 30x was given every four hours.

A week later the patient reported that she had no bloating of the abdomen, no headache, and no red sand in the urine. The leucorrhœa was not so profuse. *Lycopodium* 30x was then given twice a day.

Observations on Case 1. The symptoms in this case that called attention to the administration of *lycopodium* were :

a. The depression of spirits, the despondent anxiety to become pregnant—and the apprehension.

b. The imperfect metabolism, indicating a faulty vegetative system.

c. The small amount of urine excreted.

d. The constipation and flatulency. The uterine symptoms were considered as secondary.

Case 2. Mrs. D., age forty-two years ; height, five feet two inches ; weight, 121 lbs; nationality, American. Married when nineteen years old; has had three children, the eldest is now twenty-two years old; one abortion eighteen years ago.

Menstruation was established when the patient was fourteen years old. She has always been regular, the flow recurring every twenty-six days.

For several months the flow has been dark, clotted and offensive.

Leucorrhœa is profuse, yellow and excoriating.

Urine—odor is strong and excoriates the parts.

Bowels are evacuated every day.

Mental symptoms—patient says she feels nervous and is easily angered.

Patient says she has bearing down pains after urinating, pain in the lumbo-sacral region, and pain in the eyes and top of the head.

Physical examination shows laceration of the perineum and cervix, and the uterus enlarged in all its diameters. She also suffered with urethritis.

The microscopical examination revealed vaginal and urethral discharge, gonococci, pus cells and epithelial cells.

Nitricum acidum 3x was given every hour.

The vagina was thoroughly cleansed with soap solution, and then douched with hydrogen peroxide. The cervical canal was dilated and mopped with iodoform gauze, and a hydrastis tampon was placed within the vagina to remain twelve hours.

This patient was told to use the vaginal douche twice a day, using one quart of tepid water in which she should dissolve a teaspoonful of bicarbonate of soda.

The second week the patient reported that she was better in every way.

Observations. The symptoms that led us to the selection of nitricum acidum for this case were :

a. With the mental symptoms of nervousness and peevishness we had

b. Pain in the eyes ; pain in vertex.

c. With the leucorrhœa, and the evidences of gonorrhœal infection, we found urethritis and pain after urinating, with the odorous urine.

Case 3. Mrs. C., age, thirty-two years; height, five feet, two and one-half inches; weight, 105 pounds; nationality, American; occupation, canvasser. She was married when twenty-five years of age. Puberty occurred at fourteen years.

The menses have always been regular.

She has had one child, now two years old, and three abortions, the last one occurring last March. Since then the menstrual flow has been dark, clotted and offensive. Flow lasts from four to six days.

Leucorrhœa was profuse, thin and coffee colored.

Her nutrition was poor; the tongue was coated, the breath foul, and the urination frequent and profuse. Her bowels were constipated.

Family history. The father, brother and sister died of tuberculosis of the lungs.

Patient says she has not been well since she had an abortion at the third month last March. She has constant pain in the small of the back, and great tenderness over the lower portion of the abdomen. She complains of pain in the eyes and pain in the back part of the head. She tells us that she had a chill yesterday. She feels tired all the time. The temperature was $99\frac{1}{2}^{\circ}$, the pulse 85 and weak.

Physical examination showed laceration of the cervix and perineum and cystic cervicitis.

Treatment. The vagina was cleansed with soap solution and a local application of borated calendula with tampon was used. Gelsemium 3x was given every two hours.

This patient was advised to enter the hospital, to have the uterine cavity cleansed, and a microscopical examination made of the uterine discharge.

She reported to us a week later that she could not at present enter the hospital; but that she was feeling much better, and that the backache, headache and pelvic tenderness had almost disappeared.

Observations. All of these patients were questioned as to their personal habits. They were given directions as to diet, bathing, exercise and rest. They were asked to abstain from strong tea, coffee and other stimulating drinks and advised as to the advantage of loose clothing and mental recreation.

XXXV. THE MEDICAL TREATMENT OF MENORRHAGIA. BY DR. E. STILLMAN BAILEY.—In selecting this subject it is with a view to emphasize the great value of our homeopathic system of treatment for cases of abnormal blood losses. A great many difficulties arise in discussing a question of this kind.

I understand that the blood loss varies greatly within health limits. I also appreciate that it is a difficult matter for the physician to ascertain with any great degree of accuracy how extensive this loss is. The patients do not seem to know, unless they have been made ill.

I also understand and appreciate that many of the so-called cures reported by the physician may be recoveries, and not cures at all. I know some are remedied by drugs. A certain proportion require surgical methods.

I appreciate the great wealth of curative powers to be found in the properly selected medicines. I never read the symptomatology of our homeopathic remedies but a deep conviction prevails with me that in their use we are wonderfully well equipped to meet the ever varying requirements of these cases. Not long ago I was asked what was my favorite remedy in treating uterine hemorrhage. Honesty compelled me to say that I had none. There are a dozen of equal value to my mind. The choice is in the adaptation to the individual case. It was this question that set me thinking about the cases I herewith present in this report.

(1) Case cured by BELLADONNA. Mrs.—, age thirty years when she came under my care seven years ago. There was a complication of diseases in the pelvis. Possibly the cystitis and the proctitis gave her more concern than the excessive flowing each month, but while local

treatment benefited her, I found that I could control the hemorrhage best by internal medication. The cystitis and proctitis remain cured, but the uterine disorder has its variations. If she takes cold (popular meaning), if she overworks, like walking, house cleaning, nursing the sick, etc., she is bound to flow more freely at the next period. Three years ago she miscarried and I curetted her at the time, so that the losses she has are in my mind functional rather than pathological.

As this is one of the cases having the clearest indications in my list I submit the symptoms as I recently heard them recited by the patient.

“Every month I used to flow so much, seven days, and often it was twice that. I suffered also such extreme pain in the head, I could not understand why my head would be so hot and throb so violently. I was almost wild with the pain in my head. It seemed congested almost to bursting. I used to tie a handkerchief around the forehead often as it seemed as though the head would burst. I was always irritable at such times, oftentimes angry. The pain was intolerable. I could scarcely bear it. The pain came like a knife, pierced me and was gone. This pain accompanied the hemorrhage each day. Cold compresses always chilled me, but would relieve; hot would ease me but had to be reapplied often. I could be up and about the room, though I could not move rapidly. I was worse when lying down.

“In the abdomen there was always a constant beating and throbbing. There was a sensation of tenderness of the abdomen, and a sensation of chilliness. When I applied the bandage to the head for pressure I often applied one to the abdomen also, both for pressure, as it relieved me, and to keep the abdomen warm, as I easily chilled. When the flow was very free I felt a sense of relief. Before the flow I suffered from intense backache, with bearing down. The medicine you gave me has practically cured me. Last month I overworked and had a return of many of my old pains and the flow was for two weeks.

“This month the flow was but five days and the pain was very much less.”

For the most part belladonna 3x cones has been the one remedy. I have no hesitation in presenting this case as one typical of uterine congestion, with attendant blood losses, and that the symptomatology known by every homeopathic physician pointed to this one remedy and not to any other remedy. It was the curative remedy, for since its exhibition her menorrhagia has been controlled, and in normal conditions remains cured. Two points seem advisable here to refer to, the pains of belladonna are of the unbearable character. I have over and over again verified this symptom. The arteries seem full to bursting. It is quite a common practice for me in making the local examination to find the pulsations of the uterine artery with the index finger and to state its action quite as accurately as though the finger rested on the radial artery. It is just as much an indication for belladonna if I find the uterus congested, its artery throbbing, and violently, and its pain as neuralgic as though it were the carotid artery and the head aching.

It is one of the strong points of our system of practice that this *arterial* congestion in any part of the body is equally curable by this drug.

I heard our friend of dearest memory, Dr. Hall, say twenty years ago in one of the sessions of this Society, “belladonna is a little giant in hemorrhages.” I can express the same confidence in it now that he did. It is wise in us to keep this remedy uppermost in the mind when we are called to treat pelvic diseases. Its indications could not be more characteristically given than in this case.

(2) Case cured by CHINA. In presenting this case it is with great pleasure and pride, not for my humble part but for the system we represent as practitioners and for the cure of the patient.

Miss —, age nineteen years when she came to me five years ago, orphaned early in life and apprenticed for years. She says she grew rapidly, was never strong; men-

struated at thirteen; dysmenorrhea and menorrhagia. Her life had been one series of hardships; she was overworked and underfed; her skin was sallow; the eye was large and full of pleading, it was sunken and circled by dark rings. She was tall and very thin in flesh. She was so debilitated that she could hardly walk; she would sweat profusely on the least motion or labor. After crossing our lake, a journey of sixty miles, she was almost exsanguine from blood losses from the uterus. She was not only obliged to go to bed and to remain there, but she was obliged to keep on her back all the time; the slightest movement while in bed would cause a flowing, sometimes even moving the hands or arms would cause a gushing discharge of blood. Her condition was pitiful; many times she had fainted, and frequently reported loud ringing in the ears, dimness of sight, and she looked the picture of a tubercular patient far advanced. Her debility was painfully noticeable. Her mental symptoms were always hopeful, never for once in despair. She was on the bounty of friends when I first saw her and learned from her these symptoms, and I could not credit her story of blood losses. I shall not repeat them here. I was requested to make a local examination, as polypus or fibroid were suspected as back of all or possibly it was genital tuberculosis.

Under anesthesia I saw the cervix was normal and no pathological condition noticeable. I dilated the cervical canal and curetted and packed the uterus. To my regret the next day after removing the packing the hemorrhage was very great. She could not stir a leg or arm without flowing. Day after day this was repeated.

My opinion is that I did not aid the patient in any sense by curetting and I did not get a quick response from china, which at first I gave in the tincture form ten drops in one-third of a glass of water, two teaspoonfuls each hour, and a generous diet of milk. After a week, possibly more, the hemorrhages grew less and less. China 8x was given. She had no other remedy.

Two years after this the patient called to say to me that

she had thoroughly recovered. She was attending the music conservatory, having developed a beautiful voice, and she was so well that she took great pains, the first day of her return to the city, to report her condition. The menorrhagia was cured.

When I first saw this case and heard her story I decided to give china, and the chief indication was that symptom "she suffers greatly from the loss of animal fluids." The balance of the picture was of china, though I know many would say she should have had iron, but I never gave her iron for she did not need it. She did need the all around remedy and it was the particular remedy needed to cure the menorrhagia.

(3) Case cured by PULSATILLA. This case was one of the most interesting forms of menstrual disorder that I have had in practice.

Mrs. —, age twenty years, blond, and a temperament as changeable as the April skies. She reported to me the first time that she came for consultation that she had scarcely passed over her doorstep for weeks. She had grown submissive to her diseases and had simply compelled herself to seek relief. In the recital of her case she became hysterical and ended by crying. It was not the weeping from grief nor sadness, but the tears would simply flow and even unbidden. Her first complaint was a urinary disorder that annoyed her greatly. It was variable, but of late had been persistently frequent. The desire or habit of micturition was so marked with her, that the excitement of dressing to go to market would make the flow of urine so frequent that she would be compelled to stay at home for an hour or two before she dared to start. There might be a day or two in the week when she would not be so troubled.

Menstruation was as a rule tardy and scanty. She hardly knew when the period was really passed, as an interval of a day or more might intervene and the flow would return for a few hours or a day or two.

I gave her pusatilla 3x. I was very satisfied with my

totality of symptoms, but alas, the urinary symptoms would not yield. But I noted that there was less and less complaint about the menses; occasionally, instead of tardy and scanty menses, there would be a period of excessive flowing, a veritable menorrhagia, lasting many days.

Our friend and respected teacher, Dr. Hoyne, in lecturing on pulsatilla, impressed as one of the characteristic symptoms that the discharges from the body were always very changeable, as in entero-colitis no two stools would be alike, etc. In leucorrhœa the discharges were variable from simple white watery leucorrhœa, to greenish and bloody.

I verified this changeableness—no two periods were just alike—as a true symptom of pulsatilla, for in this case the menses became established as regular and normal. She was a patient of mine for two years and I occasionally see her now, but her report is that she keeps well.

(4) Case cured by PHOSPHORUS. Miss—, aged twenty-eight years. Consulted me two years ago for a cough. It was one of those irritable coughs that keep the patient awake at night, especially the first part of the night; was tight, and worse from talking. She presented at first sight all the symptoms of anemia. She was greatly alarmed, fearing the onset of tuberculosis; the face was markedly bloated; she had lost flesh rapidly; she had been obliged to quit work and remain in bed for several days past, this was on account of her uterine blood loss. She could scarcely move or cough but the flow would start; at times it was a constant flow; the quantity lost was alarming. The menorrhagia had been getting worse for several months, but at this time there had been hardly a week's interval, and the fear of an utter break down was very alarming. From the superficial view and the common literature, iron was marked to cure this case; but from the moment I saw her and heard the cough, and commenced to hear the symptoms, I could see no indications for a remedy equal to phosphorus. I remembered that phosphorous cases were bound to be bleeders, and so it was in this case; placing her index finger in the light,

there appeared an angry looking scratch, made days before with a pin; it looked festered and sore and was painful. She said I could scarcely believe how much this had troubled her by bleeding.

I gave phosphorus 6x a few drops in water, which promptly relieved the cough, removed the bloating and the hectic, and equally so the mental anxiety and fear. The remedy was continued for three months at much longer intervals and cured the menorrhagia. The menses are profuse but do not last beyond the normal. I have met the patient often for the last two years and know that she remains cured.

(5) Case treated by PLATINA. I cannot call this patient cured, although the excessive menstruation has been very materially benefited and many other symptoms greatly benefited.

Miss —, age twenty-six; came under my care some four years ago, after having had the professional services of some of the best gynecologists in this city. She was handed over to me as a bad case of hysteria, and with a wink and a wish that I might help her. I studied the case carefully. The first visit was when she was in the hospital; she was screaming, was being held by two nurses, and resented my knowing anything about her case. These menstrual pains I found at this time came on gradually, reached a climax which would last several moments and than gradually decrease. Sometimes, though by no means with each pain, clots of very dark clotted blood sometimes almost black, would be passed.

On these two especially characteristic symptoms I selected platina. The patient some months would be in bed two out of the four weeks because of the keeping up of the flowing and the pain. The left ovary was very painful; menstruation now lasts but three days; the blood is not so clotted, the pain has lost this characteristic. In a menstrual way she is very much better; the hysteria is not present, nor has it been for a couple of years. The patient

can cry or scream at will now, but she can also control those symptoms perfectly.

I might also add that this patient has had, though concealed for many years, a violent form of nymphomania. Of this latter condition she says the same remedy you have been given me for the clotted menses has seemed to help this condition.

(6) Tubercular menorrhagia relieved by VALERIANATE OF CREOSOTE. It may be presumptuous to add this case to my report, as the patient is still in a precarious condition, but I have been so pleased with this remedy in two cases of genital tuberculosis, accompanied with menorrhagia and leucorrhœa, that I should like to call attention to it.

Creosotum has been with me an excellent remedy for the excoriating leucorrhœa, offensive hemorrhages and deep ulcerations upon the genitals. The burnings are characteristic and the fetor is marked, but is a difficult thing to describe.

The burning pain in the pelvis is characteristic. It is often an awful burning, like red hot coals. There seems no getting away from it, and the character of the flow is very clotted, of foul smelling blood. The leucorrhœa is acrid, sometimes denuding the epithelium, excoriating and profuse, badly staining the linen. I have watched these symptoms for a long time and regard them as extremely valuable in making the prescription.

In giving the valerianate of creosote in the tubercular cases I know I am open to the criticism of a departure from the faith, but I know from former experiences that creosotum alone will not cure her and that in one case under my charge a year and a half ago almost the same conditions prevailed, and that after a four months' treatment with valerianate of creosote, given in capsules, one minim each, that this patient gained in every way and retains the gain she made while under this drug. It seems to me more like "a new find" in the materia medica mine.

The results in this case have proven wonderfully pleasing. The case was one that presented herself to my clinic

several months ago, and from the general conditions noted she was referred to the medical department for physical examination of the chest. The report came back that she had tubercular lungs. She was pale, emaciated, hectic, and carried an anxious look that was pitiful. The pain in the pelvis was so severe that she returned for help, and for a while she fairly haunted the dispensary rooms. All the attendants knew her and great sympathy was excited by her wretched condition. This same sympathy now is expressed in the pleasure in seeing the marked improvement which has taken place and is noticeable in every symptom. The good effects appear in the disease of the lungs quite as much as the marked relief in the pelvic pain and the control of the menorrhagia and leucorrhœa.

I could add many cases, but I have selected these few out of my long list to illustrate the principles that are involved in the selection of the remedies, and the great length of time following, showing that the action of the remedies was curative and not simply palliative.

The rules of similia are as practical and efficient as when promulgated years ago, and more so, for the wealth of clinical verification is spread upon the pages of our literature and are of greatest value in maintaining the worth of the provings.

DISCUSSION: Dr. F. H. HONBERGER: I am very sorry not to have arrived in time to hear Dr. Clapp's paper, as she always presents something new and instructive. I enjoyed Dr. Bailey's paper very much; the tubercular case which he reports reminds me of a somewhat similar case which I attended about two years ago; it was a marked case of pulmonary tuberculosis, complicated with inflammation of the uterus and appendages, with the profuse excoriating vaginal discharge of which he speaks. The patient was compelled to earn her own living by clerking in a large department store, and had to give up her position on account of the extreme pain in the pelvic region and the terrible exhaustion which attended it. After having been treated by different physicians for several months she came under my observation. I at once put her upon creosotum on account of the character of the vaginal discharge and

the cough which was very troublesome. I also gave her local treatment, cleansing the parts, and then applying tampons saturated with solution of ichthyol, and at times borolyptol and glycerine to the inflamed cervix. She soon began to improve; the cough became less severe; the soreness disappeared and discharge entirely subsided. After six weeks of this treatment she was able to resume her position as clerk and worked until within a few weeks of her death which occurred about a year and a half later as a result of general tuberculosis. The creosote was continued a good portion of the time until the end; at times she was given other remedies for high temperature, but creosote helped her coughs and the vaginal discharge never returned.

Dr. C. J. SWAN: The removal of an ovarian cyst is an operation with which I have had no personal experience, but to me one of the most remarkable things about this interesting case is that Dr. Bailey was able to remove such an immense mass of fluid without rupturing its very thin envelope. I have been called upon to remove eyes when the walls were distended and thinned and have felt much gratified when the operation was safely accomplished without rupture. In this case the walls of the cyst are much more attenuated in proportion to the volume or its contents than any eye I have ever seen, and, from my point of view, the difficulties of the operation must therefore be proportionately greater. This may not be an unusual operation for Dr. Bailey, but nevertheless I feel like congratulating him upon its success.

Dr. C. E. KAHLKE: You ask me how they handle these cases in Vienna. I want to say it has been very interesting to me to listen to the reports of these cases by Drs. Clapp and Bailey, for they impress me with the idea that they are seeking not only for the diagnosis, but also, and most of all, for the *cure*, whereas in the clinics in question, the main object seems to be the diagnosis, and the treatment always strikes me as a secondary and minor consideration altogether, especially in cases largely medical.

I must say that I found them, contrary to my expectation, very conservative in many respects, especially in gynecology. They operate on a tumor not because of its presence, but because of the evil symptoms to which it gives rise. Pelvic infections are seldom operated upon, even though a tumor mass may be outlined nearly as high as the umbilicus, unless fluctuation is distinct. They seem to prefer for these cases Carlsbad salts, rest in bed, hot

douches and tampons. This may or may not be conservative.

The curette is used only in cases of retained secundines and hemorrhagic endometritis. When a cyst is present it is most always removed per vaginam, because of the dread of ventral hernia and for cosmetic effect. But, now, although a large cyst may frequently be removed through a small incision in the anterior vaginal wall, the incision closed, and the patient leave the hospital on the twelfth day, still many of the experienced operators say, "Yes, that is very nice in some cases, but frequently you are obliged to close the vaginal incision and remove the cyst through the abdomen, for obstacles, such as intestinal adhesions, solid portions of the growth, etc., cannot be foreseen, and hence rob the operation of its conservative nature." Then, on the other hand, one would occasionally see an operator remove an enormous cyst of clear fluid contents in toto—without tapping—rendering necessary an incision from ensiform cartilage to symphysis pubis.

Right in connection with these cysts the pathologist would bring out the interesting point that a microscopical examination often reveals true carcinoma, even though there was only a slight tendency to colloid degeneration, and even though this degeneration had not perforated the cyst wall. Therefore he thought it a good scheme for the operator to have a good view of the lower abdomen and pelvis through an abdominal incision.

Dr. E. S. BAILEY: Dr. Kahlke's remarks concerning the methods that are pursued in the Vienna clinic and his observation of the methods pursued in the clinics in this institution awaken a lot of memories within me.

I noticed on returning from the clinics upon the other side that those who are engaged in the work here seem to be interested in the individual patient. They do not seem to be classified so much according to their disease as according to their different symptomatology.

It is an ambition of mine in working along these lines to aid the individual. I think that pathology is one of the most interesting and entertaining studies, but, after all, it fades in comparative importance to the study and application of remedies. I think it is a sin to throw away pathological specimens without having been studied. I think it is gross neglect of duty to allow patients with symptoms either plain or obscure to be passed by without study. I really believe that right here within these walls a closer watch is kept of the general welfare of the individual pa-

tient than in any other clinic with which I am acquainted. Pathological conditions are not ignored with us as they are in some institutions, nor is the study of morbid conditions the only thing studied here, as they are in some places. The one desire is to cure the patient, and it has always been marvelous to me that under so many distressing conditions so many of our patients are really cured. The cause must be twofold. First, the system that we represent, the selection of the homeopathic remedy; and, second, its efficiency in the removal of disease conditions.

XXXVI. VOLUNTEER PAPERS. BY KATHERINE B. CLAPP, M. D. OPERATION BY DR. E. S. BAILEY.—Miss S., age sixty years, came to the clinic June 15; climacteric at forty-eight years. The patient has had varicose veins for thirty years; her mother died of dropsy. She was very corpulent, and weighed two hundred and forty-eight pounds; she complained of pain about the heart, and a smothered feeling; she found it difficult to rest on the back because of a tickling and strangling sensation in the throat. She had large varicose veins about the vulva, hemorrhoids of the rectum, and proctitis. There was an enlarged uterus and a pelvic tumor, which to the touch was fibro cystic. This diagnosis was made on entering. She was referred to the operative clinic of Dr. Bailey.

July 25 the tumor was removed by abdominal section. The adipose was four inches thick; the abdominal muscles very attenuated; the tumor on exposure presented the appearance of an ovarian cyst; the characteristic deep blue color of the sac presenting; a portion of the contents of sac was drawn off with the trocar. The tumor as seen in the illustration contains about one-third of the fluid; the weight of the fluid was about thirty-five pounds.

The fibroid portion is well shown in the uppermost part of the picture, and the adjacent multilocular cysts were numerous but of small size; silk ligatures tied off a rather broad pedicle; the Fallopian tube was amputated separately; the abdominal incision was closed with four layers of buried catgut sutures, silk having to be used for the cuticle approximation.

The patient made an uninterrupted recovery.

CHICAGO, ILL., July 29, 1899.

DR. E. S. BAILEY:

Dear Doctor:—In the case of Miss S. I have examined the ovarian growth removed several days ago.

the larger of the two are two smaller cysts. The smaller of these two is embraced by the larger.

The small, lone cyst contained a dark and rather thick fluid. The large cyst contained a thin red fluid.

The cysts contained within the large one held a thick gelatinous material. With the exception of this last all the cysts contain a serous fluid which has been colored by blood. If the blood has recently been added to the serous fluid it is red, if more remote in time it is dark. The fluids coagulated on standing.

The cyst walls were fibrous in character. I found none lined with epithelial cells.

The two divisions of the solid part of the tumor differ as much in structure as in appearance.

The dense white part consisted of a dense mass of interlacing fibers with more or less numerous spindle cells.

The pink division consisted of round and spindle cells in about equal proportions. Fibrous matter is practically absent. There is no nesting of the cells. All the cells are small.

The dense white mass is a fibroma. The smaller pink mass has the structure of a sarcoma.

I believe the fibroma is primary and the cysts to have originated from it. The cysts have mostly originated from Graafian follicles. Some of the smaller cysts may be degeneration cysts.

Yours truly,

W. HENRY WILSON.

XXXVII. G. M. HALE, MEMPHIS, MICH.—*Case 1.*

In June of 1898 was called to see a large, fleshy woman whom the messenger said was dying with heart disease. Upon arrival found the patient suffering from dyspnea, faintness and a "strange" sensation about the heart. The stethoscope showed that the heart was beating regularly but faintly, with no evidence of organic difficulty.

She was assured that she would not die, although she declared she was dying then, and I suggested that a uterine difficulty of some sort was probably the cause of her suffering.

An examination revealed an extreme retroflexion with inveterate constipation, a congestive and sensitive rectum. By degrees the deviation was corrected by means of Elliott's elevator and a tampon placed in the posterior cul-de-sac, medicated with a twenty-five per cent ichthyol-glycerine solution. The tampon was renewed every fourth day. Each removal was followed by a copious douche. The only

treatment the rectum received was an enema to move the bowels. The knee-chest position was assumed several times daily.

These measures together with an occasional dose of the indicated remedy have restored her to health. She had been a sufferer for three years. She is the mother of two children. There was no laceration of either cervix or perineum. I find the ichthyol-glycerine solution from fifteen to twenty-five per cent a very efficient depletor and uterine tonic, but some patients are very susceptible to ichthyol, in whom it produces nausea and other bad feelings in the stomach.

Case 2. Two months ago I operated upon Mrs. A., using eucaïne B., two per cent solution; did a trachelorrhaphy, three stitches upon each side, using chromicised catgut and a colpo-perineorrhaphy, all at one sitting. The patient was instructed to eat a good dinner, and in an hour and a half afterward or just previous to the operation was given one ounce of brandy in water.

The cervix was drawn down in the usual manner and the eucaïne injected into the cervix, the perineum and vagina in several places. The denudation was done with Skene's hawkbill scissors and curved scissors.

On account of the baggy condition of the vagina the denudation was carried high up upon the posterior vaginal wall and was closed with a whip-stitch continuous catgut suture, beginning at muco-cutaneous junction, taking four stitches up and retracing with intervening stitches, drawing them tight and tying below.

Three interrupted braided waxed silk sutures were used for the perineum. The catgut was absorbed and the silk removed on tenth day. During the operation a small continuous stream of sterilized water was kept playing upon the field of operation.

After first forty-eight hours a vaginal douche of calen-dulated water was given twice daily.

I find that a glass female catheter makes a very efficient nozzle with which to give a vaginal douche after an operation.

The only complaint the patient made after the operation was a slight headache during the evening of the first day. No nausea followed and she partook of her meals regularly and slept well. The examination showed a perfect result.

In future I will use a not less than five per cent solution, as at times she flinched when introducing the perineal stitches.

Editorial.

MEDICAL EDUCATION AND MEDICAL EXAMINATIONS.

In this age of scientific accomplishment and practical application in the field of medicine and surgery we are confronted with many perplexing questions in regard to the education and acceptance of the graduate. The matter of education is one thing while the matter of license is still another. It seems apparent now that where the collegiate education ends the examination of the State board begins, and from a diametrically opposite standpoint. Modern collegiate instruction now aims constantly at the clinical application in study while the State board examination is theoretically illustrated by text-book questions which few could answer without the aid of a "pony." Such a procedure does not represent a fair interrogation of a student's college work, nor does it show any opportunity for a practical test of professional work. It is simply another "bunker" in the way of a young doctor's ambition over which the blindest fool may perchance pass with safety, while the most capable man may fall short of the goal. And yet the State regulation is no doubt a safeguard against illicit practice and a protection to the profession and laity alike. But what has made it necessary? Is it the college which gives a complete and honest course with clinical advantages, or is it due to the tendency of all colleges to be remiss in their instruction? While the power of license should be separate from the department of education, still if the colleges should voluntarily, and, by the strictest adherence to honest, thorough, and scientific instruction, elevate and maintain the required standard of education the necessity for examining boards would not exist. Under such conditions the examining board would not be able to cope with the influence of the college. Therefore, is it not to-day a paramount consideration first to raise the standard of medical education? And when this is done is it not the right of the medical institution, fulfilling such obligations,

to have more of an influence in passing upon the claims of graduates who seek a license to practice? If the college which furnishes a good education to medical students has no means to help the graduate to gain the privilege of practice, then the dignity and honor of medical institutions are lost; more than that, the charlatan and the questionable colleges have an equal and often a better chance with the aid of the State politician, to exercise an influence which is refused to the more worthy. Truly the higher and more perfect education should have the sanction of public approval, and a college which aims to carry out the most practical and scientific instruction should receive the support of the examining board and the profession which is back of them.

In reality the cause for stringent requirements is due to the fact that the competition of medical colleges has led to carelessness in receiving and graduating students. The multiplicity of colleges is beyond the requirements of the day. Too many institutions have been founded for the sake of giving the title of "professor" to ambitious men. The thought of maintaining the "higher medical education" has been lost sight of in the wild rush to add a title to a doctor's name, with the result that a dangerous segmentation has recurred in the teaching faculties. Already there are too few men of standard accomplishment to properly manage one-half the colleges now existent. And still the mushroom growth of colleges continues. Some one must give them the right to exist; some one must see that their students graduate and some one must see that the privilege to practice is obtained. Who is it? How is it done?

It is unfortunate that, in respect to colleges, the profession is divided. If this was not true there would be less need of examining boards. If we all lived and worked more for the standard of our profession than for the number of graduates we would favor ourselves, help mankind and above all obviate the extreme necessity of State supervision.

H. V. H.

system. Then follows nine chapters which give a review of the embryology and the comparative anatomy of the vertebrate brain. The third part consisting of thirteen chapters is devoted to "the special anatomy of the mammalian brain with special consideration of the human brain.

The book is a masterly arrangement of the present status of the comparative anatomy and embryology of the nervous system, and will be found of inestimable value to any one studying along this line.

A. L. B.

Clinical Miscellany.

CLINICAL CHIPS FROM GYNECOLOGICAL SOURCES.—Swelling of the thyroid gland merely from congestion is always present in pregnancy and during menstruation.

Persistent irritation involving uterine muscles will cause a persistent swelling of the thyroid. Under the same condition colostrum is always to be found in the breast.

Ovarian tumors, or tubal dropsy, do not lead to enlargement of the thyroid.

Inoperable uterine cancers have been reported as arrested in their growth by full doses of thyroid extract.

The dose of thyroid extract that can be safely employed varies from ten to fifteen grains daily.

Thyroid extract in mammary cancer lessens the pain and the discharge, and seemingly has an inhibitory action on the malignant growth.

Thyroid extract in cretinism, after prolonged use, seems to be the curative remedy.

In children, with hydremic anemia, the use of thyroid extract seems to aid materially in the rapid and permanent increase in the amount of hemoglobin and in the number of red cells.

Upon myomas of the uterus, the thyroid extract certainly does cure some cases.

If one case was cured it would be a valuable remedy, but it is more than that—it has cured many.

In obesity, one grain thyroid extract given three times a day—gradually increasing to a maximum of nine grains daily—seems to be attended with rapid loss of flesh without unpleasant results.

In administering thyroid extract for obesity a large variety of opinions are published regarding the dosage. One report, where sixty grains were administered each day for six days, loss of weight amounted to eight pounds. There were symptoms produced, viz., slight increase in temperature, increase in the activity of the skin, hemoglobin of the blood reduced, headache, tingling, tremors, palpitation, syncope, respiration increased, appetite diminished at first, subsequently increased. E. S. B.

ARSENICUM 3x should be used for some time in conditions of tachycardia and other nervous derangements caused by the over use of thyroid extract. This reference is made both as a suggestion against the excessive use of thyroidine and as a reminder that many of these nervous derangements of the heart have become common since thyroid extract was put upon the market.

GUAIACOL-VASOGEN will in many cases of follicular tonsillitis, where there is a tendency to quinsy, relieve the local inflammation promptly. It is best used in a twenty per cent solution applied to the tonsils by a camel hair brush.

CREOSOTE is often a good remedy in chronic constipation. Ten drops of the second decimal potency should be taken in one-half glass of water or milk, immediately after eating. A higher potency often works even better.

MCGEE says: "Among the recent remedies, urotropin, a derivative of formaldehyde, has proved to be of more than ordinary value since its introduction to the profession by Nicolaier nearly four years ago. It is in the treatment of cystitis with decomposing alkaline urine that its chief merit lies, and it is evidently a urinary antiseptic of the highest rank."

MYRISTICA SEBIFERA is spoken highly of in conditions of ulcerative tendency in all tissues. It is claimed that it "acts" more powerfully than hepar sulphur or silicea. It resembles the action of iodium, calcarea and sulphur in scrofulous maladies. The part used is the juice obtained by puncturing the bark of the tree. It is indigenous to Brazil and is of the same genus as the nutmeg.

CORNUS CIRCINATA is claimed, by Dr. M. E. Douglas, to be of unusual value in skin affections. It is used successfully when the following symptoms are present: Itching of the scalp; legs and feet, increased by scratching and rub-

bing. There is always a fine scarlet rash, attended by severe itching. The skin is generally covered by a copious clammy perspiration.

ZINC SULPHATE in chronic gastric catarrh has been successfully used in lavage—one grain to a quart of water. This is always followed immediately by irrigation with a two per cent solution of sodium bicarbonate in order to convert any remaining zinc sulphate into zinc carbonate, which is innocuous. In addition or in place of this the internal use of zinc sulphate, in the third or sixth decimal potency, may give us better and more lasting results. It need not be given oftener than four times daily.

DIURETIN is claimed to be of great value when a diuretic agent is demanded; its action seems to be on the convoluted tubules of the kidney. Its use is mostly in cases of emergency, and the average dose is from two to ten grains, three or four times daily. It is used in acute Bright's disease when the urine is scanty, in mitral insufficiency when dropsical symptoms appear suddenly, in cirrhosis of the liver with suppression or decrease in the amount of excreted urine; it is claimed also to be of use in pleurisy. Its homeopathic action has not yet been reported, but it is worthy of consideration.

APOCYNUM is not remembered enough in cardiac diseases. Physiological provings have shown it to be equal to digitalis in control of the erratic heart. Likewise it may be employed safely in angina, particularly when edema is present, thus showing its power of cardiac stimulation. When it is indicated the stomach is always in an irritable condition, the least food causing distress, nausea and vomiting. There is always thirst, but an excess of water, particularly if it is cold, irritates the stomach. With the dropsy from cardiac causes we invariably find hepatic complications, which accounts for the extreme anasarca.

ASCLEPIAS TUBEROSA is a remedy we too frequently overlook in pneumonia and bronchial troubles. It has been used by the eclectics in the form of a tea, not only for the dry cough in the early stages of pneumonia but for the febrile state as well. It will reduce the fever in conditions similar to those calling for aconite without, however, any cardiac depression. We find it useful in the dry cough period when the lungs are first involved; there are sharp and cutting pains in the chest simulating the bryonia

symptoms. We also find many rheumatic symptoms call for it; the pains are always in the larger joints and are "shooting" in character. Myalgia of the intercostal muscles with some pleuritic symptoms are clinical features when it is indicated.

CEANOTHUS is a remedy used often with success for splenic enlargements when malaria is not a complicating cause. It may be indicated in simple leucocytosis when there is no formation of myelocytes as in the true leukemia. It would naturally be indicated in splenic involvement after typhoid fever. Prolonged anemia is always an attendant symptom.

KALAGUA is another new remedy which, it is claimed, gives good results in the treatment of tuberculosis. It is said to be non-toxic and causes no deleterious effect upon the alimentary canal. Some special sanitarium experiments have given favorable results in desperate cases. It relieves the hectic fever, aids the expectoration and decreases the tuberculous infiltration. It ranks with ichthyol and guaiacol.

WEBER, in a communication to the Berlin congress for the study of tuberculosis, advocated the subcutaneous injection of vaseline for the cure of tuberculosis. He claimed vaseline was a hydrocarbon which is oxidized in the system into water and carbonic acid. The blood, when highly charged with carbonic acid, he believed, was inimical to the growth of the tubercle bacillus, and this condition was obtained by this method of vaseline injection. He presented some statistics in substantiation of his theory.

IODIDE OF LIME in the first decimal potency should not be overlooked in cases of whooping cough. It not only helps to abort the spasm but aids in restoring the laryngeal mucous membrane to a healthy condition and thus relieves the complicating factor which may be causative; more than this it is a remedy of great value for the neurasthenic symptoms which are invariably associated with whooping cough.

THLASPI BURSA PASTORIS is a remedy not very well known by any particular symptoms. Burnett speaks of it in relation to gall stones and chronic hepatitis; he does not, however, give any definite symptomatology to follow. That it has a decided action upon the liver is true and in all probability its pathological similitude is the cirrhotic liver or a tendency to fibrous increase; it is always asso-

ciated with dropsy in the lower limbs and marked disturbance of the portal system. It is certainly then a diuretic, as its action tends to increase the amount of urine and relieve the dropsy. It has, however, a more important action upon the liver. It succeeds in the later stages of catarrhal jaundice when chelidonium and chionanthus fail.

TAKA-DIASTASE is one of the best aids to starch digestion in the stomach. Its action is enhanced by the presence of a small amount of free hydrochloric acid which is almost always a natural condition in all functional stomach diseases. In diseases which totally remove the hydrochloric acid it will be necessary to give dilute hydrochloric acid for a time before the beneficial results of taka-diastrase can be fully appreciated. In cases of extreme acidity bicarbonate of soda should be administered in equal parts with the diastase. Accurate examinations of stomach contents, after a test meal, are therefore necessary to settle the procedure in each case. In conditions of hyperchlorhydria albuminous food should be freely given, else the diastase will be completely neutralized. Such foods combine with the free hydrochloric acid and make it inert after the first stages of digestion. The augmentation of starch digestion is a necessary consideration in the average stomach disease. If the above points are carefully remembered many of the complicating physiological perversions will be removed, the pathological perversions prevented and the remedy will have a fairer chance. A stomach disease cannot be successfully treated unless the diet is so arranged as to care for the excess of hydrochloric acid.

THE EXTERNAL TREATMENT OF CARDIAC PALPITATION has held the attention of the profession for some time. Any systematic treatment which arrests the extreme heart irritability is certainly better than the administration of powerful internal remedies which may create unfavorable reactions. In addition to enforced rest it has been observed that the spraying of the precordia with ether, or better, with the chloride of ethyl, will accomplish this result.

STIBIUM ARSENICOSUM, according to Dr. Laird, "has proved curative in cases of capillary bronchitis, having the same profuse accumulation of mucus with loose cough and inability to raise, prostration, cyanosis and impending paralysis of the lungs that we find in tartar emetic, but which instead of the drowsiness and stupor of the latter

remedy, have the excessive anxiety, restlessness, thirst and burning heat characteristic of arsenicum. The drug corresponds to an exceedingly dangerous type of the disease. In the writer's practice it has often saved patients whose condition appeared hopeless." The writer also claims that the same effects are not obtained by the alternation of arsenicum and tartar emetic.

Dr. Laird also has this to say of belladonna: "Novices often fail with belladonna, and there are three very important 'don'ts' to be remembered in connection with this drug. Don't change to ipicac or tart. emetic the moment the cough becomes a little looser. No matter how loose it may be so long as it retains its spasmodic character and the child cries after every paroxysm, belladonna is still indicated."

KALI PHOSPHORICUM.—Dr. W. T. Laird praises kali phosphoricum in nervous dyspepsia, its cases being analogous to those for which we give anacardium, but presenting more marked aggravation from emotional causes. Its indications are "a neurasthenic patient, all-gone feeling in the stomach, temporarily relieved by eating; aggravation of the gastric symptoms by excitement or worry; diminished urine, with excess of phosphates."—*N. Am. Journ. of Hom.*

CORONILLA VARIA IN DISEASES OF THE HEART.—Poulet made a series of clinical observations on the action of coronilla varia on diseases of the heart. The drug was given in the form of an infusion or in substance in doses of one decigram (one and one-half grains) four times daily. These observations convince the author that coronilla is an excellent cardiac remedy; it regulates the rhythm of the cardiac contractions, increases their force, works excellently in palpitation of whatever cause, etc. It has, besides, a very favorable effect on the digestive functions, in which respect it is very much superior to digitalis, which cannot be borne by many patients, causing nausea, vomiting, and diarrhea. Coronilla is therefore especially indicated in those cases of heart disease which are complicated with disturbances of the digestive apparatus and with vertigo. Unlike most cardiac remedies, coronilla has no cumulative effect, is an excellent diuretic, and sometimes proves effective where strophanthus, spar-teine and digitalis fail.—*Homeopathic World.*

H. V. H.

Miscellaneous Items.

During the year ending June 1, 1899, 400 applications for admission to the Hahnemann Hospital Training School for Nurses have been received. From 100, whose applications seemed promising, fourteen were accepted and forty-five were put on the waiting list. This ought to show the popularity of our training school and the care exercised in accepting nurses for training.—Dr. J. P. Cobb has returned from his vacation.—Dr. Vilas is still enjoying his rest in Europe.—Dr. Chislett has taken to the woods for recreation, while Dr. Shears spends much of his time at Williams Bay, Lake Geneva.—Dr. Smith still continues his honeymoon, while Drs. Swan and Halbert try to find a vacation on the golf links.—Dr. W. J. Hawkes was recently married to Miss Jane Gray, of Los Angeles, Cal.—Dr. C. Gurnee Fellows is the happy father of a nine-pound girl. He still manages *THE CLINIQUE*.—Dr. Robert Carr Block is doing a good business in the specialty of nose and throat diseases in St. Louis. His address is 615 Century Building.—Dr. A. H. White is located at 230 Woodlawn Terrace.—Dr. E. G. H. Miessler's correct address is Staplehurst, Neb.—Dr. R. C. Newell, of Austin, Ill., takes a month's vacation in the far west.—A new homeopathic college will open at Detroit in the fall. Dr. C. C. Miller will be the president; Dr. MacLachlan, dean; and Dr. R. C. Rudy, registrar. *THE CLINIQUE* wishes the new college all kinds of success.—Dr. E. W. Layman, '99, will be associated with Dr. Waters, 126 N. 7th Street, Terre Haute, Ind.—The Missouri Valley Homeopathic Medical Society will hold its fifth annual session at St. Joseph, Mo., the first week in October.—The editor of *THE CLINIQUE* extends his congratulations to Dr. Walton, president of the American Institute. If he does as well as Dr. Bailey he will be all right.—We are pained to record the sudden death of Dr. I. T. Talbot, dean of the Boston University School of Medicine. He is one more of the "old guard" to leave us. He has been a prominent factor in homeopathic education, and his influence was powerful in the American Institute.—Dr. H. T. Cole is located in the Fine Arts Bldg., Chicago—Dr. Jas. H. Thompson, '87, of Pittsburg, Pa., is making a name for himself in surgery.—Dr. A. Louise Cory has left Appleton for Waukesha, Wis.—Dr. A. A. Just was

married to Miss Evelyn L. Hall, July 12, 1899, both of Crookston, Minn.—Dr. F. H. Blackmarr reports the addition of a son to his family.—Dr. Chas. E. Kahlke has returned from his studies in Europe, and will now be found at his work, 3034 Michigan Ave.—Dr. G. M. Hill takes care of Dr. Halbert's clinic during the summer.—Dr. F. W. Baker is located at 4144 Grand Boulevard.—Dr. Luella E. Axtell, of the class of '99, has located at Cripple Creek, Colo.—Dr. A. R. Ferguson, of the class of '99, has located at Manistee, Mich.—Dr. Emma J. West, of the class of '99, has located at Manistee, Mich.—Dr. Kahlke plays a good game of golf when he is *not* at the County Hospital.—Dr. Evans is spending his spare time during the summer in special study of materia medica, in which line of work he has already made a name for himself.—Dr. W. A. Humphrey, of Plattsmouth, Neb., will contribute a paper for our next issue. The editor is anxious to have all of our alumni do likewise.—Dr. A. H. Gordon will be associated with the chair of theory and practice in "Old Hahnemann" during the coming year.—Dr. W. E. Taylor has nearly a thousand patients in his asylum at Watertown. He will tell the class much next year about the good results of homeopathic remedies in cases of insanity.—After going to press with our college announcement, it was learned that Prof. Hawkes would be detained in California for the winter, and with the consent of our faculty he arranged to give a few lectures in the Hahnemann Medical College of San Francisco. A recent communication from Prof. Hawkes announces that he expects to be with us a part of this year.—Dr. C. E. Fisher, we understand, has located at Little Rock, Ark. He is to be associated with Dr. W. E. Green.—Dr. Wilson A. Smith has again located at Morgan Park, Ill.—The Denver Homeopathic Hospital has a new building.—H. A. Mumaw, M. D., has become the publisher of the *Advance*.—Dr. Julia D. FitzHugh, '99, has located at 1517 Welton St., Denver.—Dr. W. H. Caine, of Minneapolis, and A. B. Cole, of Fergus Falls, have been appointed surgeons in the 12th and 14th regiments of volunteers just raised in Minnesota.

THE INTERCOLLEGIATE COMMITTEE.

The intercollegiate committee of the American Institute of Homeopathy was organized in 1880 and during its nineteen years of existence has initiated many reforms in medical education. All of the important requirements concerning medical colleges which have been adopted by the institute have originated in this committee; neither the committee nor the institute which it represents are primitive bodies, therefore its enactments have been more suggestive than mandatory in character, yet it is interesting to note that the older colleges have invariably immediately put into practice the requests of the institute, that others have gradually brought their requirements up under pressure of the examples and of the influence of the profession and that all make an effort to live *within* the letter of the requirements, though in some instances losing all sight of the spirit.

During the meeting of the institute at Atlantic City the Intercollegiate Committee presented several recommendations which were adopted by the institute :

First. That beginning with the year 1900 all medical colleges shall have a course of four years of not less than seven months each instead of six months as heretofore required.

Second. A subcommittee of three was appointed for the consideration of the subject of "Uniform Minimum Matriculation Requirements" for medical colleges.

Third. A subcommittee of three was appointed to prepare a code of intercollegiate ethics. This committee is to report at the next annual meeting and during the current year they are to act as a board of censors to whom shall be referred any irregularities in any college rules or practices during the year.

Fourth. Hereafter all applications from colleges for membership in this committee shall lay over for one year and a subcommittee shall be appointed to investigate and report to the Intercollegiate Committee the standing of the college applying for recognition.

Fifth. The committee recommended that an evening be set apart by the institute during its annual meeting under the direction of the executive committee of the institute, to be designated "alumni night," that the evening be devoted to a single entertainment, in which the alumni of all colleges shall be expected to participate.

In the last recommendation it would seem that the committee had rather stepped out of its own province, viz. that of education and the management of colleges, to instruct the parent body itself how to manage one feature of its annual meeting. This recommendation of the committee attracted some attention on the floor of the institute and was adopted by the institute practically in the form presented by the committee; it must now come under the notice of the executive committee, but it is to be hoped that nothing will be done to dampen any enthusiasm; it is a question worthy of thought whether the alumni reunions with all of their drawbacks are not a strong feature of our annual meeting, a means for better acquaintance, an opportunity for the establishment of a more cordial good fellowship and thus a better common solidarity.

The first four recommendations will meet the favor of every one interested in college work, who believes that all colleges should meet the same standard in material accepted, in opportunities offered, in requirements enforced and in the exchange of intercollegiate courtesies.

J. P. C.

Hospital Notes.

THE GENERAL MEDICAL CLINIC.

SERVICE OF PROF. H. V. HALBERT.

Case 1. RHUS TOX. POISONING IN A CHRONIC CASE.—Mr. D., an inmate of our hospital, suffered for a long time with malarial fever. His case proved to be an obstinate one and he was confined to his bed for many weeks. No treatment seemed to relieve him and finally the cervical glands on both sides became greatly enlarged. Local applications and internal remedies, which seemed to be indicated, gave no relief. It was observed that he was always worse in damp and changeable weather and as soon as he was able to get about he claimed that he found relief always upon motion. He insisted so strongly upon this feature of his case that we gave him rhus tox. in the third decimal potency. It afforded him much relief but as he improved so decidedly he was somewhat overlooked and the remedy was continued without variation. My attention was soon called to him by one of the nurses and I found his body literally covered with a characteristic rhus tox. eruption. For a while he was very sick and was obliged to return to his bed as quite a fever ensued. Desisting with all medication for a time I then gave him rhus tox. 200x three times daily. As a result the rash has gradually disappeared and the patient has improved sufficiently to go out. He will leave the hospital in a week perfectly well. My mistake was in the continued use of rhus tox. in the lower potency and this is proof to my mind that the higher potency would have given better and quicker results.

Case 2. GAULTHERIA IN RHEUMATIC FEVERS.—Six cases of rheumatic fever came under my care in the Hahnemann Hospital during the past winter. They were all of extreme character and the articular involvement was pronounced. The temperature fluctuated between 101° and 103°; the urine was scanty, of high specific gravity and in some of the cases albumin was present; acid and offensive perspiration was persistent and the general symptoms seen in such cases were pronounced. Endocarditis, varying in degree, attended all of them and in some it proved quite obstinate. Other complications incident to such fevers were also

present. It has been for some time my intention to try the use of gaultheria in such cases in conjunction with the indicated remedy. I therefore administered four times daily, in two tablet doses, a compound of gaultheria and soda bicarbonate—two minims of gaultheria and two grains of soda. The relief of all the acute symptoms was more pronounced than I ever observed before in similar cases. I have always had a peculiar dread of the long infirmity generally attendant upon cases of rheumatic fever but I never before experienced such speedy and satisfactory results as followed the treatment of these cases. The glandular involvement, was obviated, the articular pains were greatly relieved, the febrile activity was modified and the after results were minimized. I never managed cases of the kind with greater satisfaction and am free to recommend the use of gaultheria as an adjuvant in all cases of the kind. It is not inimical to the homeopathic remedy.

Case 3. PULMONARY TUBERCULOSIS, INCIDENT TO TYPHOID FEVER; GUAIACOL.—Mr. B., age twenty-nine, was a strong and athletic young man of exemplary habits; he complained rarely of any illness, and was regularly attendant to his duties in a country bank; his life was an exemplary one, and there was no outward sign of tuberculosis in his physical make-up. There was, however, a family history of phthisis on his mother's side, but the patient had never even had a cold which affected the lungs to any extent. About eight weeks ago he was taken with typhoid fever, which ran a characteristic course. At the end of the third week, when recovery seemed imminent, he complained of a severe pain in his right lung; immediately he began to cough and to raise the vilest kind of grayish sputum from the lungs; the odor of this was something beyond description; night sweats, an evening temperature of 101-103° and a typical tubercular cachexia now appeared, and the emaciation and exhaustion progressed rapidly. At the time of my consultation little hope of recovery was evident; in fact, death seemed apparent at that time. The physical examination revealed a completely consolidated lung on the right side and the evidence of acute tubercular involvement in the apex of the left; mitral insufficiency was already established, and there was considerable cardiac hypertrophy from overaction; respiration was labored and the expiratory action of the left lung was greatly augmented. The prognosis was necessarily unfavorable, but we determined to make an effort to get the patient up

and sufficiently strong to go to a better climate. Accordingly stimulants were resorted to and a nourishing diet was forced. Guaiacol, five drop doses in a little milk, was given four times daily and tart. emetic 3x was prescribed hourly to encourage lung resolution. Raw eggs with whiskey were given several times daily; chopped meat, cooked, was fed to him as often as he could be induced to take it and as long as the stomach would tolerate it. Recent reports from Dr. Brewer, his attending physician, have given us hope to believe that there is a possibility of sufficient recovery to permit us to carry out the plan of removal to a climate which will aid his recovery.

The interest to the physician in such a case as this is entirely in regard to the treatment. A diagnosis with such a history is not difficult but the discouragement comes when we attempt to relieve. Guaiacol, as in all cases within my experience, certainly has a palliating effect upon the diseased lungs and to some extent retards the tubercular development. It relieves the respiration and has a decided tonic influence at least making the patient feel much better. In almost all cases it is borne well by the stomach and at least temporary relief is experienced the moment it is given. In my clinical and hospital practice I have been quite favorably disposed to its use, both in pulmonary and intestinal tuberculosis. I am also inclined to the belief that it can be used with much success in pulmonary tuberculosis, in conjunction with systematic chloroform inhalations, with equal parts of creosote and alcohol.

The diet is of greatest importance. The patient should be fed to the extreme point of endurance. Eggs, with whiskey, are tolerated best of all and restore the strength rapidly. Meat is another article of diet which must not be neglected. If we can sustain the patient, keep the lungs in a state of quietude and stop the tubercular development by the aid of guaiacol we shall be able, perhaps, to do something for such unfortunate patients.

Another point in the clinical study of this case is observed in the metastatic and sudden appearance of the pulmonary tuberculosis as an incident to typhoid fever; whether it was a true metastasis or whether the fever acted simply as a developing agent for a latent condition of tuberculosis is yet to be settled. At any rate it serves us well always to be on our guard for such developments. I am reminded of a case of mine several years ago in which a strong and healthy young man was suffering with an acute

attack of catarrhal jaundice, when all of a sudden he began to have hemorrhages from the lung; these were literally beyond any control and the hemorrhages were so copious that in a few days he was dead. This no doubt was a case of metastatic pulmonary tuberculosis, developed by the catarrhal jaundice.

Case 4. CHRONIC GASTRITIS FOLLOWING GASTRIC ULCER.—Mr. R., a man beyond fifty years of age, was sent to the hospital not long ago for treatment. At the time he was emaciated, anemic, weak and troubled with many peculiar symptoms pertaining to the digestive tract. He could not tolerate other than the simplest form of food; his bowels were constipated, gastric pains followed the introduction of any food into the stomach and a distressing flatulency bothered him most of the time. His recovery was apparently doubtful. The previous history given by his physician, Dr. Rogers, pointed clearly to a condition of gastric ulcer, as several hemorrhages from the stomach had occurred, and all his other symptoms clearly indicated that diagnosis. His physician had successfully treated him and cured him of that complaint. After entering the hospital he showed no evidence of hemorrhagic recurrence; his tongue was thickly coated; nausea, frontal headache, inability to eat, gaseous eructations, and the general history and appearance of the patient convinced me that the stage of gastric ulceration had now passed. He was therefore given hydrochloric acid dilute ten drops in one-half glass of water before meals, and taka-diastase—three grain powders—was given after meals. He was given fruit freely, and was gradually encouraged to take solid food, which he was able to do in about two weeks. His appetite and strength improved steadily; his bowels began to move naturally; his spirits went up with his strength; he had some vomiting at first, but no blood was seen, and the stomach soon settled down to its natural function, and in a month's time he went home a happy man. I have heard from him through his physician but once and the improvement so far is continuous.

We learn from this case, as I have frequently observed before, that chronic gastritis very often follows gastric ulcer; the extreme conditions of hyperacidity is generally superseded by a depreciation of and decrease in the amount of hydrochloric acid. Thus the pepsin fails to perform its action and the resultant catarrhal inflammation stops the perfect digestion; hence the anemia and general debility which appeared in this case. It is natural for us to fear

the result from the introduction of hydrochloric acid into the stomach following a case of gastric ulcer, but it is necessary when the atonic gastric condition terminates in a catarrhal gastritis. The best method of ascertaining whether the total acids are in excess or deficient is by means of a quantitative examination of stomach contents after a test meal. It is, however, so unpleasant for the patient that experience and the history of the case must be our guides. The coated and colorless tongue and the fact that these conditions appear subsequent to the hyperchlorhydria and gastric ulcer ought to be sufficient to direct us.

Case 5. METHYLINE BLUE IN MALARIAL FEVER.—Various clinical experiments have been made with methylene blue to ascertain its value as an internal remedy. There is no doubt that it has some medicinal value in cases of chronic cystitis and inflammations of the prostate gland in men. It also has given me some encouragement in chronic neuritis, and in some neurasthenic conditions. I believe also that it may serve as well in rheumatoid arthritis. This I have proven to my own satisfaction in several cases. Its action seems to pertain to the lower cord nerve cells and hence its symptomatology has so much to do with symptoms pertaining to the bladder and the genital region. The fact that it was indicated in malarial fever was not known to me until my attention was called to it by Dr. Wilson. The following case may be confirmatory:

Mr. B., age twenty six, was one of the soldiers who came to our hospital suffering with malarial fever. He was not at first assigned to us, but hearing of us he had asked his discharge from another hospital that he might come "to a place where they did not insist on the use of quinine." It was apparent to me at first that if we could get the quinine out of his system that he would get well naturally. To my disappointment after weeks of study and experiment with his case his chills and fever came back with renewed force; I even resorted to quinine again in my desperation to accomplish something. This only aggravated his condition. Cystitis bothered him severely, and there was some prostatic discharge through the urethra; constant pain in the sacral region and the limbs indicated involvement of the lower cord segments, and he had many of the depressing symptoms which follow the excessive use of quinine. Methylene blue 3x was given to him six times daily. In about a week's time the chills began to

intermit and the temperature did not go so high. By the end of the second week he was still better and at the end of the third week he was convalescing. At the termination of the fourth week he left the hospital.

I quote this case as my only experience with this remedy in malarial fever. I consider it of sufficient importance to call attention to it for the sake of future investigation.

Case 6. ECHINACEA FOR BOILS. Mrs. C., age forty, was always supposed to possess what was termed a scrofulous diathesis. Every spring she suffered with a periodic attack of those local comforters, for which she usually took any "spring medicine" prescribed by her most intimate neighbors. For some reason her last attack was apparently aggravated by her patent prescription, and she went through every sort of medical experience, from cathartics to massage, and yet for two or three months these boils appeared and increased in size and ugliness. For a month longer I worked away at her case, but accomplished no permanent result. Perhaps I did not get the right remedy or could not discover the true similimum. However, my attention was called by one of the journals to echinacea. I had not used it before, but I am glad to record the most satisfactory result. I used the first decimal potency, ten-drop doses, six times daily.

Case 7. ASPIDOSPERMINE IN ASTHMA. Mr. M., a mechanic, whose vocation certainly encouraged the irritating cause of his disease, asthma, had been treated for a long time for a chronic emphysematous condition of the lungs without anything but temporary relief. He suffered apparently with acute attacks of asthma, due to the bronchial irritations whenever he took cold. During these spells he had attacks of dyspnea and paroxysmal coughing, though he rarely raised much mucus. These attacks were so severe that opiates, chloroform, nitrite of amyl, etc.—were always resorted to with temporizing results. My attention was called to aspidospermine by one of the local pharmacists. I used it in the second decimal potency every half hour, and frequently oftener, during an attack, and continued its use for a long time after. It not only aborted the acute attack, but it greatly relieved the emphysematous tendency. The irritating laryngitis and the dyspnea, which were of such frequent occurrence, were also helped. I believe it is a remedy which deserves further study, particularly

for its relief of neurotic symptoms in asthmatic conditions and emphyematous tendencies.

Case 8. DIABETES WITH EXCESSIVE POLYURIA.—Mrs. C., age forty-nine, came to my clinic a few months ago claiming that she was suffering with “nervous prostration.” Three years previously she experienced a great shock in the loss of her child, and never after had regained her strength and normal flesh. She said she was constantly losing flesh, though she seemed to eat as well as ever; she had intense thirst and copious urination, particularly at night; she was also troubled with great perspiration and considerable itching of the skin and some jaundice.

The physical examination revealed a flabby heart with slight mitral murmur and considerable dyspnea, but the great diagnostic point was her apparent emaciation, and the attendant anemia and exhaustion. She was requested to bring the twenty-four hours' amount of urine. When she returned the next week she said she left half of it at home as it was too much to bring. The report from the laboratory is as follows:

Amount in 24 hours (only that which she brought)...	7350 c. c.
Color	pale.
Reaction	neutral.
Sp. gr.	1.040
Total solids ..	.684 gm.
Chlorides	abundant.
Phosphates	6.782 gm.
Urea	70.19 gm.
Sugar	551.25 gm., 7½ per cent.
Albumin	present.

Picric acid 3x was prescribed—six times daily—from the fact that her primary and pronounced symptoms were neurasthenic in character; more than this, it is my belief that the pathological cause of diabetes is first associated with some involvement of the medulla as a result of which the inhibitory power of the vagus is taken away from the hepatic plexus of the sympathetic; this permits a vasomotor perversion in the liver and the enhanced circulation takes away the stored up sugar; thus, to my mind, diabetes is a nervous disease.

The improvement in this case was marked, as she reported from week to week. Picric acid was continued with few interruptions. She gained in strength, the nervous symptoms disappeared, the eliminated sugar began to decrease, and the polyuria improved. Better than all,

the exhaustion, the thirst, the anemia and the copious perspiration improved from day to day; everything looked encouraging, when, like most clinical patients, she was induced to go to another clinic where "stronger" medicines were used. This experience, however, with this and other cases, confirms my belief in the neurotic origin of diabetes, and, more than all, in the value of picric acid as the indicated remedy. Diet which entirely eliminates carbohydrates, I do not believe best in cases of long standing. Whether it is best in the beginning I am also in doubt.

Case 9. EXOPHTHALMIC GOITER WITH EXTREME TACHYCARDIA.
—Mr. C., age forty-eight; before he came to my clinic had been ill for four years without receiving any medical relief, though he had spent all his spare money seeking aid. His complaint, he claimed, was entirely with his heart and the attendant exhaustion; besides this it was evident that he was extremely nervous and apprehensive about himself. The physical examination revealed no organic cardiac disease, but there was the most pronounced tachycardia I ever saw in any case. His emaciation was extreme and, with the terrible tachycardia, which made the chest rise and fall rhythmically, there was a pronounced and visible pulsation of all the prominent arterial vessels. His respiration was labored; his expression was anxious; extreme perspiration constantly covered the integument, and though he had a ravenous appetite, his strength and flesh were rapidly leaving him. Still no diagnosis was evident to my mind, for I could observe nothing more than the above symptoms. After watching him closely for a while I was struck with the fact that I never saw him wink; he was always looking directly at me without any expression or motion of the eyes. The thought then came to me that I had a case of exophthalmic goiter, and that the eye symptoms were due to the paralysis of the Müllerian muscles. My diagnosis was then clear to me. I had a case of exophthalmic goiter *without* the goiter or exophthalmus. The name of the disease is therefore unfortunate, for it is truly a disease of the sympathetic system and exophthalmus and goiter may or may not be present. The tachycardia, paralysis of the Müllerian muscles, the copious perspiration and extreme exhaustion were sufficient to confirm the diagnosis.

Lycopus tincture was given in five drop doses before his meals and at bedtime. In addition aconite 3x was

prescribed hourly. This treatment was continued for weeks and months. When the tachycardia improved the aconite was dropped, but the lycopus was continued. Six months have passed and the improvement is marked. He will get well.

Case 10. STIGMATA MAIDIS IN ACUTE ALBUMINURIA.—Mr. H., suffered with an acute attack of prostatitis, induced by gonorrhoea and the careless use of injections. He was indiscreet about getting his feet wet during convalescence, and before we knew it all the old symptoms were augmented, and he was put to bed with a fever, and soon albumin and blood appeared in the urine. His condition was soon complicated by cardiac weakness and considerable general dropsy. Every symptom grew worse from week to week, and nothing, suggested by consultation and the constant study of his case, seemed to offer any relief. At last he was given stigmata madis in ten drop tincture doses six times daily, and in a short time there was apparent improvement. The remedy was faithfully continued, and in a few weeks not the slightest trace of albumin was found. Then the remedy was continued less frequently, and he gradually progressed toward a permanent cure. There is no doubt of the efficacy of the remedy, for he had been ill for a long time, and previous to its use there was no evidence of any improvement.

The diuretic action of this remedy is well known, and it was natural to expect an increase in the amount of excreted urine; in this case, however, the contrary effect was experienced, for the extreme polyuria gradually decreased. This was somewhat surprising, inasmuch as such heroic doses were used. It is safe then to assume that the action of this remedy so clearly affects the kidney that it relieves the inflammatory invasions sufficiently to decrease the polyuria and remove the albumin.

Case 11. ALCOHOLIC NEURITIS FOLLOWING GASTRIC ULCERATION.—Mrs. H., was admitted to the hospital about six months ago while suffering with an extreme condition of gastric ulceration. For some time the nausea and vomiting were pronounced, and it was with the greatest difficulty that the slightest nourishment could be retained; hematemesis occurred at intervals. After a while these symptoms were controlled by ipecac, arsenicum and iris, as they seemed indicated, and she was finally able to retain a light diet by feeding her a little at rare intervals. The gastric pain

was paroxysmal and frequent if there was the slightest overcrowding even of liquid food; in the vomited matter hydrochloric acid was excessive.

The case was a perplexing one inasmuch as it was of long standing and from the fact that the woman had been addicted to the excessive use of alcohol. She was hysterical and obstinate to the extreme, but after a persistent and careful course of treatment and diet she began to show a decided improvement. About this time her nervous symptoms developed; she was hysterical at times and all of a sudden there appeared positive signs of multiple neuritis; her temperature again went up to 103° and lasted for several days; soon she began to complain of pain in her hands and feet and there was some redness and edema of these parts. In a couple of weeks there was a loss of power in the anterior tibial muscles and in the extensors of the hands; in a few days more there was a complete paraplegia. Following this there appeared a most pronounced atrophy of the muscles involved and a complete ankle and wrist drop.

We now had a case of alcoholic paraplegia to manage instead of gastric ulceration. As her stomach trouble had improved we now forced a nourishing diet; persistent massage was applied to the hands and feet, and as soon as the pain subsided she was compelled to use her hands and to walk. Internally argent. nit. 3x was given every hour, and at the end of two months she was greatly improved and able to leave the hospital on crutches.

From this case we learn that a tendency to multiple neuritis may exist in cases of gastric ulcer, particularly where there has not been the proper care in the beginning. During the earlier stages of the gastric involvement the patient should be given the greatest amount of rest.

Case 12. CANTHARIS IN PNEUMONIA.—Mrs. C., age fifty-six, a hard working washerwoman, was brought to the hospital in a profound condition of collapse; she was delirious, there was marked dyspnea, the respiration being above forty, short and catchy, and at times it resembled the Cheyne-Stokes character. The end seemed apparent, but she was immediately put to bed and stimulated with hypodermics of strychnia and whiskey, and bags of hot water were packed about her until there was some sign of reaction. A hurried physical examination revealed the fact that she was suffering with an extreme case of pneumonia. Both lungs seemed consolidated, and mostly

in the lower lobes; crepitant râles, which could be heard at some distance from the bed, could be detected for the whole lung surface, both anteriorly and posteriorly, and including the pendant folds of the pleurae. Before being brought to the hospital she had been discovered in her poorly furnished room, without food or proper clothing, and with no fire on one of our coldest days. She evidently had been in this condition for several days without any medicine or the slightest attention or care. It was impossible for some time to get her to swallow food or nourishment, and the most unfavorable prognosis was given as to her living through the night. Arrangements were made for systematic and persistent nursing, and in addition to the stimulants she was given every hour hypodermics of cantharis 2x, and hot compresses upon the chest. In the morning to our surprise she was able to swallow and seemed a little better. Her temperature then was 104° and the pulse 120; she now began to cough some and complained of a sharp, knife-like pain, mostly in the lower part of the lungs. All of the symptoms of pneumonia now being manifest, and especially as it seemed to be pointing toward a typhoid complication, she was given baptisia in alternation with cantharis every half hour. This procedure I fully believe was correct and not inimicable to the cantharis. In a few days as the dangerous signs of fever had abated, cantharis alone was continued every hour. In a few days the marked signs of the first stage of pneumonia began to give way to the better signs of resolution, and she continued in an uneventful manner toward recovery. In six weeks she was discharged from the hospital perfectly cured, though greatly emaciated and very weak.

The interest in this case is observed in the wonderful action of cantharis, which I believe to be one of our best remedies in the acute stage of pneumonia and for the inflammatory invasion of any serous membrane. It is always indicated when pronounced crepitant râles are associated with constant stitching, sharp pains, both with and without inspiration. Besides, she had the intense thirst and the burning sensation in the throat constantly; diarrhea, with passages containing blood and mucus resembling scrapings of the intestines were also characteristic; the frequent urging to urinate with the burning and intolerable tenesmus, was also present; and, more than all, she had that profound prostration, the tendency to convulsions

and the peculiar pinched and distracted expression of the face which, I believe, is always indicative of cantharis. This case is reported with the desire that in such extreme conditions, when hope is almost gone, it will not be forgotten even to the extent of using it hypodermically. I believe if we had not done so our patient would have died the first night.

Case 13. SPIGELIA IN ANGINA PECTORIS.—George R., a lad eighteen years old, came to the hospital in a state of great excitement and complaining of a severe pain in the precordium with a sense of constriction; this extended into the left shoulder and down the left arm; there was violent cardiac palpitation and the pain was always increased by motion and forced inspiration; he experienced some suffocation and his eyes had that peculiar staring appearance so common in angina. The pulse tension was increased, though the rhythm was undisturbed; these symptoms appeared in paroxysms, and he was greatly frightened about himself. The physical examination made during the interval between the paroxysms did not reveal any decided heart lesion, though there was some hypertrophy and a slight mitral irregularity. He was not particularly of a nervous temperament, and no neurotic origin for his condition could be discovered. His case was diagnosed, therefore, as a typical attack of angina pectoris. His prominent symptoms were as follows: A tearing pain in the forehead, a sharp pain in the region of the left nipple, radiating over the chest and passing through to the left scapula, precordial oppression with considerable cardiac palpitation. He had a bruised feeling in the limbs and was much fatigued; he was painfully sensitive to touch and was disturbed by the slightest motion; there was a decided tendency to a chill, and he had a temperature of 102° ; he was put to bed, kept very quiet and a hot compress was kept upon the chest. Spigelia 3x was prescribed, and he made a gradual though perfect recovery.

It was found afterward that he was subject to these attacks, but, as he said, he never experienced so rapid a recovery. The remedy was continued for some time after he left the hospital, and came regularly to the out clinic. Spigelia may be considered one of our most valuable remedies in angina, as it is in all cases of neuralgia. By continuing its use long after the initial attack we may overcome the tendency to recurrence. Its action upon the cardiac ganglia relieves the tendency to spasm, whether due to

rheumatic, neurotic or other causes. It has the best tonic influence upon the inhibitory action of the vagus which sends fibers into this plexus. With this relief we obviate the tendency to anginal recurrence, which is of more importance than attending to the attack.

Book Reviews.

Books for Review should be sent to the editor of the *CLINIQUE*, 70 State St., Chicago.

THE NEWER REMEDIES. A Reference Manual for Physicians, Pharmacists and Students. By VIRGIL COBLENTZ, Prof. of Chemistry and Physics in New York College of Pharmacy. P. Blakiston's Son & Co. Publishers.

This is a handy reference book which should be of great convenience and usefulness to physicians. It is concise and accurate. It deals only with the newer remedies of which other works mention little.

H.

AN EPITOME OF THE HISTORY OF MEDICINE. By ROSWELL PARK, M. D., Prof. Surgery in the Medical Department of the University of Buffalo. F. A. Davis Co. Publishers, New York and Chicago.

This is a second edition of the lectures delivered by the author at the University of Buffalo and no doubt is a popular book with physicians. We need some history of medicine and this satisfies that need very well. It is written well and physicians will find it very pleasant vacation reading. The author confines himself quite closely to the narrative thus making the work in every sense a history of the progress in medicine instead of an expression of personal views.

H.

ESSENTIALS OF HOMŌPATHIC MATERIA MEDICA AND HOMŌPATHIC PHARMACY. By W. A. DEWEY, M. D., Prof. of Materia Medica in University of Michigan, Homeopathic Medical Department. Published by Boericke & Tafel, Philadelphia, Pa.

This is the third and revised edition of this valuable work of 875 pages. Dr. Dewey is too well known to need any remark as to his ability. He is one of the most painstaking writers on the subject of homeopathic materia medica. It is really a system of questions and answers on subjects which pertain to homeopathy and homeopathic remedies. It takes up the description of each drug or plant and simply gives the chief use and symptoms which call for it. It is intended for students mostly, but is a valuable reference book for practitioners as well. We recommend it with pleasure.

H. V. H.

ATLAS OF THE EXTERNAL DISEASES OF THE EYE. Including a perfect treatise on the pathology and treatment. By PROF. DR O. HAAB, of Zurich. (Translated from the German.) Edited by G. E. de Schweinitz, A. M., M. D.

W. B. Saunders, 925 Walnut St., Philadelphia, is publishing a series of books with colored plates, showing the disease as it appears in life. The last one is the volume now before us, a book of 225 pages, seventy-six colored plates and six engravings. It is quite marvelous, even in this book-making age, how such a book can be purchased for three dollars.

There has recently been offered for sale a book showing the external diseases of the eye, the price of which is twenty dollars, which, for practical everyday use, is in no way superior to this one. The plates are true to life, and comprise all of the external diseases seen in practice, and, what is an especial feature, the clinical cases from which these illustrations were made are fully described on the page immediately opposite, so that the merest tyro in ophthalmology ought to be able to diagnosticate many of the diseases so commonly seen. The text is sufficiently complete to give a very good idea of the disease in question. Not only is the book exceedingly useful to physicians, but the oculist himself should possess it. C. G. F.

MIND AND BODY—HYPNOTISM AND SUGGESTION APPLIED IN THERAPEUTICS AND EDUCATION. By A. C. HALPHIDE, M. D., Pathologist to Hahnemann Hospital and one of the professors of Theory and Practice in the Hahnemann College. Published by the author, 3458 Wabash Ave., Chicago.

This is a neatly printed and bound book of 280 pages covering the essentials of hypnotism. It gives quite a complete history of the antecedents of this art and relates to a great extent to the methods, the theory and the phenomena of applied suggestion. In this respect it must be admitted that the author has given much study to the subject and it is no doubt qualified to speak from experience.

Whether all that is claimed for hypnotism in a clinical way can be substantiated in a great variety of cases is a mooted question with physicians. As an adjuvant it no doubt has its influence and is conscious or unconsciously applied by many. Whether it is a just method of scientific procedure or whether it is a safe means to employ clinically or even experimentally is still a question for consideration. We may give morphia to relieve pain but what of the after effects? Again does hypnotism strengthen or weaken the mental faculty from which we expect such trophic and inhibitory improvement? Does it elevate the mind and strengthen the moral character? These are questions which demand consideration before we adopt it. One must follow more closely the clinical results claimed by the author before accepting the results he seems to establish. H. V. H.

THE ANATOMY OF THE CENTRAL NERVOUS SYSTEM OF MAN AND OF VERTEBRATES IN GENERAL. By PROFESSOR LUDWIG EDINGER, M. D., Frankfort-on-the-Main. Translated from the fifth German edition by Winfield S. Hall, Ph. D., M. D., Professor of Physiology in the Northwestern University Medical School, Chicago, assisted by Philo Leon Holland, M. D., Instructor in Clinical Neurology in the Northwestern University Medical School, Chicago, and Edward P. Carleon, B. S., Demonstrator of Histological Neurology in the Northwestern University Medical School, Chicago. Illustrated with two hundred and fifty-eight engravings. Philadelphia, New York and Chicago. The F. A. Davis Company 1899.

The fourteen years that have elapsed since the first appearance of Edinger's lectures on the central nervous system have been years of great advancement in our knowledge of the structure of the central nervous system. No better evidence of this fact is needed than the book now before us, which at first was a series of lectures by a physician in Frankfort intended for physicians only. It has now passed through five editions and in a larger form with a wider scope it is now the most scientific of all the books on this subject. The three chapters of Part I. are devoted to an introduction to the anatomy of the central nervous

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Original Lectures.

*DIAGNOSIS OF CATARRHAL PNEUMONIA IN CHILDREN.**

By WM. W. VAN BAUN, M. D., PHILADELPHIA, PA.

Bronchial pneumonia rather than catarrhal, or lobular, seems the better descriptive term of these cases now under consideration, even though it describes the lesion rather than the disease. It includes a number of quite distinct diseases or infections, differing decidedly both in the etiological and clinical factors. It is distinctly the pneumonia of infancy, for under two years of age the majority of primary pneumonias are of this type, and throughout childhood nearly all secondary cases are of this class.

During the first year and after the third the pneumonias are clearly of their own distinctive type, either bronchial or lobar. Between the beginning of the second and the close of the third both kinds may appear in the same lung or in the opposite lungs at the same time.

Neither the clinical symptom group nor the pathological process follow a regular order such as is found in lobar pneumonia, and the fact that bronchial pneumonia may exist without signs of consolidation at any period during the course of the disease is to be kept well in mind.

The object of this generalization is to emphasize the point that bronchial pneumonia is the usual form found

*Read before the American Institute of Homoeopathy, Atlantic City, N. J., June 22, 1899.

in childhood under three years of age, and that it is really an extension of the inflammation of a preëxisting bronchitis. The *diagnosis* will usually be established with the sudden oncome of continuous high fever, rapid respiration, cough, prostration and cyanosis. This symptom group under the above conditions almost invariable means a bronchial pneumonia even if the physical signs are absent or negative. Frequently pneumonia cases are found without consolidation. Others are met with having areas of partial consolidation only, while still others have more or less complete consolidation. Protracted or persistent broncho-pneumonia may gradually present all three stages in different parts of the same lung, or in parts of opposite lungs.

Acute congestive pneumonia is the type of the disease which is found free of physical signs, although congestion may give rise to feeble breath sounds over the affected areas, and occasionally to slight dullness or diminished resonance.

If the mucous membrane of the bronchial tubes is involved coarse sonorous or fine sibilant râles may be present as the larger or smaller bronchials are involved, and later posteriorly, fine moist râles may appear; these latter are the first distinctively characteristic diagnostic sign of bronchial pneumonia. Later the respiratory murmur becomes changed over the areas affected, being feebler and higher pitched, while over the large tubes in other portions of the chest the coarse râles of bronchitis are found.

In such cases the pneumonic condition may be so scattered or diffused as not to give rise to diagnostic physical signs, and the patient goes on to recovery without them.

It is the rule for the temperature to be high and remittent; if it is not, or is only slightly above normal, it is apt to be misleading. If the respirations are rapid and cough is present, which may be very slight, especially in infants, together with prostration and cyanosis, broncho-pneumonia is almost a certainty. If the pneumonia fol-

lows a bronchitis of the large bronchi, and is primary or is secondary to an infectious disease, like whooping cough, measles, diphtheria, ileo-colitis, grippe, etc., the lung invasion is characterized by a steadily increasing temperature, rapid respiration and pronounced prostration, and the physical signs may give no evidence of lung changes for twelve to twenty-four hours. It is astonishing how frequently high fever in children associated with indefinite symptoms is due to unrevealed pneumonia, and in all obscure cases the chest should be thoroughly explored daily until the diagnosis is established. An infant's lungs cannot be satisfactorily examined when asleep, for the breathing is quiet and superficial and the breath sounds over a portion of lung completely consolidated may be heard feebly, or the lung may be silent. On making the child cry and breathe deeply bronchial breathing and râles will be distinctly heard.

When the areas of consolidation are more or less complete, and shade off into healthy tissue, the diagnosis is comparatively easy, and if the classical physical signs are present, the nature of the lesion is without a doubt.

DIFFERENTIAL DIAGNOSIS.

At the very outset *bronchitis* will be found to be a stumbling block, and when severe cannot be positively diagnosed. It begins with high temperature of short duration, falling to 100° or 101° F. in one or two days. The prostration is less severe, as are all other symptoms, excepting the cough which is much more marked. When the bronchitis affects the smaller tubes, râles are heard both front and back and over both sides. If tuberculosis can be excluded, a localized bronchitis will mean broncho-pneumonia. Another good generalization will be, that in cases of doubt the chances will favor broncho-pneumonia rather than bronchitis.

Tuberculosis developing rapidly presents pulmonary signs and symptoms that may be identical with those of broncho-pneumonia. The heredity, the more profound

constitutional symptoms, anemia and wasting, preceding the local manifestations by days or weeks, and the more constant fever will assist in forming a diagnosis. At the same time there are cases of tuberculosis and broncho-pneumonia which present so many symptoms in common that it becomes extremely difficult in some instances to differentiate the one from the other. In such a situation the guide will be on general lines, and if the infant or child has been previously healthy, with good environment, the disease beginning with acute symptoms, the condition will be found to be broncho-pneumonia and not tuberculosis in the great majority of cases, no matter how long the duration of the illness, how irregular the symptoms, or what the physical signs may be. After a first attack, or after repeated attacks, a chronic interstitial pneumonia may develop, or again, a simple pneumonia may be followed by tuberculosis.

Atelectasis is to be considered especially in infants under six months, for during this period atelectasis and broncho-pneumonia may be associated. The history in these cases will be helpful, and if the infant in early life has been strong and healthful the congenital type may be discounted or excluded altogether, and if atelectasis is present it is due to collapse either from compression or obstruction.

When the congenital type does exist the physical signs are seldom helpful, but the history is, and will probably show a difficult birth resuscitation, a feeble crier, a sub-normal temperature and a cyanosis disproportionate to the other symptoms.

Malarial fever. Broncho-pneumonia, having a remittent temperature is sometimes, mistaken for the fever of malaria. The latter, however, is more distinctly intermittent than remittent in type. If the malaria should have added to it an active bronchitis or a pulmonary congestion, which is not unusual in a sharp malarial attack, the diagnostic problem becomes a difficult one. The history of exposure, the presence of an enlarged spleen and the discovery of the plasmodium in the blood, will decide in favor of malaria.

Lobar pneumonia. When the well-known signs and symptoms are present, such as the sudden onset, with vomiting, convulsions, or chills, rapid respiration, with the expiratory grunt or moan, cough, thoracic pain, high temperature, 102° to 105° F., marked prostration, rapid on- come of circumscribed consolidation in one lobe or portion of lobe, running a typical course with a five to eight day crisis, the diagnosis is easy. But should the signs and symptoms of broncho and lobar pneumonia blend, or vary in themselves, then a difficulty of no mean importance arises for the diagnostician.

Obscure and indefinite symptoms, with high fever in infants and children, point to pulmonary involvement, and differentiation is desirable.

Lobar pneumonia is nearly always a primary condition, occurring between the third and tenth year in children previously healthy, while broncho-pneumonia in about sixty per cent of the cases is a secondary condition in delicate and debilitated children under two and a half years, which present in primary cases the pneumococcus and in secondary the streptococcus, or mixed infection.

In lobar pneumonia, one lobe or part of lobe, most frequently the left base, is affected, the râles are heard early, and during resolution, with no signs in the opposite lung. Consolidation begins early, on the second day, or even on the first; it is complete, and the area is sharply defined. A rapid resolution takes place in three to eight days.

Broncho-pneumonia has a more gradual onset, being especially insidious in secondary cases; runs an atypical course, with fever continuing from three to five weeks, terminating rarely by crisis. Both lungs are affected, most frequently the lower lobes posteriorly. Râles are present in both lungs throughout the course of the disease. Consolidation if present is superficial, incomplete and shades off gradually. Resolution is slow and often incomplete, running from one to ten weeks; frequently becomes chronic and long lasting, or it relapses, or fresh attacks are frequent. While empyemia, chronic interstitial pneumonia, or tuberculosis may be found as sequelæ.

THE THERAPEUSIS OF PULSATILLA NIGRICANS.

BY CHAS. H. EVANS, M. D., PROFESSOR OF MATERIA MEDICA
IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

This little herb, bearing the names of *anemone pratensis*, *pulsatilla pratensis*, *pulsatilla nigricans*, meadow anemone, etc., and belonging to the family of *ranunculaceæ*, which includes many other medicinal plants, is found growing upon elevated situations such as high hills and mountains in nearly all parts of Eurasia. It springs from a short, thick, dark brown, several headed, spindle shaped root. The leaves are radical, on long foot stalks and spread almost laterally from the root. From the center of this crown of leaves the naked flower-stalk rises from four to six inches high, bearing on its summit a single bell-shaped flower, the petals recurving near their apex, and varying in color from dark violet to blackish purple. The flower stalk, highly flexible and standing alone among the leaves, is in almost constant motion, swayed hither and yon by every passing breeze or bent backward and forward by each gust of air, literally the sport of the wind.

The flowers themselves are natural barometers, for as evening approaches or a shower threatens the petals are seen to close in a tentlike form; this circumstance is attributed by the peasantry to the fairies, who nestling within the flower, close the petals in this manner for their own protection. The flower has no odor, but the plant when bruised exhales a vapor which causes smarting in the eyes and nose, followed by a flow of tears. The entire plant is covered with silver white hairs.

Active principles are anemonin and anemonic acid; these alkaloids are violent poisons.

The word anemone is from the Greek *anemos*, the wind, and Pliny voiced the prevalent belief of the petals spreading only in the wind when he wrote: This flower hath the propertie to open but when the wind doth blow, wherefore it took the name anemone in Greek.* The anemone was one of the three flowers dedicated to Venus, and mythology relates that it had its origin in her tears when weeping over the slain Adonis:

*Holland's translation.

“Wide as her lover's torrent blood appears
 So copious flowed the fountain of her tears,
 The rose starts blushing from his sanguine dyes,
 And from her tears anemones arise.”

And the Greek poet, Bion, renders the same legend :

“Alas the Paphian! fair Adonis slain!
 Tears plenteous as his blood she pours amain,
 But gentle flowers are born and bloom around
 From every drop that falls upon the ground.
 Where streams his blood there blushing springs the rose,
 And where a tear has dropped a wind flower blows.”

In France it has received the name of Pasque flower or Passion flower for the reason that it blossoms about the time of Easter, thus commemorating the pascal season and also that the petals yielded a dye with which Easter eggs were colored. The name of passe flower denotes the same period of the year viz., the Hebrew passover, and also the holy-rood flower from it was emblematic of holy cross day. Still another name bestowed upon it is the trinity plant, on account of three leaflets springing from a common center, although this name is shared by two others, clover and the shamrock. Although this plant has so many sacred associations, it is nevertheless known in some parts of Germany as the devil's beard.

The anemone is said to be endowed with the property of inspiring love in one of the opposite sex whose affection is desired, though this suppositious quality is also credited to a number of other plants. The Egyptians made the anemone an emblem of disease, and in China it is used as a funeral flower, as the tube rose has been until recently in this country. As a medicinal agent this herb is of great antiquity, Dioscorides and Galen both mentioning it in their writings and Pliny commends it for headache and ophthalmia. The ancient Romans when plucking this plant in the early season did so with incantations and frequent repetitions of the formula “I gather thee as a remedy against disease.” It was considered among other uses to be prophylactic against fevers and the same belief in its protective nature is expressed in ballad form in more modern time :

“The first spring bloom anemone, she in his doublet wove,
 To keep him safe from pestilence wherever he should rove.”

In some countries, however, the opposite opinion was held, for this plant was believed to taint the air so thoroughly that widespread disease soon followed.

In former times this plant was invested with wonderful virtues; it was gathered in the spring of the year with cer-

tain ceremonies, wrapped carefully in a scarlet cloth and laid away for future use. Should any one in the house be taken sick the dried herb was brought forth and tied around the neck or bound in the armpit so that it might exert its curative effect. Another practice of employing it for the relief of pain, swelling, or inflammation, real or imaginary, consisted in the local application of the plant and the repetition of the following words three times in succession, spitting on the ground between each time of saying: "Reseda, cause these maladies to cease; knowest thou, knowest thou, who has driven these pullets here? Let the roots have neither head nor foot."

When the freshly bruised plant is applied to the skin it causes the latter to inflame, with the formation of vesicles; and the tincture or the extract when taken into the mouth produces a sense of burning with numbness. In large doses it causes convulsions and death. This drug was proven by Hahnemann upon himself and by some of his disciples under his direction. It had previously been experimented with by Baron Storck in an empiric way with decided advantage, but the provings have rendered it possible for us to exchange popular and professional tradition for positive knowledge as to its medicinal effect.

The general morbid condition of the body to which pulsatilla presents a parallel is that of venous congestion; venous stasis is present in every tissue and organ both in the venous radicles and in the larger trunks, manifesting itself both internally and externally in a greater or lesser degree of varicosis. This sluggish carbonized circulation explains many of the symptoms of the pulsatilla patient, viz., the chilliness and coldness from deficient arterial circulation; the desire for the open air in which there is greater oxidization of the carbon-laden blood; the absence of thirst from diminished metabolism; the *bluish* red color or slight redness of inflamed surfaces; the softness and relaxed condition of the muscles and skin, and the constant sense of languor and weariness experienced by the patient. Such a condition of the system leads to or is associated with chloro-anæmia, œdema of the skin and dropsical effusion. Depression and melancholia, mental and emotional disorders and many reflexes are also traceable to venous stasis in the brain and cord. Further instances might be cited, but these are sufficient to furnish the key to others. Mucous tissue everywhere, whether lining the interior of organs or coating the inner surface of various channels and canals, is relaxed, dull red, and pours

forth a continuous stream of bland mucus or muco pus. This is so constant an event that attention is sometimes directed to pulsatilla by this circumstance alone.

Of its general influence Hahnemann says: "Pulsatilla is most suitable when not only the corporeal affection of this medicine corresponds in similarity to the corporeal symptoms of the disease, but also when mental and emotional alterations peculiar to the drug encounters similar states in the disease to be cured, or at least in the temperament of the subject of treatment. Hence the medicinal employment of pulsatilla will be all the more efficacious when in affections for which this plant is suitable in respect to the corporeal symptoms, there is at the same time in the patient a timid lachrymose disposition, with a tendency to inward grief and silent peevishness, or at all events a yielding disposition, especially when the patient, in his normal state of health, was good tempered and mild. It is therefore adapted to slow and phlegmatic temperaments; on the other hand, it is but little suitable to those who form their resolutions rapidly and are quick in their movements, even though they appear to be good natured—when there is a disposition to chilliness and an absence of thirst. Is especially so in females when their menses usually are some days after the proper time, and especially also when the patient must lie long in bed at night, before he can get to sleep."

While it is eminently true that the blonde, mild tempered, emotional woman who is easily moved to tears even during the recital of her own ailments, possesses the constitution to which pulsatilla is especially suited, it is nevertheless true that too great stress has been laid upon this fact, and in consequence it is often thought to be contraindicated in patients of other temperaments. This is an error; the circumstance that pulsatilla is so frequently indicated in this type of constitution is because the very existence of such a habit predisposes to or determines the invasion of a certain class or classes of diseases for the cure of which pulsatilla is particularly adapted.

This does not mean, however, that these manifestations of disease are impossible in persons of other temperaments; on the contrary, whenever the symptomatology which parallels pulsatilla is present, this drug should be prescribed without regard to what bodily constitution or sex the patient may happen to belong. One of the most pronounced brunettes I have ever seen, and whose temper was not the most amiable, was a subject for pulsatilla, either by itself or as an intercurrent whenever she was ill

and from whatever cause, and she was under my professional care during quite a number of years.

Now a word with regard to the disposition of these patients; the classic, mild, gentle, yielding type that has been so strongly insisted upon as a rule, presents itself in the earlier stages of disease rather than the later ones, and is succeeded by a state of peevish irritability, fretfulness and ill humor, which may be continuous or alternate with the former condition. In this connection the changeable character of the pulsatilla symptomatology may be mentioned; complaints of the most varied kind and locality follow each other, not only from day to day, but during the course of the same day, and even the discharges from the different outlets of the body vary from time to time in color, appearance and consistence. This chameleon-like habit is apparent in more or less degree in this class of persons, and is comparable with the slender flower stalk of the pulsatilla plant, which is blown in opposite directions by every passing breeze. The mental and emotional centers being impressed in the same manner as the rest of the body, the rapid alternations of joy and sorrow, pleasure and pain, tears and laughter, which denotes the hysterical state, explains why this drug is so often useful in women. The all pervading sense of chilliness, which is so prominent a feature in the disorders to which pulsatilla is adapted may be illustrated by the following:

Case. A. M., a girl aged sixteen years, of blond, phlegmatic temperament and average build, and in whom the menses had not become established, complained of being tired and languid and the subject of constant chilliness. This sense of coldness was present on all occasions, even when other persons present were comfortably warm. The slightest exposure to cold air chilled her through and through, although she felt better in other respects when out of the house. She hovered about the stove, but failed to get much comfort from it, and felt worse in other ways when she was coldest. Her face was puffed and the skin sallow, with a greenish tinge. Little or no appetite was present, but numerous gastric symptoms caused her much distress, such as weight in the stomach, heartburn and risings, bad taste in the mouth with breathing somewhat hurried, especially after any exertion, occasional palpitation of the heart and a murmur over the subclavian vein. Pulsatilla cured the entire condition, including the menstrual delay.

This constant sense of chilliness is not confined to the

numerous ailments for which *pulsatilla* is similar, but is also met with in the venous constitution under other influences. This is also paralleled by the venous sulphur, *carbo. veg.*, etc., and as with *pulsatilla* there is also a frequent desire for the open air, open doors and windows, or a need of being constantly fanned, i. e., an insufficient supply of oxygen to the body.

As before mentioned, blennorrhœas present themselves in every mucous membrane throughout the body very free in amount, creamlike in character, bright yellow or greenish yellow, and which do not excoriate.

Hemorrhages occurring from any outlet of the body, or due to vicarious menstruation, when dark in color and flowing passively, often find a remedy in this little herb.

A rheumatoid condition of the body, unattended with fever or thirst, is another disorder which is curable by the drug under consideration. The muscular pains are those of intense soreness and the arthritic pains of considerable severity. A number of joints are involved in turn as there is a tendency for the inflammatory process to shift about, attacking a different group of muscles or one joint after another as its severity decreases in those recently invaded. This shifting, evanescent disposition of muscular and arthritic pain is characteristic of all the inflammations and ailments under the control of *pulsatilla*. In such cases the arthritic disease attacks a single locality, and after a longer or shorter time decreases, or ceases, only to invade another part, which, after suffering for a certain length of time, finds relief only at the expense of a new locality which is assailed in the same way. Gonitis, bursitis, gonorrhœal rheumatism, sacral and lumbar rheumatisms as well as that affecting other large joints of the upper and lower extremities, especially when possessing this character and relieved by slow or passive motion, are amenable to the forces contained in this plant. In this form of inflammation the skin over the affected part is rarely bright red, but generally of a rose red color, while in many instances there is no alteration in the natural color of the skin, or it may be abnormally white.

Case. W. A. C., aged thirty years, having suffered from indigestion for a long time with quite a train of gastric symptoms; now has rheumatic pains in the joints of the right leg which are very severe in the early evening and night, and often change locality or are relieved when pain presents itself in other joints. The pains are very much worse in damp, rainy, and windy weather and from warmth,

but are not so intense during slow motion or in the latter part of the night; pulsatilla proved to be the remedy.

Such cases are evidently due to venous congestion in the parts involved and as white swelling of the knee joint arising from the scrofulous diathesis or during parturition is due to phlebitis of the part, pulsatilla is often curative as there is a resemblance not merely in origin, but in the visible appearance of the affected part, and in the concomitant symptoms. Varicose veins wherever these are situated, in the rectum, anus, thighs, legs, ankles, feet, throat, testicles, etc., find a remedy in pulsatilla whenever associated with other characters peculiar to this drug; these enlargements are often connected with some internal venous engorgement to which the same medicine is also adapted.

Gastro hepatic catarrh due to this all pervading venous congestion furnishes quite a number of distressing diseases, among which chronic indigestion, dyspepsias hepatic disorders and morbid assimilation often form a woeful partnership, in the dissolution of which pulsatilla is frequently an important factor. While these gastroses may arise idiopathically, they are in a large number of instances caused by various dietetic outrages on the stomach more or less frequently repeated, and the too common use of ice cream, soda water, rich greasy food, pork, pastry and caramels. Extension of the same catarrhal process along the course of the intestines is attended with many enteric symptoms prominent among which are flatulent distention of the abdomen, colic, kaleidoscopic changes in the character, color, and consistence of the discharges from the bowels, ranging all the way from simple looseness to mucus or blood streaked mucus.

Amenorrhœa is so often relieved by pulsatilla that it is too often used as a routine remedy; the proper indications for its use in these cases will be found in the gastric and circulatory systems as well as in the sexual organs. The fact of the feet or body having become wetted during the continuance of the period is not a sufficient item in itself to justify the practitioner in prescribing pulsatilla. This medicine also exerts a constitutional effect in establishing the flow when it is delayed in young girls who have arrived at proper age. When the menstrual event has become established the flow may, however, be quite late each month in returning, is scanty in amount and pale in color, or it may be thick, clotted, very dark, and attended with griping pain in the abdomen or in the groin, extending across the hypogastrium or into the small of the back.

The menses flow by fits and starts, now ceasing, then returning. The catarrhal state is also present in the sexual organs and the mucous membranes of the uterus and vagina pour out a creamy, yellow or greenish yellow leucorrhœa; a rose redness of the labiæ corresponds to that occurring in the eyelids and nostrils. In this condition of the sexual apparatus it will be found upon observation that the nutritive, nervous and muscular systems are also deranged, and that when this complex state is present and the indications point to *pulsatilla* the result is almost magical.

The organs of the special senses are influenced by this specific catarrhal affection which may invade mucous tissue in all parts of the body. Its appearance is best observed in the conjunctiva, the white sclerotic showing it off to the best advantage. The rose infection of the vessels due to the modification in color to the venous capillaries is in marked contrast to the bright vascular redness induced by arterial excitement; it is congestive rather than inflammatory. The form of ophthalmia to which *pulsatilla* is best adapted is the conjunctival, and the tarsal surface is as fully involved as the ocular one; the same rosy redness is seen on the outer surface of the eyelids as that to which attention has been called elsewhere, the character of the discharge is the same and the identical sense of soreness experienced at other orifices or in the substance of internal organs is present in this locality. *Pulsatilla* has an especial affinity for the eyelids and is curative in chronic inflammation with thickening of the edges of the lids, styes, meibomian tumors, etc., etc. The mouth, under the influence of this catarrhal inflammation secretes a foul, sticky mucus, the tongue becomes covered with a white pasty coating, and the pharynx pours out the same kind of mucus, while the throat and tonsils exhibit a bluish red appearance due to the varicosed venules in the thickness of their membrane and cellular tissues. The sense of taste is blunted, or almost lost, or there is a foul, nauseous taste, especially in the morning when first rising from bed and only endurable after the mouth has been cleansed. The same alterations in function occur in the nose, from which yellow or green mucus and a foul odor escape, or an entire loss of smell may exist. The ears when affected in this manner pour out the characteristic discharge from the external or internal meatus, or both, and which is preceded by severe pain in the deeper portion of the ear; ear-ache, the first stage of this process, is perhaps more fre-

quently relieved by pulsatilla than any or all other drugs combined. When the inflammation and discharge have continued some time the characteristic pale flush is observed to surround and extend from the orifice of the external meatus. The function of this organ is interfered with by the seeming accession of various abnormal sounds, which are very apt to be succeeded by deafness in greater or lesser degree. The foregoing results of otitis may be idiopathic, constitutional, or follow the exanthemata.

Laryngo-bronchial catarrh, when it assumes the before-mentioned kind of inflammation either originates *de novo* or is the extension of a preëxisting pharyngeal catarrh. The larynx and thorax experience the same sense of soreness as that which occurs in other localities; the expectoration has the same appearance, and there is an interference with the function of the parts, viz., hoarseness, aphonia, and more or less dyspnea. In association with derangement of the digestive, circulatory and sexual functions, especially in young girls, there is often a suggestion of tuberculosis, and these cases are sometimes diagnosed as such. Such a condition may indeed be a precursor of the latter disease which, sooner or later, becomes acquired and then progresses to a fatal termination.

Case. Miss D., aged seventeen; phlegmatic temperament; no appetite; poor digestion; irregular and scanty menses; highly anæmic with flabby tissues, had complained for some time before, of constant soreness felt below the clavicles, the left one especially; cough usually dry and hacking though sometimes severe at night with gagging, and which occasionally rouses her from sleep. The pain is generally relieved when she lies on the painful side. Slight pulmonary hemorrhage has occurred from time to time when the menses ceased to appear and there was occasional nosebleed. Expectoration was usually free during the day, but little or none at night; the sputa consisted of mucus or yellow mucus which was sometimes streaked with blood. There was also some oppression of the chest with conscious effort in breathing. Leucorrhœa was also present. She easily became chilled. This patient made a steady improvement under the continued use of pulsatilla.

Measles is so well counterfeited by pulsatilla that it is safe to say that the vast majority of uncomplicated cases of this disease find their remedy in the anemone, and this is true not only during the course of the disease but also of its sequelæ, which are so often paralleled by the symptoms

of this drug; the catarrhal inflammation of the eyes, nose, mouth, throat, bronchi and intestines bears a striking resemblance to the pulsatilla disease, while the dusky, rose-red color of the eruption is still another of the similarities to the effects of this medicine. Other eruptive disorders, such as roseola, nettle rash, etc., and chilblains, all presenting the same color and often associated with gastric symptoms, many times find their remedy in the wind flower. Renal catarrh and cystitis and relaxation of the sphincter vesicæ are also curable by the employment of this herb. Many other, and minor uses of pulsatilla are left unmentioned, but if an increased interest in the study of pulsatilla has been stirred in the mind of the reader the object of this article has been accomplished.

Clinical Society Transactions.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.
FRANK R. LEEDS, M. D., SECRETARY AND TREASURER.

The regular monthly meeting of the Society was held in the amphitheater of the Hahnemann Medical College at 8:30 P. M., Saturday, August 26.

Dr. Alice Barlow Brown was elected to the office of corresponding secretary to fill the vacancy made by the resignation of Dr. Hannah Jones Payne.

The attendance was quite large.

REPORT OF THE SURGICAL BUREAU.

C. E. KAHLKE, M. D., CHAIRMAN.

XXXVIII. TWO CASES OF COMPLETE PROCIDENTIA, DUE TO INTRA ABDOMINAL PRESSURE. BY G. F. SHEARS, M. D.—The following two cases are reported, first because of the comparative infrequency with which complete procidentia is met as a result of intraabdominal pressure, and second, because notwithstanding the similarity of symptoms present in the two cases, the pathological conditions in the abdomen are quite different.

Case 1. Complete procidentia accompanied by an ovarian tumor and large colloid accumulation.—Mrs. K., age fifty-five, the mother of seven children, had her change of life five years ago. One year ago she first consulted a physician on account of a bearing down pain and a slight enlargement of the abdomen which she thinks was on the left side.

The diagnosis of abdominal tumor was made. The tumor was at that time hardly noticeable; it continued to grow for six months. During the last six months it increased with great rapidity until it reached the enormous size shown in the photograph. When she entered Hahnemann Hospital on May 29, she was much oppressed for breath and unable to lie down. Her stomach distressed her after eating; she was able to retain but small quantities at a time.

The abdomen was enormously distended and evenly rounded. The percussion note was dull both centrally and laterally. The abdomen retained its rounded form at times, there being no change in position as the patient

turned from one side to the other. Between the thighs was found a tumor about the size of a fetal head. On the upper surface could be recognized the cervix uteri, and on the posterior the probable posterior surface of the vagina. On each side of the mass where it came in contact with the thighs were irregular ulcers. The posterior vaginal wall, which formed a part of the extruded tumor, was inelastic, giving evidence that it was filled with something that was not solid, but if liquid was retained with considerable pressure. A diagnosis of ovarian tumor, probably malignant, with an ascitic accumulation was made, the theory being that the prolapsus was due to the pressure of the ascitic fluid.

The abdomen was opened in the usual way, through the linea alba, and a large multilocular cyst with a pedicle on the left side was removed after the separation of a number of parietal adhesions. The right ovary being cystic, was also removed.

The whole peritoneal cavity was filled with a thick, jelly-like substance which was adherent to the intestines, the liver, the uterus and the sac of the ovarian tumor. Some two quarts of this was scooped out from the abdomen and from the pelvic cavity and the prolapsed uterus was then returned to place. So tenacious was this jellylike material that it was almost impossible to wipe it off from the organs to which it was adherent, and repeated flushings of the abdomen had little or no effect on its removal. The tumor, which proved to be a multilocular one with weight of forty-one pounds, was partly cystic, partly solid, but the greater part consisted of this thick, jellylike substance.

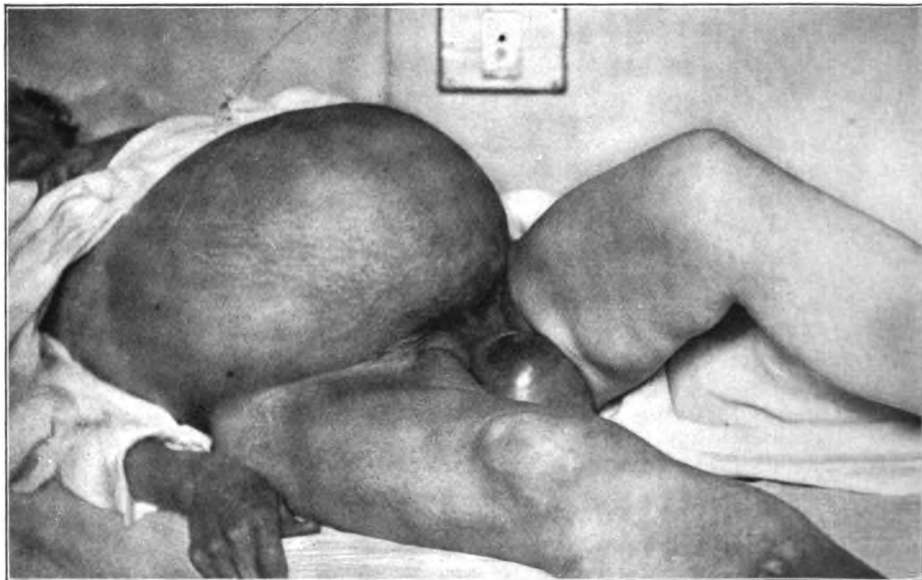
A peculiar feature noticed was the reddish, bruised, or what might be termed brawny appearance of the intestines and peritoneum. Being fearful that this apparently abraded condition might result in adhesions, the abdominal was filled with a saline solution and the parieties closed.

The patient reacted nicely from the anesthetic, and, notwithstanding her anemic appearance, the wound healed promptly.

About three weeks after the operation the abdomen began to distend, and feeling certain that further operation would not be of service, and aspiration being impossible on account of the thickness of the fluid, the patient was sent to her home. The patient is still living with no evidence of tumor, but with some accumulation in the abdomen.

Case 2. Mrs. B., aged forty-five years. Has been

married twenty years; has had four children and two miscarriages. Two years and a half ago she first noticed a slight enlargement of the abdomen. Inasmuch as her menses failed to appear she believed that she was pregnant. Subsequently the menses reappeared and a miscarriage was feared to be imminent. As the flow ceased this danger was supposed to have been passed until a month later she again menstruated. For several months she was thus kept in fear of a miscarriage, but the regular return



of the menses at last led to a suspicion that some other condition was present.

Examination led to a diagnosis of an abdominal tumor. During the last six months the growth continued to grow very rapidly, and she began to suffer with difficulty of breathing, especially upon lying down. She also had pain after eating and was much disturbed from a frequent desire to urinate. During the last year she had had frequent attacks of what has been termed peritonitis, each attack consisting of sharp pains followed by fever and soreness in the abdomen. After two or three days this soreness disappeared.

The abdomen was enormously distended. The walls

were tense and gave to the hands a sense of containing fluid. While the abdomen was quite generally enlarged and while it retained some of its conical shape there was also enlargement at each flank. There was dullness on percussion over the whole surface of the abdomen. On palpation there was an increased sense of resistance to be found upon the right side. The patient was much emaciated, especially in the upper portion of the body. Between the patient's thighs was found a tumor the size of a fetal head, which evidently consisted of the uterus, the posterior vaginal and anterior rectal wall. This tumor was insensitive and gave the patient little trouble except for the inconvenience of its size.

The photograph of case No. 1 gives a very fair representation of the appearance of case No. 2.

A diagnosis of ovarian tumor with ascitic accumulation was made, but remembering our experience in case No. 1, the possibility of this being colloid material instead of a clear fluid was enlarged upon. Upon entering the abdomen in the median line a large multilocular cyst with strong bandlike adhesions to the parietes, the uterus and the bladder was found. These bands were divided between ligatures and the tumor removed. The fluid proved to be dark ascitic fluid of thick consistency. It was easily washed out and the uterus replaced. The uterus was anchored to the anterior abdominal wall and the abdomen closed.

In this case, the abdominal peritoneum instead of being brawny, as in case No. 1, was paler than usual and much thicker. The patient made a prompt recovery without incident.

So far as external appearances are concerned the two cases were exactly alike.

The greater rapidity of growth in case No. 1 led to a probable diagnosis of malignant growth, which was verified by subsequent microscopical examination, but with this one exception there were no indications which would lead to a different diagnosis in the two cases.

Very little has been said in the different medical works on tumors, of the exact character of this material or of the tendency to be found free in the abdominal cavity. Of colloid degeneration, of which this was an undoubted instance, Senn says, in his *Pathology and Treatment of Tumors*, "The exact chemical composition of colloid material has not been determined." Scherer regards it as an albuminous substance in combination with a carbohydrate

analogous to mucin and metalbumin. Colloid material is a jellylike substance derived by degenerative process from the parenchyma cells or the stroma of a tumor. This form of degeneration takes place both in benign and malignant tumors. A colloid of the ovary often attain colossal size. Such cysts are prone to return even after what seems thorough removal of the tumor.

XXXIX. CLINICAL CASES. BY C. F. BARKER, M. D.—

Case I. COLON TORPOR; EXTENSIVE FECAL ACCUMULATION. Mrs. —, aged seventy, consults us for colic and vomiting. The pain is chiefly in the right hypochondrium, and has been increasing in severity for a week. Yesterday she began to vomit. The bowels have been irregular and irritable for many weeks. The passages are small and thin and at times frequent. She tells us that the pain has produced "a hard knot" in the bowels. This case was referred to us not so much because of the colic—though that is *her* principal concern—as for the peculiar condition of enlargement in the abdomen. Examination reveals a very large "knot" indeed. The whole right side of the abdominal cavity is filled with a tumor that is dense to the touch, irregular in form and quite sensitive if pressed upon. Neither the patient nor her friends can tell how long this enlargement has existed, but she has been in poor health for two years, and has been subject to frequent attacks of colic. Her temperature to-day is 101° F., and the heart's action is weak. She is thin and anemic and inclined to apathy and despondency. We believe the tumor to be a fecal accumulation because of its tenderness, its irregular form, its location, etc., but also because of the long continued irritability of the bowels, the thin passages and the colic.

Treatment. The patient was ordered to bed and a nurse provided. A long, soft rubber colon tube well oiled was now introduced and met with no resistance until near the right extremity of the transverse colon. Repeated flushings with salt and water solution—tablespoonful of salt to two quarts of warm water—at length began to dislodge and bring away small masses of very dark, hard, fecal matter. Because of the patient's weakened condition, these high-up injections were repeated only once in three hours after the first day. The vomiting ceased after the third day, and in five days the whole mass had yielded and the temperatere was normal again. From this time the patient rapidly gained in every way and she has now for some months felt better than for years.

DISCUSSION: Dr. KAHLKE: Dr. Barker's case of fecal impaction calls to mind the fact in pathology that aged people, in connection with a general atrophy of the muscular system, have also an atrophy of the muscles in the intestinal wall and consequently have impaired peristalsis which is naturally followed by constipation, distention of gut, saccuation of the colon, occasional ulceration with perforation and fatal peritonitis.

Dr. BARKER: Dr. Kahlke's remarks concerning atrophy of the muscular coatings of the bowel are a valuable suggestion. The indiscriminate use of abdominal massage in intestinal obstructions might favor perforation. I know it is common to prescribe it as an aid in removing fecal collections, though in this case it was not used until the obstruction was relieved. As a means of prevention it seems to me valuable and safe.

The case illustrates how fecal collections may occur while the bowels continue to move, and how the general health may be affected by absorption of poisonous products from the intestinal canal. There were few seeds or anything in the fragments of the mass to account for its accumulation. It was simply a case of colon torpor.

How long was the mass in forming? No one can exactly tell. Possibly two years. Will it return? Very likely. The patient needs a selected diet and the watchfulness of her friends. We have also prescribed abdominal massage, and the drinking of plenty of pure water. *Hydrastis 1x* is to be taken three times daily for some months to come.

Dr. BAILEY: The recital of this case recalls several cases of obstruction and obstinate constipation that I have had in practice. The one in particular suggested by this case is fully reported in *THE CLINIQUE* under the title of habitual constipation. Many years ago I had that patient under observation many months and the practice was as varied as the number of her days. In that one case a one-eighth grain hypodermically would move the bowels and nothing else would.

Sometimes in these extreme cases extreme measures are warranted. The longest time as given in my report that the bowels were obstructed was thirty days. The hypodermic caused the movement. In my case the disease was tubercular peritonitis and there were adhesive bands causing great constrictions of the lumen of the gut. I think very highly of the long rectal tube and the free use of the normal salt solution carefully and persistently applied.

Case 2. CRUSHED FOOT; LOCAL INFECTION; RECOVERY. This man was jerked from a street car as the car was rounding a curve. One foot was crushed beneath a wheel. The accident occurred three hours before we saw him. The hemorrhage had been arrested and a hasty dressing applied. We call attention to the case simply because, in spite of the severity of the injury, its dangerous location and the many difficulties in the way of disinfecting a badly crushed foot, the member was saved and left in a very serviceable condition. At one time a partial amputation seemed almost necessary.

The conditions at the outset were a crushed and mangled foot (the whole anterior half being involved), several compound fractures of the metatarsal and phalangeal bones, and great contusion of all the injured tissues. One wound extended through the foot the whole length, from head to base, between the first and second metatarsal bones, involving dorsal and plantar surfaces. In some way the man's shoe prevented complete destruction of the tissues, or the shutting off the blood supply, though at first it seemed probable that there would be extensive sloughing. An attempt to save the member did not, however, seem hopeless. In such cases the principal danger is, no doubt, tetanus, and the treatment in general was as follows: (1) Arrest of hemorrhage. (2) Thorough cleansing of the foot and its wounds by modern aseptic and antiseptic methods. (3) The establishment of complete and efficient drainage. (4) Adjustment and support of the fractured bones and removal of loose or devitalized fragments. (5) Daily packing of each deep wound and pocket with loosely placed iodoform gauze. (6) Immobilization of ankle and foot with a light splint. (7) Coaptation of wound edges as soon as discharges have ceased.

All of these things were carefully done, and the result

exceeds our earlier hopes. At the end of nine weeks the patient is able to use the foot, with only slight disability, and the member does not swell or cause serious trouble of any kind. All the wounds have healed.

The report of such a case may seem uninteresting, in fact, it may mean very little to the average busy surgeon. To many, however, it should be more instructive than the reports of many such cases treated by amputation.

Amputation would have been a confession of weakness in the use of the weapons which modern surgical methods place within our reach, and which, even yet, are not always employed in similar conditions.

DISCUSSION: Dr. CHISLETT: Did I understand the doctor to say that tetanus was the chief danger?

Dr. BARKER: Yes.

Dr. CHISLETT: Why?

Dr. BARKER: In reply to Dr. Chislett's question as to why I should have regarded tetanus as the chief danger, I will say that in using the word "danger" I meant *danger to life* rather than to the limb. According to Schimmelbusch, and also Beck, the germs of tetanus are peculiarly liable to take effect in injuries of the foot. Probably because the foot is a hard member to render aseptic, but more probable because the favorite habitat of these fatal germs is the sweepings of floors, the dust of the streets, and the feces of herbivorous animals. Horse manure, in the experience of many, if accidentally introduced into wounds, is apt to be followed by this dread disease. This man's wounds were badly contaminated with the mud of the street.

XL. CLINICAL CASES. BY H. R. CHISLETT, M. D.—*Case I.* EMPHYEMA; ASPIRATION FOLLOWED BY DRAINAGE; RECOVERY. Miss N. M., American, aged forty-six.

History. This patient, referred to me by Dr. Thoerell, of Porter, Ind., entered the hospital in the latter part of May. She has been in poor health for a year, suffering with occasional attacks of asthma and always of "shortness of breath." As a result of a cold she had a very severe cough all during last November. In January of the present year she had an attack of grippe which was followed by severe pleuritis of the left side. Since this attack the

patient has never been well, her temperature ranging from 99° to 104° and the pulse from 86 to 120. In the latter part of February her physician noticed that there was considerable dullness over the lower part of the left lung. This gradually decreased until he thought the pulmonary sounds were practically normal. Three weeks ago, however, his attention was called to a bulging of the intercostal spaces over the lower third of the lung and owing to the gradual increase of this he brought the patient to the city for examination.

Examination. The patient, slender naturally, was pronouncedly emaciated. When carried into my office she was perspiring freely, and her respirations ranged between thirty-five and forty to the minute. Upon removing the clothing we determined by inspection the following: Pronounced bulging and immobility of the left thorax, particularly in the lower half; total obliteration of the intercostal spaces of the entire left side; edema and localized redness from the sixth rib to the twelfth rib and laterally from the axillary line to the scapular line; the apex beat was displaced to the fifth intercostal space of the right side. Upon percussion we had a hyperresonance on the right side except over an area bounded by the right nipple externally, the sternum internally the third rib above and the sixth rib below. Over this area we had a normal cardiac dullness. There was absolute dullness over the whole left side except in the upper part of the left interscapular region and in the supraspinous fossa where there was slight resonance. Upon auscultation we found a slight tubular breathing in the upper portion of the left lung behind. All below the second rib was entire absence of any breath sounds. On the right side there were exaggerated normal sounds except a few large moist râles between the third and fourth ribs just within the nipple line upon deep inspiration.

Diagnosis. Empyema.

During the next week the patient was aspirated three times, the total quantity of pus removed and measured being over 100 ounces. At the last aspiration the cannula was left in place. The drainage was very free for the next five or six days, and there was a little effort at expansion on the part of the left lung. A few days later a portion of the eighth rib was excised and a drainage tube inserted. The discharge gradually lessened, became serous in character, and in about three weeks from the time of the operation the patient left the hospital with the wound com-

pletely healed. At this time the lung had expanded so that breath sounds could be detected a little below the nipple. The heart had not returned home, but was evidently beneath the sternum, there being a slight pulsation discernible in the fifth interspace just to the left of the sternum. The patient reported at my office two months after leaving the hospital, having gained twenty pounds. The heart was again at home, and in the upper two-thirds of the left lung the breath sounds were practically normal. In the lower third there was some dullness, probably from thickened pleura. The rapid expansion of the lung was no doubt due to Dr. Thorerell's persistent encouragement in the use of the spirometer.

Case 2. DOUBLE CYSTIC OVARIES ; OPERATION ; RECOVERY. Miss F., aged thirty-three.

History. During the early summer of '96 this patient fell from her bicycle. The result was a general disturbance of the whole system, the main symptoms being nausea and faintness. After about three days the patient thought she was perfectly recovered, but a little later noticed a loss of appetite, insomnia and periods of alternating depression and exhilaration. Four months after this injury she began noticing shooting pains in the pelvic region. Upon consulting a physician, the condition was diagnosed as prolapse of the left ovary; and in spite of the regular treatment of ichthyol and iodine tampons the condition became worse, necessitating the removal to the hospital the following spring. She treated steadily for seven weeks by means of hot douches and similar tampon treatment, only obtaining slight relief from these measures. Leaving the hospital, the patient went to California, and soon noticed a decided improvement both in her mental and physical condition. She was, however, very easily tired. At this time the care of a very nervous relative and a severe fright caused by burglars entering her room gave her a pronounced set-back, and brought a return of the mental depression. From this she reacted nicely, and for over a year was tolerably comfortable until about three months before entering the hospital, when all of the old symptoms returned in an aggravated form. The pain was extreme all through the pelvis and rectum, pronouncedly aggravated by a slight jar or a misstep. The pain seemed to be centered in the left ovary, although it spread at times throughout the whole abdomen and from the hips to the knees. The bowel movements were also very pain-

ful. The patient suffered so much that she was really unable to attend to her duties or even to walk or stand for any length of time.

Examination revealed a cystic condition of the left ovary, the size of the enlargement being about that of a small hen egg. The right ovary, too, was slightly enlarged and cystic.

Operation. Through a median incision the left ovary was removed and the cystic portion of the right ovary excised, the wound in the gland being sutured with a No. 1 catgut. The relief from her suffering was almost immediate, the recovery uninterrupted and the patient left the hospital in four weeks from the date of the operation.

The case is reported, not that there is anything so very unusual, but because of the completeness of the history, the direct traumatic cause and because of the persistent and conscientious efforts to cure the patient by medical means, a treatment which might have been curtailed had a proper diagnosis been made in the early days of her illness. This patient was referred by Dr. Hendy, who made the diagnosis as above given.

Case 3. MULTIPLE POLYPI; EXTENSIVE CERVICAL LACERATION; HYSTERECTOMY; RECOVERY. Mrs. X., German, aged forty-three.

History. This patient, referred to me through the courtesy of Dr. Walker, of Joliet, has been married twenty years and is the mother of two children, the youngest, I believe, being sixteen. She has been troubled for the past few months with excessive hemorrhages not only at the menstrual period but between times. The flow is not attended by great pain, but the patient is becoming gradually weaker from the excessive losses.

Examination. The local examination revealed a very large cervix with a bilateral laceration extending to the vaginal vault. Within this wide open mouth could be felt two or three small tumors developing from the mucous membrane. The uterine body, aside from a slight enlargement, seemed perfectly healthy, but inasmuch as she was approaching the climacteric and the laceration was so very extensive that it was doubtful if all cicatricial tissue could be removed even by amputation, I advised hysterectomy. This was consented to and the operation performed at the Silver Cross Hospital.

Operation. There was nothing unusual about the operation except that it was a little tedious owing to a

small outlet and our inability to draw the organs down. The method employed was that by ligature, and the ovaries, being healthy save for one small cyst which I punctured, were left on account of the neurotic condition of the patient. After packing the vagina with iodoformized gauze, the patient was put to bed in fine condition. Two hours later while at luncheon, we were called hurriedly to the patient's room and found her in profound collapse, the pulse being indistinguishable at the wrist. The dressings were hurriedly removed, the deeper ones being saturated and a large quantity of clotted blood extending from the upper vagina into the peritoneal cavity. Two clamps were applied to each broad ligament and left in place while I exposed the median basilic vein and gave an intravenous injection of a pint and one-half of normal salt solution at a temperature of 110°. The results were all we could hope for in the way of reaction. I then applied the clamps more accurately and nearer the pelvic wall and removed both ovaries and tubes without an anaesthetic. The patient's pulse by this time was good and full and in the neighborhood of 130. Exactly two hours later we had another such hemorrhage, the patient again becoming pulseless. I gave her at once a sixth of a grain of morphine hypodermically, immediately transferred her to the operating table and after a few whiffs of chloroform hastily opened the abdomen through a median incision. As soon as the peritoneum was opened the patient was put in the Trendelenburg position and a quart of normal salt solution at a temperature of 105° poured into the abdomen. The vaginal incision was then sutured with a continuous incision of fine silk, the ovarian and uterine arteries religated and the peritoneum sutured from side to side with a continuous suture of fine silk after the method employed in the regular operation for abdominal hysterectomy. I neglected to state that the abdominal cavity contained a double handful of blood clots, although I could not find a single bleeding point. The effect of the intraperitoneal use of the normal salt solution was almost as rapid as the intravenous, the patient being put to bed after the third operation with a pulse of 125. Three days later Dr. Walker reported the temperature 98.3°, pulse 75.

DISCUSSION: DR. KAHLKE: In regard to Dr. Chislett's last case—hysterectomy followed by hemorrhage—I cannot help but call your attention to the asepsis. If shock and hemorrhage combined with repeated opening of a wound have anything to do with diminishing vital resistance, and

thus favoring infection, certainly this case was a candidate for the latter.

Then, too, this case illustrates the necessity of meeting individual requirements with the proper judgment. Suppose the order of procedure had been reversed in the last operation so that instead of clamping the vessels to stop the hemorrhage, resuscitating by means of normal salt solution and then completing the operation, the vessels had been clamped and the operation completed immediately with the patient in her low condition without trying to resuscitate until later—the result would probably have been death on the table.

Dr. BAILEY: One point in particular calls me to my feet, and that is the idea of conservatism and the willingness to try to save tissues and particularly so as the gynecologists are trying to save every part of ovarian tissue that is healthy. It seems to be the turn in the surgical affairs just now to puncture and to cut out cysts rather than to remove ovaries *en masse*. The claim is reasonable that a patient has saved to her organs that are necessary and the sacrifice once made is now deplored. In my experience it is a trying moment to return cystic ovaries to their place in the pelvis, trusting nature to do away with the walls of the cyst after the puncture, but I must say that in some cases the *cure* that seemed impossible has happily happened.

I am growing more and more positive in the belief that the specialist, to whom is referred the perplexing cases of the practicing physician, has the right to demand the examination under an anesthetic before venturing any opinion, for in surgical work the importance of the diagnosis is very great; the operative work following is oftentimes purely mechanical.

XLI. PYELO-NEPHROSIS. BY C. E. KAHLKE, M. D.
—*Case 1.* Mrs. E. H., American, age thirty-seven; occupation, housework; married. Admitted to medical ward of Cook County Hospital July 29, 1899, complaining of "having felt mean and run down for past year." So far as her family history is concerned, it is negative except that her mother died of apoplexy. Earlier in life this patient had the measles and two attacks of typho-malaria. Menstruation

was normal up to the birth of her last child, three years ago, since which time it has occurred every three weeks and has been somewhat more profuse. Her labors, five in all, have been negative so far as she knows. From the patient's standpoint, her present illness dates back to a year ago, when she began to feel a sort of a "general weakness," began to lose a little flesh and develop a heavy feeling in her "stomach," with nausea after eating. Constipation since then has been quite marked. Cathartics made her feel better for a whole month, but most of the time she has considerable gas in the stomach, as she says. Appetite remains fairly good. She has noticed nothing unusual about the urinary organs except that occasionally there would be a whitish deposit in vessel. She gives no history of stone, no biliary or renal colic, no cystitis, no jaundice—in fact, no history that points especially to urinary complications.

Shortly after entering the hospital, while lying in bed, she accidentally discovered a hard lump in her right side, but it was free from pain or sensitiveness. By way of a general examination I found the patient somewhat emaciated, with a more or less coated tongue, corresponding to the above history.

Upon examining the abdomen a tumor, two and one-half by four and one-half inches was found in the right lumbar region, situated as far forward as the anterior axillary line. The enlargement was quite firm and more or less movable even with respiration. It was mostly tympanitic on percussion and very slightly sensitive to pressure. Air forced into the colon seemed to stop at the inner border of the tumor, while distention of the stomach with gas increased the tympany in front of the tumor. The enlargement posteriorly was dull on percussion. Upon vaginal examination we found a lacerated cervix, freely movable uterus, left ovary normal in size, and posterior to uterus, but freely movable; right ovary negative.

The pulse during her stay in the hospital has ranged from 72 to 92; temperature, 98.6° to 99°—once 101.2°. Respiration, 20 to 24. Urinalysis revealed pus.

An examination with the cystoscope, patient being under chloroform, in knee chest position, revealed a congested mouth of the right ureter. Into this a catheter was inserted as far as the kidney and a quantity of pus removed, thus demonstrating that there was an abscess of the right kidney, and that this most likely formed the tumor in the side.

Operation. August 7, 1899. Chloroform. The oblique

lumbar incision was made down to the kidney which was found with a tense capsule and decided fluctuation. Through an incision on the convex border, three-fourths pint of pus was removed. A further examination revealed a stone the size of a walnut in the lower portion of the kidney. This was removed, partly by crushing; cavity irrigated and thoroughly drained. An uneventful recovery followed.

Now this case, though not of especial interest, demonstrates that it is possible to have a rather large abscess of the kidney and still have no marked symptoms calling attention to it; hence, the necessity of a general routine examination in every case. It is quite easy to foretell the result of the "indicated remedy" in this case, based on the totality of symptoms alone.

This case further shows that we may have an abscess of the kidney movable with respiration, this no doubt being due to the fact that the inflammation was chronic and did not involve surrounding structures, as well as to the fact that there was an absorption of the peri-renal fat, thus making it easier for a heavy kidney to become movable.

We see, too, that chronic constipation is not always idiopathic and not always a case for diet, massage, laxatives, etc.

The point which positively clinched the diagnosis in this case was the catheterization of the ureter.

PERINEPHRITIC ABSCESS.—*Case 2.* Was a perinephritic abscess, resulting no doubt from traumatism. Mr. F. P., English, æt. twenty-two, driver by occupation, was admitted to Cook County Hospital, August 16, 1899. Family and early history negative.

His present illness dates back to November, 1898, when he fell a distance of twenty feet, striking his back and left side on a piece of timber. His contusion left him very sore and lame for some time, and on January 1, he came down with what was called typhoid fever, though the main symptoms of his typhoid were fever with intense pain and sensitiveness at seat of the old injury. Since then he has had more or less pains, fever and night sweats; has also had several chills lately.

As the result of a general examination we found a man a little below the medium build, quite thin, pale and deaf as a stone, with skin bathed in a profuse, cold perspiration. There was marked rigidity of the back muscles on the left side, with more or less edema of skin, a tumor in left lumbar region, the dullness extending from the spine around to the midaxillary line. The tumor was sensitive,

fixed and fluctuated behind. The urine when patient first entered hospital showed epithelium and pus cells, but these were wanting in later repeated examinations. The pulse ranged from 80 to 100; temperature 98.2° to 102.8°; respiration 24 to 26.

Operation. August 26, 1899. Chloroform. Incision over point of fluctuation, followed by escape of one pint of pus. The cavity was irrigated, curetted and drained. It surrounded the kidney, but a direct connection could not be found.

I think the presence of pus and epithelium in the first examination is to be explained on the grounds of a nephritis, secondary to the abscess.

This last case is of interest more because it brings out the differential diagnosis between a nephritic and a perinephritic abscess. The points in favor of the latter are a more diffused infiltration and edema in the kidney region, the tendency of the abscess to "point" in some place of least resistance, often following gravity, and the normal condition of the urine. A perinephritic abscess also interferes more with the function of the psoas muscle, the same is as a psoas abscess would.

DISCUSSION: DR. WILSON: This paper suggests two important differentiations, and two which we often have to make. The first is the differentiation of hydronephrosis from pyonephrosis. The second is the diagnosis of pus infections anywhere from typhoid fever. In addition to the helps already suggested, the blood offers help which is easily applied and very certain of results.

Hydronephrosis will have normal blood. A patient with pyonephrosis, on the other hand, will have a more or less decided increase in the adult or polynuclear leucocytes. The increase will be both relative and absolute.

Typhoid has almost the opposite blood condition from that of pyonephrosis. In typhoid the adult cells are decreased while the young cells are increased pro rata. In addition, we have the reaction of the blood serum with the typhoid germs known as Widal's reaction. Typhoid complicated with pus infection would give Widal's reaction and the blood would show an increase of the polynuclear cells also.

Editorial.

STABILITY IN THE PRACTICE OF MEDICINE.

The science of medicine should not be ignored. It survived the test of ages and has advanced in accord with the revelations of experience and the improvement of pathological research. From a crude art it has developed through years of scientific investigation, more and more toward the standard of an exact science. Severe doses and dangerous medication has to a great extent been relegated to the past. Thanks to Hahnemann, the present generation in all schools gives the minimum dose and to some degree, the dynamic theory is recognized. We have learned, once for all, that a remedy should be applied in accordance with the representation of symptoms, and proving of a drug on the healthy person is our best method of knowing how that remedy will act; in this way it shows its affinity for definite nerve centers. Therefore the profession, if not the laity, may well be thankful that we represent a calling worthy of the name physician. All the study and application may develop in the way of learning how to cure adds honor to the profession and gives salvation to the sick. Every physician should feel the dignity of his vocation for to-day more than ever before, it represents the grandest type of human effort in the grandest work of his life. To be sure, criticism and fault-finding are experienced more than occurs in any other calling, and yet it is a self-satisfaction for a physician to know that he lives for others first and himself last, and this is the greatest reward of life after all.

To keep the profession inviolate from the contamination of quackery our practice must be stable and up to date. All that pertains to the genuine practice of medicine must be retained and at the same time we must advance in pace with scientific improvement. It is not a pathy which we care for most, it is our ability to cure which should be developed first, the wrangling over sects, creeds and ethics is unnecessary, unbecoming and debilitating to character. No physician whose sole aim is to cure the sick lets the thought be uppermost in mind. The question, therefore, which should actuate our every effort should be to develop the highest excellence in our work and keep the profession on the right track. It is very easy to lose sight of the first principle, the secret to the use of medicine. Palliation, cer-

porizing treatments, external applications and all that is adjuvant to practice should not obscure the true theme that medicine is, always has been, and ever must be the true science in the art of healing. Surgery, of course, is an exact science supplementing and aiding medical work at all times.

When we forget this truth in our everyday work, or when we forsake the main idea, under the influence of a fad, in practice, we make a false application of that which perchance may be a good thing. For instance, hypnotism may have its virtues as well as its dangers, but it does not apply at all times, nor does it perform such wonderful cures in real organic conditions; mental therapeutics may have a sphere of influence; massage may give encouraging help; electricity may stimulate a depressed system, or help in many lines of treatment; tonics may aid us to develop a lost strength; rest and exercise may add to the work of a remedy or make its correct action possible; yet over and above all comes the scientific "practice of medicine" which does the greatest work. The physician who fails to appreciate this, who neglects to apply it and who does not keep his education abreast of the times is sure to fall under the bane of some pet theory, which he "works," under all cases, to his own detriment in the end and to a perversion of the true science.

Through all the perplexities and doubts of generations, the theory and practice of medicine has survived every vilification, overcome the criticisms of the pessimist, improved and developed its practical utility, and no doubt saved many undeserving lives. So far it has been supplanted by no "ism;" the "cure all" theory or the furnishing of a remedy for the name of every disease is not a part of its business; but as a result of the sacrifice and the study of many unappreciated "doctors," the application of a remedy in accordance with symptoms, the care and nursing of the patient under correct principles, the prevention of disease by sanitary foresight have minimized our mortuary statistics. Who dares to say that medicine is not a science? Let those in the laity who are foolish enough to follow the insane pretensions of a divine (?) healer (healer) continue their mad career; let those who honestly believe that "Christian Science" (?) furnishes isolation from the possibilities of disease, get what comfort they may from such inconsistent hope; yet let the profession have full appreciation of its own science and hold to it, and perfect it and apply it with wisdom, for the de-

thronement of disease. That physician who wanders and wavers in his practice always grasps the latest fad; but the conscientious and successful doctor studies and learns to prove all things and he employs as a means for the desired end only that which science and consistent experience approve.

H. V. H.

RESPONSIBILITY IN MEDICAL SOCIETY ORGANIZATIONS.

The impression prevails that the recent State medical societies and the American Institute of Homeopathy have presented unusually attractive programmes and that the meetings were sources of great profit to all fortunate enough to have attended.

Especially is this true of the national organization, and the volume of transactions will be replete with excellent reports. And we vote right now for the carrying out of the president's recommendation, made in the opening address, that instead of waiting for months for these papers, they be immediately edited and published in pamphlet form and sent out in weekly or monthly installments.

This change in the final distribution of the papers and discussions is a necessary one; no doubt the practical side of this question will be worked out by the committee having the recommendation in charge, and new life would be given to the transactions and a new importance would be attached to them. The deep conviction prevails that the work of each bureau should contain reports and papers of a more technical character than can be presented in a general meeting. This is the outgrowth of the experimental work and the attention to the details that occupy the time and attention of the specialists. It is not the disposition, as some contend, to withdraw the interests from the different departments but rather to increase them.

The American Institute was a wonderful exhibit of the resources of the profession at large. May the coming sessions show that same progress.

Some of the State society meetings during the last year were of the old stereotyped character. "Give the indicated remedy" and "What was the potency?" These everlasting questions, and they are nearly always asked and answered by the same coterie of pessimists, formed the large feature of otherwise profitable meetings. No objections can be made to these questions in the right place, but the answers do not establish by any means all there is to be said in a medical association. A genuine

insult to a first-class homeopathic physician is often given when information is asked for and asked in all seriousness and earnestness, too, for some brother physician to exhibit the shop-worn retort, "give the indicated remedy." It probably has been earnestly sought after, studied out, possibly given and yet serious questions as to what to do next arise.

Change does not always mean progress, and it is equally true that existing methods are not always the best methods. But such changes as will do away with the custom that wastes valuable time in profitless discussion, is the present demand on those whose office it is to direct and manage the existing organizations. E. S. B.

THE REST CURE.

A very timely editorial appears in the August number of *Medicine* on the subject of the rest cure treatment. The statement is very true indeed that "there is a growing opinion in the profession with those who are not specially critical in their study of nervous diseases, that a nervous patient should be treated by the rest cure. These views and the facility with which they are carried out are leading to an indiscriminate application of the measure. It is employed in many unsuitable cases in which no benefit is derived."

It is fortunate that this question is brought so forcibly before the profession by such a responsible journal. The fact that Weir Mitchell reached such a degree of success in treating certain neurasthenic conditions by this method has led many in the profession to believe that it is a panacea for all neurotic ills. If we stop to consider that no one remedy is sufficient for any disease, no matter how well it may have acted in certain cases, we may reasonably understand that while the rest cure suffices in certain nervous conditions, it does not apply in all. Rest is often an important factor when exhaustion is the leading symptom. On the other hand, it encourages a debility in other cases when systematic exercise is needed. Many cases are in reality made worse by enforced rest and encouraged idleness. When the patient has reached the state of nervous excitement by overwork or perchance by social excess no better remedy can be found than the rest cure. But this class of patients by no means constitute the majority of neurasthenics; many reach the stage of hysteria as a result of habitual idleness or from the lack of a fixed occupation;

such patients need employment, exercise and responsibility, not only to direct attention from their own real or imaginary sufferings but more than all to develop a physical strength sufficient to endure and supplant a nervous debility.

It is a physiological truth that a nerve cell maintains and increases its protoplasmic strength by the regular and consistent innervations which it creates. This should be encouraged in disease as well as in health. It is necessary to develop unused cells and give rest to over used cells; this can be done only by diversion of exercise and employment, but it should be sufficient to give a healthy physical exhaustion and this in turn permits a mental and nervous rest. The sum total of experience in nervous diseases has shown decidedly that more good is obtained by keeping the average neurasthenic patients "on their feet" and at work with a definite determination to develop their strength than by shutting them up in a dark room and over-feeding and palliating their misery.

The rest cure is right in its place, but it is indicated only when the patient actually needs physical rest. To take the overambitious and the extremely debilitated away from their work or their social demands and give them, for a time, enforced rest and systematic feeding is indeed a means of great benefit; but to apply this principle of procedure in all nervous cases is a mistake.

H. V. H.

Hospital Notes.

THE CHILDREN'S CLINIC.

SERVICE OF DR. GEO. T. SMITH.

Case 1. GASTROENTERITIS.—The patient is a baby three months old; she has three sisters aged respectively eleven, nine and four years and one brother seven years old; the family history is good. The baby was nursed until it was two months old when it was weaned because of the disappearance of the mother's milk, which had disappeared about the same time with all of the other children, this necessitating artificial feeding. At the time of the disappearance of the milk in this case the child was put on a modified milk mixture of the following composition: Milk one ounce, cream one ounce, water six ounces, sugar of milk one tablespoonful, limewater two tablespoonfuls, a pinch of salt, the whole being sterilized at 170° for twenty minutes. The baby was given two and one-half ounces of this mixture every two and one-half hours and thrived on it very well until one week ago—the baby was then three months of age—when it was seized with an acute attack of gastroenteritis. The mother said that the baby was taken sick the day before she called, with the following symptoms: Vomiting, loose watery stools, a temperature of 101.5° per rectum and a pulse beat of 150 per minute. The baby vomited twice that evening about half an hour after eating, the milk being sour, curdled and containing mucus. The bowels moved four times and was accompanied by pains before each movement, the stools being green and watery and containing white particles. The baby then was very cross and peevish, wanted to be carried, had lost its appetite and did not sleep at night.

The mother was instructed not to feed the child oftener than once in three and one-half hours, nor more than one ounce at a time, of the following mixture: Cream one ounce, sugar of milk one teaspoonful, limewater one tablespoonful, a pinch of salt, and barley water seven ounces; this mixture to be heated for twenty minutes at 170° before feeding. In addition the lower bowel was flushed out thoroughly with sterile water. The remedy given was ipecacuanha 3x every hour.

Two days later the mother reported that the baby had had three movements the previous day, not so watery as

before, but still slightly green in color, becoming more so on being allowed to stand; while, during the morning that she reported, the baby had but one movement, brown in color and normal in consistency. The baby had vomited but once since taking the medicine, although she was very cross and peevish, did not sleep at night and was very restless. The diet was then changed and the following mixture given: Milk one ounce, cream one ounce, barley water two and one-half ounces, water two and one-half ounces, limewater two tablespoonfuls, sugar of milk one tablespoonful and a pinch of salt, to be sterilized at 170° and fed two and one-half ounces every three hours. Besides this *nux vomica* 3x was given every two hours. Three days later the mother reported that the child was entirely well; that it only awakened once during the night; that it took two and one-half ounces at a feeding; that its passages were light yellow in color and normal in consistency and that it had three movements a day.

Case 2. ACUTE ENTEROCOLITIS.—The patient is a boy two years of age, having three brothers, aged eighteen, sixteen, and ten years respectively and two sisters, one thirteen and the other fifteen years old. The family history is good. The boy was weaned at twelve months and now eats anything.

Last week the child was suddenly taken ill, developing the following symptoms: Loss of appetite, and loose green movements of the bowels, containing mucus, very offensive and excoriating. The second day the child began to vomit, the passages became streaked with blood and were accompanied by a great deal of pain. The mother was instructed to put the child on sterilized milk, diluted one-half with barley water and to feed him three ounces every four hours. In addition the lower bowel was flushed with a normal salt solution and *arsenicum* 3x was given every hour.

One week later the mother reported that the child had improved considerably, the vomiting having disappeared as well as the pain during the passages. The bowels moved three times a day, the stools being a little watery and brown in color with no blood. The remedy was continued and one week later the mother reported that the child was well.

Case 3. DIARRHEA.—The patient was a boy twenty one months old having two brothers, six and eight years of age. He had chicken pox when five months old and was breast-fed until thirteen months of age, but now he eats anything.

One week ago the child began to have loose passages with slight fever; the stools were yellowish, watery and gushing, the number each day ranging from six to ten. The appetite was poor and the child was losing flesh. The mother was told to put the child on sterilized milk and pod. 3x was given every hour. The mother reported the child well the following week.

Case 4. GASTROENTERITIS.—This patient is a boy one year of age; the family history is good; he has one brother three years old and one sister eight years old. The delivery was normal and the child is still breast fed. The patient had the measles about two months ago, the rash staying out about two days. This was followed by blepharitis and a superficial form of ulceration. The ulcers were located on the knee, in the rectum, and on the left leg just above the ankle.

For the last two days the patient has been ill with an acute attack of gastroenteritis, the disease being ushered in by fever, vomiting and diarrhea. The stools are watery, green and offensive, and accompanied with pain before the movement. The child has had six or seven of these passages per day. The mother says that the child is very fretful and peevish, and that he wants to be carried continually. The sleep is changeable; sometimes he sleeps well, while at other times he screams and is very wakeful. The appetite is good; the child is given almost anything that he wants to eat.

The mother was instructed to regulate the child's diet by giving him breast milk every four hours, instead of every time he cried, and if this did not satisfy the child to give him some barley water after nursing. The child was referred to the surgical clinic to have the ulcer on the leg treated, and arsenicum 3x was given every two hours. One week later the mother reported that the child had made some improvement. The vomiting had ceased and the stools were markedly improved; but the child was still peevish, though he rested well at night. Arsenicum 3x was continued and one week later the child recovered.

Case 5. GASTROENTERITIS.—The patient is a boy ten years of age; has no brothers or sisters. The family history is good. The boy was breast fed until one year of age, and after that was given anything he wished to eat. He had the measles at seven years of age, and the malarial fever at nine years of age.

The night before attending the clinic the boy was sud-

denly taken ill with severe pain in the bowels, vomiting and high fever. He had headache, was restless, and did not sleep well that night. His temperature was 104°, the pulse 120. The boy's bowels had moved five times since the attack, the stools being watery in consistency and brownish green in color.

The patient was put on bell. 3x and colocynthus 3x alternated every hour; the mother was instructed to put the boy on a milk diet. One week later he was well.

REPORT OF GENERAL MEDICAL CLINIC.

SERVICE OF PROF. A. L. BLACKWOOD.

Case 1. MIGRAINE.—Mrs. O., aged fifty-two years; has been subject to headache since she was seventeen, which has become more severe during the past two years. It starts in the right temple and spreads all over the head.

Bright lights aggravate and are attended by a sensation of nausea and sometimes vomiting. She is relieved by lying quiet in a darkened room.

There is no action of bowels without cathartics, and she has no desire for food.

She was given *saguinaria can.* 6x four times a day, with instructions to stop all cathartics and form a habit of having an evacuation of the bowels each morning after breakfast. One week later she reported better and the remedy was continued in a higher potency at lengthened intervals. At the end of one month she believed herself cured.

Sanguinaria is indicated when the pain increases and decreases with the sun; has a periodicity; is worse on right side; aggravated by the least movement; and relieved by being in a dark room, and especially by sleep. It has never disappointed me in this class of cases.

Case 2. SUBACUTE CATARRHAL BRONCHITIS.—Mr. A., aged fifty-two. Scrofulous diathesis. Two months ago he contracted a severe cold during a sudden change of temperature, and developed a cough which has resisted all forms of treatment. The cough is very loose, expectoration easy and muco purulent in character, complains of feeling weak and prostrated with pain between the shoulders. Tongue is coated yellow; bowels are loose.

Physical examination revealed a catarrhal bronchitis.

He was given proto-iod. mercury 3x three times a day. In two weeks this man pronounced himself perfectly well. In the iodide of mercury we have a remedy that

is especially beneficial in chronic catarrhal bronchitis which is ingrafted upon a scrofulous or syphilitic subject. The patient is worse in warm room, at night, during rest, and early in the morning; relieved by cool air and active exercise.

Case 3. INSOMNIA.—Mr. L., aged forty. Last December had an operation for hemorrhoids. During February developed bilious fever, which lasted three weeks. The last week of March was taken with la grippe, which has left him very weak; has not been able to sleep for past two weeks; has frontal headache, distress following meals, and is weak and exhausted.

He was given kali phos. 6x three times a day. After one week reported improvement, but returned at the close of the second week to assure us he was cured. This patient attributed his condition of insomnia to worry. He had worried over the thought of an operation and taking an anesthetic. During the sickness that followed he worried over financial matters, until insomnia was the result. Where worry and anxiety act as factors in producing insomnia kali phos. will benefit.

Case 4. PERICARDITIS.—Mrs. B., aged forty-one; when twelve years of age had inflammatory rheumatism, at which time there was some form of heart disease, but she does not know what. Three months ago she had a return of the rheumatism, which has left her with pain in the region of the heart which is aggravated by firm pressure. The apex beat is in the normal position, but forcible and rapid. Friction fremitus is perceptible. Auscultation gives friction sound synchronous with cardiac movements which are grazing and rough in quality.

She has sharp, stitching, darting pains in the cardiac region with violent palpitation of the heart, at times accompanied by great anxiety and breathlessness; she is sensitive to cold and is very weak; is relieved by lying on the right side, and is worse from exertion. Spigelia 6x was given four times a day. Reported in two weeks feeling much better, when the remedy was continued at lengthened intervals. Two months later she returned and reported that the heart was giving no trouble, but she had been exposed to cold winds and has rheumatic pains in the limbs, for which rhododendron was given.

In cases of pericarditis when the stitching pain is a marked characteristic there are three remedies that should be studied, brionia, kali carb. and spigelia.

Bryonia has the stitching pain in the region of the heart preventing motion and breathing; the patient desires to lie perfectly still on the painful side; the characteristic frontal headache, and thirst for a large quantity of water at long intervals are usually present.

Kali carb. has the stitching pain worse in the morning from two to five, during rest and while on the affected side; has a sensation about the heart of pinching or cramping as if it were hanging by tightly drawn cords. The patient cannot bear to be touched, has great aversion to being alone, much inclined to take cold, and frequently has puffiness between the eyebrows and eyelids.

Spigelia has these sharp stitching pains, worse from sitting down, bending forward, raising the arms, taking a deep inspiration and from exertion. There is dyspnea with every change of position. Palpitation of the heart is violent. Is relieved by lying on right side with the trunk raised. The patient is weak and extremely sensitive, especially to cold. One patient who was greatly benefited by spigelia desired the temperature of her room to be 100° F. continually.

Case 5. NEURALGIA OF THE SPERMATIC CORD.—Mr. M., aged forty-nine, complained of severe pain in the right spermatic cord, which was shooting and darting in character. Careful examination of the cord revealed slight tenderness which I believed was due to the hot applications used, but no organic lesion, as blood cyst, tubercle, hernia or varicocele could be detected. There was no history of syphilis, and no rise of temperature. He was very irritable and quarrelsome, resisting the endeavors of his friends to relieve him. The bowels were constipated, and he was worse early in the morning. Nux vomica 6x was given and all opiates were stopped; this was of some benefit; the bowels were not so constipated, and he was not so irritable. He now remarked that he wished he could keep his mind employed, as thinking about his disease made the pain worse. This led me to give oxalic acid 6x, which cured the man. It is a feature of oxalic acid that as soon as the patient thinks of the pains they return.

Clinical Miscellany.

BASSINI, it is said, has given up entirely the use of silk or other permanent buried sutures and now uses chromicized catgut.

A SUCCESSFUL case of laminectomy for dislocation of the spine is reported by Dr. Johnson. The spines and arches of the last dorsal and of the first and second lumbar vertebræ were removed with Ronguer forceps. After the operation patient regained control over the bladder and rectum and was enabled to walk so well that he has resumed his ordinary occupation.

CUSHING, OF JOHNS HOPKINS, claims to have found the gonococcus of Neisser in two cases of acute general peritonitis. If this be true it shows that the gonorrhæal processes are not stopped at the abdominal ostia of the tubes, as has been generally supposed. In both of the cases it is true involvement of the peritoneal cavity occurred during menstruation following recent exposure from infection.

THE VALUE of the X ray in the discovery of renal calculi is now occupying the attention of the surgeons. Abbe has collected the records of twenty cases in which stones have been discovered by the radiograph. Regarding the technique he says "rubber tissue should be interposed between the patient and the plate to prevent perspiration. The fluoroscope is useless. The photographic plate must be placed well up on the patient's back, including the last four ribs. A wet plate may show nothing, but when dry and held up before the light gives good result. Photographs never show as well as a study of the negative itself. In all the cases reported subsequent operation showed the correctness of the photographic plate.

THE PATHOLOGY of fracture and dislocation is being considerably modified by the use of the X ray. At the last meeting of the American Institute of Homeopathy, Dr. Van Lannep, of Philadelphia, reported a number of cases of Colles' fracture accompanied by fracture of the lower end of the ulna. This latter complication previous to the use of the X ray was considered a very rare one. In the last edition of the *Annals of Surgery*, Halford King

reports a case of anterior dislocation of the carpal scaphoid bone, the like of which he says there is not on record.

G. F. S.

GIVE THE BABY A DRINK!—In hot weather infants, like adults, need less food and more water; for babies fed upon milk preparations reduce the percentage of solids.

Veratrum alba is a conspicuously useful remedy in the very prevalent choleraic attacks.

In colitis, whether catarrhal or of the milk infection variety, an adjuvant worthy of remembrance is flushing the colon with a boric acid or normal salt solution.

Examine the hearts of all children complaining of thoracic pain, dyspnea or anything simulating rheumatism. The present climatic conditions, viz., low barometer, excessive humidity, high mid-day temperature and occasional east winds favor the development of endocarditis.

J. P. C.

IN MANY OF the infective diseases the blood shows a marked increase of white cells (leucocytosis), provided the patient has vitality enough to offer any resistance. If the infection overwhelms him no leucocytosis appears. Now certain drugs also produce a leucocytosis. It was therefore concluded that these drugs would be useful in the second class of cases. So far they have proved entirely worthless. This statement does not apply to nucleins or their derivatives.

EVIDENCE IS ACCUMULATING that an elevation of temperature is a valuable mode of defense against pathogenic bacteria, and is therefore a benefit to the patient. Drugs which simply reduce the temperature and which are not otherwise indicated are therefore positively harmful.

CONSIDERABLE EVIDENCE IS accumulating to the effect that the malarial germ may remain alive within the human organism for months and even years. As a germicide for the malarial germ excellent success has been accomplished with methylene blue in four grain doses in capsules four times a day. Give it just preceding the chill; or if the chill comes at uncertain periods give it every other day on alternate weeks. It has been used in Belgium with great success. It does not produce a drug intoxication but may irritate the bladder slightly.

W. H. W.

LUNG GYMASTICS are to a certain extent a preventive in the development of pulmonary tuberculosis. The fact that little encouragement is given to chest development by those in sedentary vocations explains the cause of increased susceptibility in such class of patients. It is astonishing how much the lung capacity can be improved by systematic breathing and arm exercises. Physicians should encourage such a practice on the part of all suspected patients. We too often depend upon our remedies to the neglect of simple aids like this.

THE TREATMENT OF CHOREA, according to Dr. Joseph Collins, is a very simple matter. A vast majority of patients would recover just as easily without medical treatment if they were put under the proper methods as they do when subjected to the most orthodox plan of treatment. Rest is by far the most important measure of the treatment of chorea, and the more complete the rest the speedier the cure. Choreal children should be at once taken out of school and the parents urged to put them to bed and keep them there if possible. Rest and freedom from all sorts of excitement, combined with careful attention to the diet, is the most rational prescription.

HEPATIC INSUFFICIENCY AND PERIPHERAL NEURITIS.—*In Revue de Medicine*, Gouget shows the tendency of French investigators to consider auto-intoxications as having a great influence in the causation of nervous affections (delirium, convulsions, coma, visual disturbances, etc.). These have often been noted in the course of hepatic disease, and it is assumed from an auto-intoxication thus produced.

The author treats of peripheral polyneuritis (proved by anatomical investigation) occurring in a woman aged thirty-three, during the course of a hypertrophic cirrhosis of the liver. She was a moderate drinker, but was not tuberculous.

Although alcohol must have had some influence in a predisposed person the author attributes the polyneuritis to auto-intoxication from hepatic insufficiency.—*North Am. Jour. of Homeopathy*.

GELSEMIUM is of inestimable value in the treatment of all eruptive diseases. Its action on the skin circulation leads to rapid appearance of the eruption and at the same time the remedy has a salutary influence on the urinary organs, which is desirable, as the skin under the circumstances fails in its duty. In such cases veratrum is its

natural companion, or such, at least, is my observation, though many prefer aconite.—*Stephens, in American Homeopathist.*

MEZEREUM IN SKIN DISEASES.—Dr. Cordozo, in the *North American Journal of Homeopathy*, makes the following report in regard to the action of mezereum: A girl twelve years old complained of a dirty looking eruption on, behind and around the left ear. It consisted of brown, yellow scabs, mostly dry, at some spots moist, oozing a yellow matter, and itching violently. The skin felt like a piece of old parchment—no life in it. The same thing was noticed on the neck and some places on the abdomen. The idea struck me, "This looks like a case requiring mezereum." Accordingly I prescribed mez. 6. Two weeks later I gave mez. 30 for a few days. After another week she received a few doses of mez. 200, and was then kept on sac. lac. The eruption commenced to improve from the start; it kept on improving and was ultimately cured; abdomen first, then cheek and neck, and lastly, the ear. Up till this day, nearly one year, there is no reappearance of the eruption—the skin is everywhere normal.

I saw in this case a verification of the general conditions of mezereum, viz.: That it mostly affects one side of the body, principally the left, that the eruption may be dry in one spot and moist in another, that it is especially adapted for persons of phlegmatic temperament.

EDEMA IN CHRONIC NEPHRITIS.—Dr. Frank H. Pritchard, in the August number of *The Hahnemannian*, gives the following quotation: Dr. Oscar Reichel holds that in the edema in chronic Bright's disease there is a slowness of absorption by the tissues, due to the retention in the body of toxic substances which are not excreted on account of insufficient renal action. To demonstrate this, he injected physiological salt solution under the skin in patients with primary and secondary contracted kidneys, in those with stasis from heart diseases, and in persons with normal circulatory apparatuses. About fifty ccms. of the solution were injected, and only nephritics, without edema, were employed. After injection a circumscribed bulla is seen, which successively spreading, gives rise to an edematous infiltration of the skin. His experiments demonstrated that those with Bright's disease either absorb very slowly or, better said, do not absorb at all; for in these subjects, while the edema would disappear in five, six or eight days,

in healthy ones it would have disappeared in a few hours, and in heart patients, or those with varices, in two to three days at the utmost.—*Norsk Magazin for Lægevidenskaben*, No. 5, 1899.

CUPHEA VISCOSSISSIMA IN CHOLERA INFANTUM.—Ten years ago Dr. Roth reported his experience with this remedy. He noticed that the best results were secured in those cases arising from acidity of the food; vomiting of undigested food or curdled milk, with frequent green, watery, acid stools; child fretful and peevish; can retain nothing on the stomach; food seems to pass right through the child. The symptoms remind one a little of chamomilla, but as they are studied it seems that the systemic affection is deeper than one finds under the latter remedy. Dr. Roth used it in from one to five to ten drop doses of the tincture, which is a beautiful dark green color when made. No doubt but its action is dependent upon the tannic acid with which it abounds.—*Pacific Coast Journal of Homeopathy*.

ARSENITE OF COPPER IN CHOLERA INFANTUM.—This remedy is indicated when in the course of an attack the stools become watery and serous and prostration sets in. It is particularly called for when the symptoms are intense thirst, great restlessness, violent vomiting, cramps and tendency to convulsions. In treating these cases it is well to give the little patients water as hot as can be borne, even if it is shortly afterward ejected. No food of any kind should be given until the danger symptoms are passed.—*Pacific Coast Journal of Homeopathy*.

TREATMENT OF ATONY OF THE STOMACH.—Dr. F. Cartier finds relaxation of the muscular coat to be most often associated with slow digestion, hypopepsia. The stomach, weak and atonic, distends from fermentation and dilates.

One of the most painful symptoms is the gas. The charcoals, both vegetable and animal, *carbo vegetabilis* and *animalis*, are indicated here, and though they do not resemble each other at all, the *carbo animalis* has a sense of hollowness and cold in the stomach. *Antimonium crud.* has a marvelous action in flatulency, especially in watery eructations, without odor. This drug is a rival of *carbo veg.*; and *nux vomica*, in passing, may be mentioned as at times giving good results.

Vertigo is, at times, the consequence of dilatation of the stomach, and *rhus tox.* is the best drug here that he knows for vertigo from stomachic affections and cerebral anemia.

In congestive vertigo and that of plethoric subjects it is of no service.—*Pritchard, in Hahnemann Monthly.*

VERBASCUM IN CATARRH.—*Verbascum thapsus* is very serviceable as a catarrhal remedy. The hard and hoarse laryngeal and bronchial cough with hoarseness and deep bass voice is soon driven away by the essence of mullein. In acute cases I give every hour two drops, but in chronic cases three times a day three drops in a spoonful of water or sugar. The chest is also rubbed with mullein oil twice a day. Pains in the face arising after catching cold find an excellent remedy in *verbascum*.—*American Homeopathist.*

IN A SEARCH for the earliest manifestations of tuberculosis in the lungs, it is a very considerable help to know that, except in the rapid pneumonic form of disease, the extension of the lesion is according to a certain definite order unless turned aside by a disturbing element of some kind. A primary consolidation of the base of the lung is but rarely tuberculous unless infection supervenes upon a primary lesion, such as the remains of a croupous pneumonia, pleurisy, or pulmonary collapse, which has impaired the nutritive condition, and consequently the power of resistance.—*Goodno, in the Medical Era.*

ELIMINATION OF THE TYPHOID BACILLI IN THE URINE.—P. Horton-Smith, in *The Lancet* of May 20, 1899, has an exceedingly important paper on the respective parts taken by the urine and the feces in the dissemination of typhoid fever. The experimental work of this author shows quite conclusively that the older view of an exclusive elimination of typhoid bacilli by the intestines is no longer tenable. Typhoid bacilli are present in the stools in the third week of the disease; from this time they rapidly diminish and soon disappear. If a relapse occurs, there is a reappearance of the organism in the stools. The writer thinks that those cases in which the typhoid bacilli were found in the stools long after the disappearance of the fever were cases where the bowel discharges were mixed with urine. In about twenty-five per cent of all cases the typhoid bacilli are found in the urine. They rarely appear before the third week of the disease, and sometimes persist long after convalescence is established. Unless the bacilli are in very large quantities, the urine is never rendered turbid by them, and the presence of pus or albumin bears no relation to the presence or absence of

the bacilli. These facts justify the author in concluding that the urine is a much more dangerous excretion for the dissemination of typhoid fever than are the stools. The presence of virulent bacilli in the urine long after convalescence gives additional danger to this means of infection.—*Medicine.*

STROPHANTHUS ACTS IN HEART DISEASE by increasing the force of the systole, at the same time that it diminishes the rapidity of the heart's action.

It has little or no effect upon the blood vessels and therefore causes less tension than digitalis. It also causes less gastro-intestinal disturbance. It is not cumulative in its effect and can be used in smaller doses than digitalis. It is indicated in all cases of valvular disease where compensation has broken down. In mitral regurgitation where edema and dropsy have supervened, its action is often most marked, the heart being strengthened and slowed, the respiration relieved and free diuresis set up. In aortic stenosis and incompetence where there is want of compensation, and where, as is often the case, there is marked atheroma of the vessels, strophanthus is much preferable to digitalis. In chronic conditions like the irregular heart of old people and where a rapid action is not necessary, one or two drops three times a day, continued steadily, give the best results; but in more acute cases five or ten drops are necessary.—*Moir, in British Journal of Homeopathy.*

JABORANDI.—"The two remedies which have served me best in exophthalmic goiter are iodine and jaborandi. * * Strangely enough, I have not found jaborandi anywhere recommended as a remedy for Graves' disease. Its pathogenesis contains a larger number of the more prominent symptoms of the disease than any remedy with which I am familiar. It gives rise, in full doses, to increased heart's action with pulsation of the arteries, to tremor and nervousness, to sweating and the subjective symptoms of heat, to redness of the skin, to diarrhea and dysuria, to disturbance of vision, and to bronchial irritation with expectoration. In fact, the drug covers the symptomatology of the disease so clearly that it must not be given below the 3x dilution, or aggravation will ensue." *Dr. James Wood, in North Amer. Journ. of Homeopathy.*

ACOKANTHERA, A NEW ARROW POISON.—Thomas R. Fraser and James Tillie of the University of Edinburgh, present the completed report of a new drug, used in Africa as an

arrow poison. This is closely allied to other members of the same family, the apocynaceæ, which gives us strophanthus, oleander and apocynum. The drug is derived from the wood of the root and stem of *acokanthera schimperi*, benth, and hooker, by boiling, and it contains an active glucoside which the authors propose to call *acokantherin*. In most respects its action is similar to *strophanthus*, in the animals thus far experimented upon. It acts primarily upon the heart, and produces, in overdoses, a paralysis of that organ with permanence of the ventricular systole. This action on the heart is principally due to its effect on the heart muscle; the contractions are prolonged, and may ultimately be rendered continuous. In frogs this action on the heart is independent of any influence exerted through the cerebro-spinal system, as it occurs after the destruction of the brain and spinal cord. Pulmonary respiration, in cold blooded animals, continues after the paralysis of the heart. The striped muscles of the body are acted upon, and they may twitch; their tonus is exaggerated, and their functional activity is destroyed. These muscular effects are due to the direct contact of the glucoside with the muscular substance, and must be considered independent of the cardiac nervous mechanism.—*American Homeopathist*.

H. V. H.

Correspondence.

R. LUDLAM, M. D.

An address delivered before the Alameda County Medical Society, by A. K. Crawford, M. D.

Dr. Reuben Ludlam, of Chicago, whose sudden death on April 29 last was announced in the press dispatches and published in the daily journals from the Atlantic to the Pacific, was too well known, by name at least, to you all to require from me anything more than a brief synopsis of his life as I know it.

At the time of his death he was President of the Board of Trustees of the Hahnemann Medical College and Hospital of Chicago, and was Senior Surgeon of the Gynecological Department of that institution.

He had served in the several capacities of professor of physiology, pathology, and clinical medicine, professor of diseases of women and children and professor of medical and surgical gynecology, and for many a long year as dean of the faculty, before he became president. He was the last surviving member of the original faculty which banded together in 1860 to give life and purpose to the Hahnemann Medical College which had acquired its charter by a special act of the Illinois Legislature in 1855. This charter was written by the Hon. Thomas Hoynes in the office and under the counsel of a Springfield lawyer by the name of Abraham Lincoln.

Every medical organization to which he had belonged had conferred upon Dr. Ludlam its highest post of honor. Honoring itself none the less by so doing. He had served as president of the Chicago Academy of Medicine, the Illinois Homeopathic Medical Association, the Western Institute of Homeopathy, and the American Institute of Homeopathy, and three times of the Clinical Society of the Hahnemann Hospital, for which he stood sponsor at its birth over twenty years ago.

His editorial work in journalistic medicine included six years with the *North American Journal of Homeopathy*, nine years with the *United States Medical and Surgical Journal*, and as editor-in-chief of *THE CLINICIAN* since its advent in January, 1880, a total period of almost thirty-five years. Besides this he wrote, edited and published various brochures, monographs, and larger works, the best known of which, both to students and practitioners of medicine, is his 8vo volume on the "Diseases of Women," which ran through six editions in America and was translated into French and found sale on the continent of Europe.

Dr. Ludlam was born in Camden, N. J., in 1831, and graduated when he was twenty-one years of age from the Medical Department of the University of Pennsylvania. Immediately thereafter he became a convert to homeopathy, and remained a staunch believer in the law of similars to the day of his death.

These are some of the emoluments and honors which came to him because of the fact that he was naturally recognized to be a man mentally taller than the average of his brethren. These positions and posts did not bring him fame, but served to indicate to the passer-by that he was already famous.

The acts and attributes which made him so, which in fact constitute the character of the man, are subject matter for another story. These editorships, presidencies and what not of high office, are the external evidence, or efflorescence of the man, which the lesser world in which he lived regarded approvingly, and the larger world outside applauded. They are not the root and trunk of him, they are the things recorded of

him at the end of his sixty-eight years of life. What were the materials with which all this was accomplished in one span of life? Was he born to greatness, nurtured in learning and schooled to the topmost notch before being thrust upon the battle field of life? No. Very far from it. He arrived in Chicago a tall, gawky, awkward boy with the limited education that a country school could give him and a sheepskin than cost him less than half the time and labor that it does nowadays to acquire. But like many another country bred lad who has become a success in urban life he was endowed with brains, capacity, good health and no fear of anything, work least of all. So he set himself the task of self-culture. Finding himself deficient in grace of motion he studied how to correct it. Finding himself lacking a university education he became a voracious reader and through that proclivity acquired one of the largest working libraries in medical as well as general literature, that is to be found outside a public institution. Finding himself in need of another language than English, he took up French and never ceased toiling at it while he rode the rough streets or jolted in a street car, until he was master of the tongue both written and spoken. Finding himself at a disadvantage in the small talk of society, he took up the study of humor as an art and succeeded so well that he became famous as a conversationalist, debater and post prandial speaker. When punning was the vogue he became one of the sharpest punsters it was my lot ever to listen to, and when he had had a surfeit of it he dropped it with as easy celerity as he had taken it up.

It took many years in accomplishing these ends and you will all agree with me that the perfectly poised, elegant mannered, scholarly looking, frank and humorous Dr. Ludlam of your memory bore little resemblance to the young aspirant to fame who entered Chicago in the early 50's.

He became a diplomat as well as a scholar. He was more of an academician than a clinician, yet in the latter line few were his equal. He could have become a statesman as readily as he became a leader in medicine, had his energies been directed in that channel. His life was one of uninterrupted progress. Work was coequivalent with life in his mind, and had he lived to be twice sixty-eight years of age he would have been found still a student. His sole idea of rest lay in a change of employment. Carlyle's dictum that "There is no genius but work" found ample confirmation in this man's life. He was sunny indisposition because he had labored to make it so. He was genial in manner because he had trained himself so. His was not a lovable nature. There was little of spontaneity in it, and he went through the world lacking the warmth that comes from conferring love or eliciting it from others. In him the emotions were entirely under subjugation to the reflective faculties. His regard for you was wholly mental, and then only when your traits did not threaten to impede the march of his own ambitions. His hatred once aroused never waned. He was as implacable as an Indian. Yet, withal, the mentality of the man modified and directed the virulence of unforgiveness in him. He willed it that his thoughts should travel in other channels. He kept himself too busily occupied with better things to allow the words and actions of his opponents to disturb him. As far as possible he ignored the existence of those whom he nominated as his enemies, but woe betide the innocent who imagined that long continued silence on an old sore meant forgetfulness. He had a beautiful memory, and it was impossible for him to forgive while memory lasted. Even in the contemplation of his faults he commanded your admiration, and you voluntarily yielded him respect, for you recognized in him an immense intellectual machine. He was a splendid teacher in the didac-

tic and clinical lecture rooms, and the students and physicians who heard him held him in reverence. He was one whom they felt well worthy their emulation, and he was ever gracious and buoyant in his converse with the neophyte in medicine. More homeopathic diplomas have been attested by his hand than by any one who has ever lived. The plane of his existence was a high one. He was not a prude although he came of good quaker stock, but anything lewd or coarse even if carried in a clever story, hurt his ethical sense. His was as well rounded a life as one is rarely permitted to witness. The success which crowned his life was deservedly his, for they were paid for in the coin of hard labor and self-sacrifice that few of us have never lagged throughout a professional life of nigh upon a half century. His going out leaves empty a commander's post in the fighting line of the homeopathic ranks. There was but one Ludlam. There will never be another.

772 Twelfth St., Oakland, Cal.

Miscellaneous Items.

The opening exercises of the Hahnemann Medical College and Hospital will take place in the college amphitheater Tuesday evening, September 26. The annual address will be delivered by Prof. E. S. Bailey; a quartette will entertain, and the usual collation will occur after the exercises. The college and hospital will be thrown open for inspection. Friends of the institution are invited. —The Southern Homeopathic Medical Association will convene at Asheville, N. C., October 17, 18 and 19. Dr. T. C. Duncan has accepted a professorship in Dunham Medical College. —Dr. W. W. Stafford has undergone another operation at the Baptist Hospital. He is now better. —Removals: Dr. S. R. Mitchell from Eau Claire, Wisconsin, to Washburn, Wisconsin; Dr. A. Louise Cory located at 123 Bluff St., Benton Harbor, Mich; Dr. A. B. Brown from 181 Dearborn Ave. to 375 Dearborn Ave.; Dr. F. Z. Nedden from Walnut and Twelfth St. to 433 Grove St., Milwaukee. —Dr. Halbert will report for clinical medicine at the Clinical Society the last Saturday in next month. —Dr. C. H. Cogswell, of Cedar Rapids, Iowa, is taking a trip through Scotland. —Dr. B. F. Bailey, ex-president of the Institute, paid us a visit last week. He is off on his usual vacation for the sake of his hay fever. —Dr. W. Louis Hartman, '87, of Syracuse, N. Y., was here last week looking up points in surgery. —Drs. Bailey and Blackwood have taken offices in the Marshall Field Building, Suite 711. —Dr. Jas. B. Miner, '94, has formed a partnership with Dr.

C. C. Wiggins, at Osage, Iowa.—Dr. B. C. McCurley, '99, has located at Cortland, Ohio.—Dr. H. C. Jersen, '78, died recently at Santa Barbara.—Dr. Orrin L. Smith is back and at work again.—Dr. B. S. Arnulphy writes a flattering tribute to the life and work of Dr. R. Ludlam in the *Revue Homeopathique*. He gives great credit to the influence of Hahnemann College and THE CLINIQUE in Europe.—Dr. T. E. Roberts of Oak Park has taken offices in Marshall Field Building, hours 1 to 3 p. m.—Dr. Harvey B. Dale, of Oshkosh, has been reelected president of the Wisconsin State Board of Medical Examiners.—Dr. Kate Walton Ellis announces her office at 254 East 47th Street and her residence 4120 Lake Avenue.—Dr. C. E. Fisher corrects the statement that his permanent location is in Little Rock. He expects to return to Chicago.—Dr. J. E. Gilman, in addition to his other work in the college, will give a course of lectures on fevers.—Dr. F. W. Baker has located at 4144 Grand Boulevard.—Dr. H. B. Woodard may be found at 3034 Michigan Ave.—“Announcements” of Hahnemann Medical College may be had by applying at the college office.—The “lecture card” has gone to press, and every hour is filled.

THE CLINIQUE.

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CHICAGO, OCTOBER 15, 1899.

[No. 10.

Original Lectures.

THE WORK AND WORTH OF THE PHYSICIAN.

INTRODUCTORY LECTURE DELIVERED AT THE OPENING EXERCISES OF HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO, SEPTEMBER 26, 1899, BY PROF. E. STILLMAN BAILEY, DEAN.

Mr. President, Ladies and Gentlemen: In appearing as the representative of the faculty on an occasion so interesting and so important as this, I am reminded by the presence of this audience of Penè du Bois' remark that "the public is a born stockholder." Ever since Hahnemann, the son of the porcelain painter of Meissen, gave to the medical world, and quite as directly to the laity, a certain proposition concerning the administration of drugs during sickness, the public has been the enthusiastic and staunch stockholder in the new system of the practice of medicine.

It is my pleasure to welcome you all this evening as co-workers in a cause in which laity and profession have such a common interest. Your presence charms and cheers us, it flatters and stimulates us. The real work of the college course begins with the lectures in the morning, but this evening we beg your attention as we speak of matters that concern our college interests, and the work and worth of the physician.

I wish to say to the new student occupying the benches for the first time this evening, to the undergraduates whose vacation having passed, are reassembled, to the seniors who face the next commencement with keenest pleasure, to the alumni of the college now numbering 2,550

and to the great number of friends of the institution, that all's well with the "Old Hahnemann" of Chicago. The faculty are harmonious in every detail of management of college affairs. They are loyal to the doctrines and practice of homeopathic medicine.

In 1851 a special charter was granted by the legislature of the State of Illinois to the Hahnemann Medical College of Chicago. This charter required first that it should be a medical college for the education of students in all the arts and sciences belonging to the practice of medicine, and the enactment required that the college should always teach homeopathy as its *special* mission. It was designed by its charter members to be the exponent in the West of this then developing practice in medicine. To make sure of its stability and that it should be the living exponent of homeopathy, it was required that all the teachers must not only be graduates in medicine but also graduates of a homeopathic school of medicine. Every safeguard was devised to secure a perpetuation of the faith and practice of the founders of this institution. It was a creature of the ideas of the middle of the century and it is now our duty at this closing hour of the century to give some account of our stewardship. The organization of the college followed in 1855, but because of the interruptions during the Civil War, and on account of the absence of professors and students while serving in the army, a few sessions were adjourned, so that this introductory address is the fortieth in the history of the institution. It is said that in a voyage of forty years' duration a man's log book ought to contain some observations useful to a young mariner. This school has certainly passed its years up to forty, not by drifting on a smooth sea, but by sailing through storm and sunshine with but one port in view. Its log book is written up to date and its safe harbor is assured. It has been my good fortune to have been intimately acquainted with the ins and outs of the college life here for more than one half of the time it has been organized. I have no hesitation in saying that its founders kept the faith to the end; that they practiced as they taught and that our answer to-night is that this is a medical college where all the ideas clustering around the modern truths in medicine find welcome; that the special mission that called us into existence still remains the central one, and that in the present curriculum of study the number of hours devoted to teaching homeo-

pathic therapeutics exceeds by four times the number of hours given this branch in the history of any one year in this or any other homeopathic medical college prior to the inauguration of the graded course of lectures. The number of hours given to the clinical illustration of the action of homeopathic remedies has increased twentyfold, the bedside teaching has increased fifty times over that of a decade ago. The 1,100 patients treated annually in our new and elegantly equipped hospital receive homeopathic treatment and the 29,973 prescriptions made by this faculty last year in the dispensary proves again the fidelity paid to our system of homeopathic prescribing. One word more, this college has in its records this moment the evidence of the literary qualification to enter the college of each and every student; where conditions are imposed every condition has to be removed before entrance to a higher class. The graded course exists in fact, it takes four years of eighty per cent of actual attendance in each year to complete the time requirements. It is impossible to do two years' work in one year's time, as practiced by some colleges. The lecture course is the one recommended by the Intercollegiate Committee of the American Institute of Homeopathy and applies to all colleges in good standing. The deception of arranging all classes to meet and listen to the one lecture instead of four lectures on the same subject is not practiced here. Every requirement made by the law of the State of Illinois, however obnoxious and discriminating, is kept. Each and every recommendation made by the American Institute of Homeopathy receives prompt and faithful support. The entire equipment of the institution is its own for daily use and is not borrowed for opening and other occasions. Each student receives the same courteous treatment and all pay the same fees. At the National Teachers' Convention held recently at Los Angeles, Cal., a protest was offered against the indiscriminate giving of tuition fees, as practiced by some institutions to fill their benches with students. In the discussion brought out it was stated that the evil of providing fees had gone so far in the 300 theological seminaries of this country that their school rooms are filled with students who accept a continuous charity and the scholarship shows marked deterioration thereby. What is worth having is worth paying for is as true of the student life as in commercial circles. Self-respect demands the sacrifice of time and money to acquire that as capital, recognized in the attainment of a noble profession.

At the last meeting of the American Institute of Homeopathy the committee on resolutions presented this definition, which was adopted and ordered printed each year in the transactions. It reads as follows: "I define a homeopathic physician as one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to medicine is his by inheritance, by tradition, by right." By this definition some so-called homeopathic colleges cease to exist. Ignorance has far less chance than it had a generation ago. The full measure of all knowledge that a physician can possibly acquire is none too great to meet the daily needs of his exacting and responsible position in the profession and in the community.

The work of the physician has changed much in the last decade. The old family doctor who was called upon to do it all, has been nearly supplanted, by force of the more detailed study of the specialists, just as the good old parson whose teachings once ruled the household, has given place to the pulpit orator.

When I was requested to present the opening address I felt something of the enthusiasm come upon me that must quicken the hearts of those about entering the profession of medicine. What a grand opportunity is yours! The pioneer work is ended. More and more the accuracy of science is being acquired. More and more the spirit of healing is abroad. To begin now is to begin in the sunlight. May the opening door be the portal to a happy professional career to each and all.

Old and young will die in the awakening as in the dying year. Babies will be born in the next century and the next. There will be feasts, and funeral marches, wisdom and folly, sickening accidents and more sickening crimes. There will be new men and new women. There will be those to whom the past is the only reality and who will arise and tell of far better days when they were young and every one was wise.

It is but natural to be reminiscent. Of the forty introductory lectures that have been given here I have been privileged to listen to twenty-three of them. I want to say that the first one I heard was an inspiration to me as a medical student. It helped to shape the course of my professional life. It was not a sermon as given by a preacher but an appeal by a doctor to know all things and all men. I have forgotten the words but the theme called for the culti-

vation of human sympathy. It called for expert knowledge in affairs concerning human suffering. It impressed upon me the fact, that sickness, contagions, wars with their horrors and all suffering of mankind whatever their origin, were to be studied, and their repetition prevented. The theme taught, as disease is the misery of mankind, so is misery the disease of mankind, and as there are physicians for disease so should there be physicians for human misery. The town, the city, the country, the world needed help then, it needs it now, and I say to you whose eyes are intently scanning your prospective teachers' faces for the first time this evening as mine did years ago, to you whose intuitions are alive with anticipation, have human kindness in your heart. If you seek the truth that will inspire deepest love for your work now and always, then success is for you.

To see ourselves as others see us may not always be profitable. Much will depend upon who the "others" are. Montaigne, for example, said "that he would like to be a little stronger before calling in his physician." Dr. Samuel Johnson has pictured the medical career in somber colors, representing it to be a mere submission to peevishness and a continual interruption to the pleasure of him who followed it. The Duke of Devon, on the other hand, maintained that the physician was especially qualified from the nature of his work to bind together the different classes of society and that those occupying this exceptional position should be men and women of sympathy, of character and of high professional attainments.

Sympathy we can hardly help having, character is a plant of slower growth. Each and every experience should be a message to the soul and our intuitions should declare their purity by harmonizing them with reason. "Our undergraduate life is short and our art is so long that it usurps all our time, not only because the work is exacting but because it is entrancing, too. It is a constant voyage of discovery with new horizons every morning and every night new stars."

This world is just as large and just as intelligible as one's ability to interpret it. It is to be judged from the standards within one's self. Wherever a process of life communicates an eagerness to him who lives it there the life becomes genuinely significant. Sometimes this eagerness is in doing, sometimes it is in living with the perceptions, sometimes with the imagination and with some

reflective thought. But, wherever it is found, there is the zest, the tingle, the excitement of reality, and there is the importance in the only real and positive sense in which importance can ever be. In the practice of medicine the mind always needs to be keenly alive; in motor activities, in perception, in accurate forethought and in reflective experiences. It occupies all the hours of waking consciousness and often dissolves the night with cares and fears.

Changeable as the picture may seem, "to miss the joy is to miss all." To live the life of comfort giving to others is to heap up pleasures for one's self; to miss the joy of participating in making things in this world better is to miss all, for no commercial success, no social distinction, no responsible position, equals in a worldly sense the joy that may come from the opportunity of benevolence. Let giving become the habit, and habits are the stuff of which behavior consists, and what is education but behavior?

How I wish that some thought like this might prove to be the seed sown that shall bring forth a hundred fold. If to-night you seek entrance to professional studies hoping for the commercial success, let me say that each year this road becomes more and more difficult, competition, the law of general averages which is inflexible, makes the moneyed reward to the average physician less than the salary paid to the average high school teacher. Unless you are prepared to do your life work in a few years you will hardly undertake the toil of the physician, for his is the shortest life of any of the professions. Unless you are prompted by a high motive, you will not willingly place yourself subject to public and private criticisms, just perhaps at times, but unjust so often. The giving of advice is common. It often comes like rain from the sky. It amounts to a deluge. The utmost one individual can do for another is to enunciate the principles which underlie all experiences. Even books are but the records of former experiences. Your advice will be of value as it is built upon a knowledge of truths, and truth is not truth to us until we have made it our own; until we can apply it in daily life. It must have been born as if for us only. You will be fitted to advise when facts concerning the human body and its life shall have come to you in fact and feeling, even as the artist feels in his picture or the poet feels in his verse. Pain will then be pain to you as it is pain to another. The closer your touch with human suffering the

better you will advise, the oftener you will cure. It is not the mere name of a disease that constitutes its importance. Your first patient will not be to you a class but an individual; and if the first is, so must the last be. It is exactly along these lines that our work as a school is done. The individual is found to be ill, and not the masses. When Mallock in one of his essays asked "What do you seek for your fellow man?" He received the answer "Everything which we ourselves desire, and that he is able to receive." It calls for exactness in training and skill in prescribing to be a homeopathic physician. It is not the easiest of the many forms of practice.

The measure of the worth of the physician is the measure of the individual. It is a personal equation. My classmate who graduated with honor in medical studies but who put aside his diploma, preferring one from a law school and the practice of the legal profession, has no claim upon the community for distinction as a physician. He probably makes a better lawyer for having studied medicine, but his individuality is not in this profession. Ability, education, foresight, invention, personal influence and resources, all these are naturally and inevitably tributary to individual success.

To gain a grip on a medical practice is not so much a measure of personal worth as to keep the grip when once gained. It is related of a physician ranking high in the esteem of his neighbors that after forty years of most careful work, through one moment of thoughtless neglect, he lost all. It seems particularly fitting in recounting the duties and the privileges of this calling that the utmost care all of the time is just enough upon which to erect one's measure of worth. There is no provision for mistakes in practice.

The worth of the physician is not always seen by the light of the day, his hours of working, so to speak, are counted by seasons and years. Nights or days are the same to him. Physical courage is not the only courage; the soldier is not the only hero. It requires greater heroism to face the horrors of a fever camp than to stand in battle line! All honor to the health officer at quarantine standing alone between the ocean steamer, cholera laden, and the lives of 70,000,000 of people on his native land when he conquers the disease and frees his country from the threatened dangers. He has earned a splendid monument.

Do you realize that it is the physician's work and worth

that has rendered the greatest charities in the world effective; and that the public recognition of his worth marks the close of the century? No State and no large city but now has its board of health jealously guarding the medical field from imposters, making provision for mental requirements of practitioners, establishing quarantine against plagues, exercising preventive care by vaccination and isolation of tuberculosis, scarlet fever and diphtheria. The sanitary supervision of tenements, factories, schools and public buildings. The health office is now a permanent institution and all this is the result of the intelligent appreciation that the physician is a public necessity. The officers, nor the system may not be perfect yet but the services will be proportionate to the advance of the ideals.

Life insurance companies are rapidly becoming centers of financial importance. They are scarcely secondary to banks in the aggregation of wealth. A moment's thought places the physician's work of successfully prolonging the average human life as the greatest factor of their success.

Do we all realize the far-reaching meaning of the extraordinary reduction of the death rate throughout the civilized world? Look at the census tables and see how the population of the world is increasing by leaps and bounds. There is hardly a city in Christendom in which the annual death rate per thousand has not been reduced ten or twenty or fifty or a hundred per cent in the last twenty-five years. The plague which for centuries kept down the population of Europe is now unknown to civilization. The Asiatic cholera has lost its terrors. The various forms of fevers once so general and so deadly may be controlled; even pulmonary diseases, the most dreaded of all human ailments, seem on the point of yielding to sanitary and medical control. What is to be the result upon the population of the globe of this triumphal march of science? What will happen to the people of the world when medical science has done its best to abolish sickness and postpone death is open only to conjecture! But certain it is that the prolongation of the average human life is to be counted upon as one of the potent factors in the irresistible tendencies of the times. Medicine is thus destined to wield a potent influence in the welfare and happiness in every nook and corner of the globe.

Increased knowledge as to the cause of many diseases has led to the adoption of preventive means. Over forty of the specific infective diseases are known to be due to

microorganisms, and you shall see what is the result of prevention where causes are known. Parker, of London, says that in that city the mortality of smallpox has diminished ninety-six per cent; deaths from fever have declined eighty-two per cent; deaths from typhus ninety-two per cent; deaths from enteric fever sixty per cent; deaths from phthisis forty-six per cent and from diphtheria about fifty-nine per cent. The general effect of improvement in sanitation is that 600,000 persons reached the age of twenty-one years who sixty years ago would have died. Since 1851 to 1895 the actuaries' insurance tables of England show the astonishing diminution of deaths from consumption to be nearly forty per cent.

Not alone in the mere application of drugs to various forms of sickness has medicine been progressive. Let us pause a moment to see how beneficent is the work done along other lines. Investigators in neurology have almost developed the studies now pursued in psychology, criminology, sociology. Neurologists have done much to explain the causes of degeneracy and the philosophies of reforms. Much has thus been accomplished in the amelioration of the conditions once existing in schools, asylums, reformatories and prisons. It has led to a better understanding of the effects of heredity and environment, and to a more sympathetic treatment of the weak and erring. It has taught the broad distinction between abnormality and immorality. It has dispelled many harsh beliefs and ameliorated many social conditions. It has created broad sympathies and protests against the harsh and cruel treatment of the degenerate classes. Only a few years ago the insane were supposed to be possessed with a devil, bewitched or the victim of divine displeasure. They were regarded as heretics, witches, criminals, but the study of neurology, inductive inquiry and physiologic research has taught the world that insanity, like all forms of degeneracy, is a disease to be treated rather than a crime to be punished. Time will not permit the recital of more of these interesting facts.

The work of the lecture season is to deal in detail with the questions that govern all these wonderful results. I can only lead to-night in the recital of generalizations, but how I wish that the inspiration might come to you to resolve to be a factor in this great work. Avoid the narrow and meaningless contentions so common in professional life. Ignore personal enmities, leave whining to

the weak souls. Be courteous to the lowliest. Sadi, the old Persian poet and philosopher, was once asked "Of whom didst thou learn manners?" He answered "From the unmannerly; whatever I saw them do which I disapproved of, that I abstained from doing." Study the relative sciences, that you may be wiser in the work of your chosen field. There is wisdom in the Hindoo saying "Work as they work who are ambitious, respect life as they respect life who desire it." Be sure of your ground, when stepping into new paths. An old sage once said he learned his philosophy from the blind, because they never advanced a step until they had tried the ground. Do not become discouraged if every effort is not at first crowned by perfections. Perfection comes in jeweled moments which are strewn like diamonds throughout the depths of space and time. I would also have you keep a liberal recognition of current events, aim to find some part of your recreation in the literature of the hour, dare to snatch leisure for research in other directions. Beware of prejudices based on ignorance, conquer them and live your life, receptive to convictions that will lead to the performance of a nobler mission. Do not fall at the feet of misfortune or criticism. You will discover that it is a force of man's own creating that plays the most active part in what he so often terms fate. And here, at the dawn of a new century, with the possibilities all yours, with lavish gifts of knowledge collected from ages past, with outstretched arms the new welcomes the new and the greetings are words of courage and kindest sympathy.

PNEUMONIA AND ITS TREATMENT.

By W. A. HUMPHREY, M. D., PLATTSMOUTH, NEB.

The intensity of its attack is such as to call forth the best effort of the physician, while its speedy termination always keeps one on the alert for the critical day which may, or may not, come to determine the fate of the patient. Pneumonia does not prove to be the rapidly fatal disease that it formerly did under older methods. Since we have learned to let well enough alone and to regard the fever as a concomitant not to be treated with such remedies as depress the already overburdened heart, the death rate has grown very much less. I like to place my patient in a well ventilated room of even temperature, not too light, and, if possible, away from noise and company, allowing only such people in the room as are absolutely necessary to care for the patient, with instructions that they shall, if possible, anticipate the patient's wants so that he will not be obliged to talk. The quieter the patient is kept the less will be the cough.

If the patient can be made comfortable it seems unnecessary to use adjuvant treatment, except to bathe the patient frequently with water at a comfortable temperature. I do not believe in the cold bath at any time. It succeeds so rarely and disturbs the patient so often that one can ill afford to take the chance of the excitement consequent upon its application. On the other hand, the tepid sponge bath is always grateful and welcome, and in no way disturbs the patient. In case of pain, or sometimes where the breathing is much embarrassed from hepatization, the moist, warm poultice of flaxseed is of decided benefit. The cotton jacket is of benefit often, but must be applied carefully so as not to constrict the chest. Careful note must be made at each visit as to the condition of the heart's action. The physician who takes care of the heart in pneumonia will have a low death rate. It is a rule which I have followed for several years with a great deal of satisfaction. Commence early to sustain it. Strych. phos. 2x or glon. 2x serves the purpose so well that one need seldom go beyond them; administer a dose every three or four hours. The diet should be as nutritious as possible, and is perhaps best administered in liquid form; milk, if taken even in small quantities, is quite sufficient. In fact, the appetite is so poor that one can allow the patient almost anything he may think he wants, for a

mouthful or two would be all that can be taken, and no harm will come of it.

Of the great number of remedies laid down for pneumonia, I have found that a few well selected have served the purpose. *Veratrum vir.* presents such strong indications that one expects that it would be indicated often; such is not the case, however, and when indicated has disappointed me very often. If *veratrum vir.* does not produce marked effect in lowering the pulse and temperature within twelve hours it never will, and its further continuance only weakens the heart, which we always wish to preserve for the critical moment. If called very early after the close of the chill, while the congestion is very active, *veratrum vir.* will sometimes act with promptness and arrest the whole trouble. Twice only in my experience of fifteen years has it produced this effect. *Aconite 2x*, *bryonia 2x*, *phos. 3x*, *tart. emetic 3x*, *sulphur 3x* or *30x*, have constituted a working basis in the management of this disease. If I were to say that any of these had been of better service than another, I should have to select *bryonia* first, while *phosphorus* comes in a close second, often finishing the work so well begun by the former.

The following cases may be of interest: *Case 1.* Miss B., aged twenty two; tall, strong, healthy, brunette; had a severe chill followed by some cough, with profuse expectoration of blood and mucus; complained of pain under left shoulder blade; temperature $104\frac{1}{2}^{\circ}$, pulse 110, full, strong; voice tremulous; face flushed and dark. I saw her within a few hours after the chill; prescribed *veratrum vir.*, U.S.P. tincture, five drops every hour; within twelve hours the temperature dropped to 100° with pulse down to 80; the interval was now lengthened somewhat. At the next visit the temperature and pulse were normal; the expectoration showed the characteristic brown sputum of pneumonia. This patient went on to recovery without fever, but the lung showed crepitant râles for a period of ten days and the patient seemed to suffer nearly as great loss of vitality as if the fever had run the usual course.

Case 2. Mr. P., aged thirty-five; painter, employed in the Burlington Railroad shops; was taken during the afternoon with a long, hard chill and pain in the left subaxillary region. I saw him at 7:30 P. M.; his pulse was 100, full and strong, respiration 30, temperature 104° ; ordered hot applications over the seat of the pain; there was bloody expectoration with râles of all kinds in the left lung.

Diagnosis. Pneumonia. I gave him *ver. vir. tincture* 5 drops every hour for twelve hours; at this time the temperature was normal, pulse 60. The remedy was continued for a day at intervals of two or three hours. The patient went on to recovery, but showed all the signs of a resolving pneumonia with soreness in left side for a long time afterward.

These two cases constitute all my successes with *ver. viride* in pneumonia in an experience of fifteen years. It fails so often, or perhaps I have prescribed it so often where it should not be, that I seldom consider it any more as one of the remedies for pneumonia. I have seen so many cases spoiled by its use that I do not consider it a safe remedy.

Case 3. Mr. T., aged forty-six, German farmer, living in a very poor house, was attacked in midwinter with pneumonia. His temperature was 104.5°, pulse 110 and moderately full; skin hot and dry; bloody expectoration; right lung was involved to the extent of its lower half. The house in which this man was situated was so poorly constructed that the wind blew the carpet back and forth on the floor; part of the time the room was so cold that one's breath was readily visible, notwithstanding the efforts of a large wood stove standing four feet from the bed; quilts were hung around the bed and tacked overhead until we had a veritable tent within the room. Under aconite and bryonia, and later tart. emetic 2x this man made an excellent recovery at the end of ten days.

Case 4. German farmer, aged sixty-five, surrounded by all the comforts afforded by a good house and plenty of nursing, was attacked first in the right lung. He had been ill two or three days when I saw him. Temperature was 104°, pulse 120, small and compressible, respiration 35. He did fairly well under bryonia and phosphorus until about the sixth day, when a second chill came, and later the right lung showed involvement also. During the seventh day the patient collapsed from heart failure in spite of precautions already taken with hypodermics of strychnia. He rallied and lived until the eleventh day, but finally succumbed to the increasing heart failure.

This case is in strong contrast with the one preceding it, which had nothing to commend it except a rugged constitution upon which to build with an absence of all the comforts necessary to make a sick man comfortable.

Case 5. Mrs. B., aged thirty-four, in fifth month of

pregnancy, was attacked with severe chill and pain in right lung, which later developed all the physical signs of pneumonia of the lower lobe. When I saw her, her temperature was 105°, pulse 115, full and strong, respiration 35, with expectoration of bloody mucus. The patient was very nervous. I prescribed aconite 2x and bryonia 2x with hot applications over the painful spot. This case progressed after the usual order until the sixth day when all the symptoms, except the cough, suddenly disappeared. We were congratulating ourselves that she had passed the crisis and was upon the way to recovery when a second chill came and pneumonia appeared in the left lung, ran a severe course for ten days and subsided by lysis in contrast with that of the right lung which terminated by crisis. The treatment was much the same, except that tart. emetic was given to clear up the lung after the fever was gone.

Case 6. Miss S., aged twenty, plump, strong girl, who never took any care of herself; went skating and got her feet wet from which she took cold; after complaining for several days she finally had a severe chill, followed by pain in the right lung with temperature 104.5°, pulse 120, respiration 40, with a dry cough, and expectoration of mucus streaked with blood; later the right lung was dull over the entire area. The case ran a slow course under aconite, bryonia and phosphorus, as they were indicated, with due attention to the heart, which required some stimulation with strychnia. When the fever subsided, the right lung remained completely hepatized from base to apex. Under phosphorus 3x and sulphur 30x a slow but complete recovery took place, after six weeks' treatment.

These cases illustrate the average experience in pneumonia as found in general practice, and also show that heart stimulation is not required so often under remedies which do not depress it as where it is overdone by depressants early, in the hope of breaking up the disease.

Take it first and last the death rate under homeopathic remedies is not over five per cent.

HOMEOPATHIC REMEDIES IN THE TREATMENT OF INSANITY.

By W. E. TAYLOR, M. D., PROFESSOR OF THEORY AND PRACTICE AND MATERIA MEDICA IN HAHNEMANN MEDICAL COLLEGE CHICAGO.

HYOSCYAMUS.

Hyoscyamus is indicated in puerperal insanity where there is little or no fever, body and limbs are inclined to be cold and the face is usually very pale; the patient is very violent, uses the most obscene and abusive language, has illusions, delusions and hallucinations; she seems determined to be nude, wants to run away, says she is in the wrong place or is some one else; the patient sleeps very little and when she is not in restraint is almost sure to destroy her bed and clothing. I have had the best results by giving the 3x, 6x and 12x potencies.

STRAMONIUM.

Stramonium in puerperal insanity has false hearing and seeing in the most aggravated form but the patient is not as violent as in hyoscyamus. She is very restless and bewildered and does not know her friends, but does not use obscene and abusive language nor is she inclined to be nude. She is full of fear; imagines herself somewhere else; sees imaginary beings; imagines herself double or in pieces (care should be used in discriminating between stramonium and baptisia in this respect); she does not wish to be left alone or in the dark and if left by herself she will pound upon the door. If her eyes are bandaged or she attempts to walk in the dark she suffers from vertigo and quite often will fall. I have had the best results from the 30x and 200x.

IGNATIA.

I have found ignatia to be a valuable remedy in puerperal mania in hysterical subjects. Ignatia is unlike stramonium and hyoscyamus in that it does not produce marked hallucinations and delirium. Moods are the characteristic symptoms. She is morose, glum, refuses to speak and secludes herself for hours, followed by laughter, extremely loving in her deportment, very talkative and quite often silly. This condition may continue for a few hours or often days and then without any apparent provo-

cation she becomes a raving, obscene, violent maniac. I had one case of long standing, in which the three moods were manifested nearly every day, but were always worse at the menstrual period. The flow is always scant, black and of a disagreeable odor, and during that period the patient sleeps little, urinates very freely and the bowels are inclined to be loose. While the patient may have a large number of symptoms the following may be depended upon as reliable keynote symptoms, calling for ignatia in puerperal mania where there is a previous history of hysteria: Marked moods without hallucinations or delusion; first violent, then silent and morose, followed by a very good-natured spell; patient always worse at the menstrual period; flow is scant and black with a disagreeable odor. The results which I have received from ignatia 6x and 12x in this form of insanity have been more than gratifying.

VALERIAN.

Valerian in puerperal insanity is liable to be confused with pulsatilla. The patient does not cry but whines constantly. You cannot please her in any way. She wants to be let alone all day but is restless and complaining at night. She will not remain in bed, walks the hall, wants to go out in the night air and is sure she cannot swallow food or drink because there is a lump in the throat, or she imagines there is a thread on the tongue, around the neck or a screen over her face which she is constantly trying to remove. She complains of her heart and often has palpitation and fainting. Urine is profuse and she often wets the bed. I have received the best results by giving two or three drops of the mother tincture every three hours.

ANACARDIUM IN INSANITY.

Case. A man about twenty-six years of age, while working hard in a dry goods store, was attacked by the grip which left him mentally unbalanced. For several weeks his mind seemed dazed; he wandered aimlessly about with a vacant stare and talked only when spoken to; his memory was very poor; he answered questions very slowly, and as a rule they were incomplete. He would often say, "I feel all mixed up."

After being in this dazed condition for several weeks, his symptoms suddenly changed; his whole body was in a spasmodic state; his muscles were hard and constantly jerking; he resisted when any attempt was made to move or

assist him. His eyes were wide open and staring night and day. Muscles of his throat and neck were in such a spasmodic state that he could not swallow even water; he did not make a loud noise, paid no attention to what was said to him, and had no control over his bowels and bladder. After this condition had continued about two weeks, causing him to become greatly emaciated, he again relapsed into his former condition and remained so about five or six weeks, and then without any apparent cause was again attacked by spasms and total unconsciousness as before.

These dazed and spasmodic conditions alternated four times, each one leaving him weaker and more deranged. I gave several remedies without receiving any benefit until, upon the suggestion of Dr. Halbert, I prescribed anacardium. At first I gave the mother tincture in five drop doses which aggravated all his symptoms. I then gave him the 3x trituration in tablets, which benefited him at once, and in three weeks he was apparently perfectly well.

I am giving anacardium to several other patients and will report results later.

NITROGLYCERINE IN SPASMODIC CROUP.—Dr. G. G. Marshall states that he has found in nitroglycerine an ideal remedy for spasmodic croup where steam inhalations and emetics fail or depress too much to allow respiration. He recommends small doses frequently repeated. To children from five to ten months old he gives from one ten-hundredth to one six-hundredth of a grain, repeated in from five to ten minutes if no effect is noticeable. Usually in ten minutes there is marked relief in the dyspnea and the general appearance of the child. By repeating these small doses from every fifteen minutes to once in two or three hours, the laryngeal spasms are controlled. Sometimes it is not necessary to repeat it more than once or twice; at other times the remedy has to be continued at more or less frequent intervals for two or three days.—*American Homeopathist*.

PYROGEN IN VARICOSE ULCERS.—Dr. Bellairs, in the *Homeopathic World*, calls attention to the internal use of pyrogen in varicose ulcers. He reports a case in which he received remarkable results from the 200x after trying many other apparently indicated remedies with no benefit.

Clinical Society Transactions.

C. JOSEPH SWAN, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

FRANK R. LEEDS, M. D., RECORDING SECRETARY.

The regular monthly meeting of the Society was held in the college amphitheater, Saturday evening, September 30, 1899.

REPORT OF THE SECTION ON CLINICAL MEDICINE.

H. V. HALBERT, M. D., CHAIRMAN.

XLII. CLINICAL CASES. BY A. L. BLACKWOOD, M. D.—

Case 1. ASTHMA.—Mrs. M., aged thirty-nine, when two months old developed broncho-pneumonia which left her a subject of asthmatic attacks.

When seven years old she had whooping cough, during and after which the asthma was greatly aggravated, but by going south she obtained some relief and on her return north was subject to attacks upon exposure to damp weather. When twenty-three years old she developed her first attack of typhoid fever, at which time it was thought she would die, the asthma being very troublesome; but after some months was back to her normal condition, having only an occasional attack. During the month of June she came down with the second attack of typhoid fever and again her old enemy appeared; at the end of the fourth week she showed some improvement, for two or three days, and then without any cause there was a relapse; all the time the asthma was becoming more pronounced and she could not secure any rest at night.

Various remedies, which appeared to be indicated, were tried in vain; while they might give partial relief for a short time yet nothing permanent was attained. As the fever had now passed the fifth week and was not declining and the asthma in the meanwhile became worse, it was evident that something must be done to control the existing conditions. After a careful review of her history, on account of the tendency to faulty reaction after disease, and also because of a similar tendency in her family, and after a consultation with other physicians, it was determined to give the patient psorinum 1m., one dose, and stop

all other medicine, as they were doing no good. The results were all that could be desired; she slept that night and every night since; there was a gradual decline of the fever. She is up and has no return of the asthma during the recent damp weather. A more recent report gives further encouragement as to a cure.

Case 2. EPILEPSY.—Mr. C., aged forty-one; employment has been that of park policeman. Ten years ago he fell, striking on the head. A short time following this injury he began to have spasms; he would fall wherever he happened to be; as he was falling there would be a wild cry; he would froth at the mouth and bite his tongue; these would be first tonic and then clonic in character; they would last about fifteen minutes, and would be followed by a period of coma usually lasting two hours. At first the attacks were about two months apart, but gradually became more frequent, and two years before coming to this clinic he was obliged to give up his employment.

There is no neurotic tendency in his family history; he is as fine a specimen of manhood as can be seen; is of light bilious temperament, but presented a dejected, childish appearance, as he was led by his mother, afraid of being alone, and will not go to bed unless his mother is present. His clothes are stained with urine, which he is unable to retain. It began at first to pass during the attacks, but now cannot be controlled at any time. He was given kali phos. 6x for one week. He then reported that he had better control of his urine and had more nerve. The next two weeks he made great improvement, but had one more spasm. Natrum sulph. 200x was given night and morning for one week, at which time he was given placebo and no more medicine. Four months have now passed. There has been no return of the spasms. He has perfect control of the urine. The last few times he came to the clinic alone, and has returned to his work.

Arnica montana has on several occasions controlled meningitis due to traumatism, but it has never been of any service to me in epileptiform seizures. Here natrum sulph. has permanently cured two cases undoubtedly epileptiform in character and traumatic in origin, and I believe it has cured this case; at least, it has stopped the seizures that were occurring about once a week.

Case 3. NEURASTHENIA.—Mrs. H., aged thirty-nine, has not felt well for the past year; she complains of head-

ache which has no definite location and changes from one part of the head to another; it is confined to a small point and is worse from drinking coffee or inhaling tobacco smoke; it is relieved by pressure on the painful point. She is extremely nervous and the least thing annoys her so much that she goes away and cries; her appetite is good, but she feels sleepy after eating and she is constipated. She has a pain and a tired feeling in the small of the back, which extends down the legs; she was given *ignatia* 3x three times a day; at the end of a week she reported the headache was better, and there was great relief in the nervous symptoms; she still complained of the distress in the back extending down the legs, and she feels better when doing something, not that the distress is any less but the mind being occupied, she does not notice it. *Helonias* 3x cured this woman. This is a remedy I have used with success in cases of albuminuria, diabetes and uterine prolapsus with congestion when the leading symptom has been a tired and lame sensation in the back extending down the legs.

Case 4. CARDIAC HYPERTROPHY WITH DILATATION.—Mr. C. aged twenty-seven, had enteric fever and pneumonia in South Africa about six months ago; since then he has felt weak and exhausted; the body is cold to the touch and is of a purple color; breathing is difficult, the least excitement causes dyspnea and gas forms on the stomach after eating; the bowels are constipated and there is pain in the lower portion of the abdomen.

Physical examination revealed a rapid and forcible cardiac action; the force of the apex beat is increased and to left of the normal; there is epigastric pulsation; the pulse is hard, full and irregular; the area of cardiac dullness is increased both to the right and to the left; no valvular changes are discernible, but the first sound is loud and ringing. From the history of the case and the physical examination we concluded that the right side of the heart was involved. *Convallaria* was given four times a day. After a week the patient reported an improvement; breathing was not so troublesome; coldness of the body had gone; the pulse was more regular and not so full. After two weeks' time the improvement seemed so great and the relief so marked that the patient thought himself well.

Convallaria was given in this case on account of irregularity and palpitation of the heart, the marked involvement of the right side, the great dyspnea and venous stasis.

DISCUSSION: Dr. O. L. SMITH: Dr. Blackwood's report is certainly interesting, instructive and contains much encouragement to the student of homeopathic doctrine. Without decrying in the least the good result obtained by the essayist in the case of epilepsy, I have grown to regard no case cured until they have gone at least one year without any seizures. We all know the restraining (temporary) influence of an operation upon the seizures and it is my experience that these patients are *always* better, for a time at least, upon changing from dosage to homeopathic medication. One could not ask for a better exemplification of the law of similars than the essayist has given us.

Dr. HALBERT: I am glad that Dr. Blackwood has called our attention to the use of a potency in such obstinate cases as asthma. As a general rule we try to abort the attacks of asthma with some temporizing remedy, but with such treatment we never cure the case. Hahnemann taught us that there was always an occult disturbing factor back of all of these conditions and hence he referred to a "psora" as a symptom of something suppressed whether that be in the form of a scrofulous taint or a neurotic condition. Psorinum, in such cases, acts not as a remedy but as a dynamic factor simulating the creative disease. I fully believe that we should give more attention to this method of prescribing, for certainly we cannot cure cases like asthma unless we do.

I was also interested in Dr. Blackwood's reference to natrum sulph. in epilepsy when traumatic causes are concerned. Generally we think this class of cases are only helped by surgical procedure. I can substantiate his statements as to this remedy, for I have employed it successfully. Kali mur. 6x is one of my favorite remedies in this disease, and aside from the tissue remedies I would like to call attention to *verbena hastata*. If I only had my record book before me I could report many cases of epilepsy cured by homeopathic remedies. This I hope to do later, and I am thankful that Dr. Blackwood substantiates me.

XLIII. A CASE OF TOXEMIA. BY C. D. COLLINS, M. D. —While casting about, in my record book, for a suitable case to present to this society to-night, I selected this case of toxemia for several reasons: First, because it is an unique and instructive case. Second, because it was also seen by other members of this society, who I hope will

discuss it. Third, because it demonstrates the extreme effects of toxemia.

Mrs. C., age thirty-seven, an American lady presenting a family history free from any scrofulous, tubercular or syphilitic taint. She was always well when a child and a young woman; she was married at the age of twenty-one and remained in good health for upward of ten years, during which time four children were born. Then came a period of ill health, for about a year, during which time she had a typho-malarial fever but again resumed perfect health.

There is also a history of one miscarriage, about three years ago, but no disease, not even endometritis, remaining after it. Her last sickness began in December 1897; the first symptoms complained of were a languid feeling and general debility which persevered for months; this was later accompanied by pain in the back and hips, and headaches, which were almost constant; then came a numb feeling in the legs, and at times a semiparalytic feeling; this extended later to the abdomen, and all parts below the waist line remained numb and semiparalytic.

Now appeared a peculiar, dull, stupid and listless mental state with partial loss of memory. Pain in the lumbar and dorsal regions was almost constant and prevented sleep even though she was stupid and sleepy. And now glandular enlargements began on both lateral sides of the neck and along the jaw; the largest ones being in front of and below the ears, corresponding to the parotid gland; there were many in number and ranging in size from a hazelnut to a butternut; these were sore and at times would ache but were not exquisitely painful; they were hard and nodular and looked not unlike sarcoma; they came on gradually and after several months disappeared in the same manner. The patient gradually wasted away, and sank, day by day, deeper into a state of prostration, until she was compelled to keep to her bed most of the time. Her temperature range was from $97\frac{1}{2}^{\circ}$ to 100° , and was as often below normal as above.

Now a dimness of vision crept over her and progressed steadily for several weeks, making severe ravages on the right eye especially. We sought the advice of Dr. Swan, who diagnosed the ocular trouble as irido cyclitis and choroïdo-retinitis, probably due to the result of some toxine.

Careful urinary analysis showed negative results;

blood examination showed anemia; examination of the uterus, ovaries and tubes gave negative results; the same was also true of the heart and lungs.

Arsenicum, merc. sol., thyroidine, ferrum and phosphorus were all tried over and over again, but none of them seemed to have the least effect on the disease.

The diagnosis of toxemia, from intestinal absorption, was decided on and accordingly she was given a compound tablet of oil of gaultheria, two grains, and soda bicarb., two grains. One tablet was given every two hours. Then a diet of broths, eggnog, beef peptonoids and milk was given freely and with gratifying results. The case began to slowly improve, but it was slow indeed. The enlarged glands on her neck began to shrink and eventually went away entirely. In all she was sick for seven months and then recovered all but her eyesight. The vision, however, has been greatly improved but still it is far from perfect. There has been no return of her trouble since then and it has been over a year since she was discharged as cured.

XLIV. APIS MELLIFICA IN A CASE OF TONSILITIS. BY C. D. COLLINS, M. D.—Mrs. T., age twenty-three, American, married, personal and family history good. This patient is a perfect blonde, almost an albino, with soft skin and lax fibers; she is of the lymphatic temperament and has a tendency to glandular enlargements; she applied for treatment May 1, for throat trouble, saying that for several months her throat seemed full and sore. She is a vocalist, and after even a short vocal exercise her throat would be sore for several days. Examination revealed a large, spongy tonsil on the right side, about two and one-half times the normal size; this tonsil did not look like an ordinary one but seemed unusually spongy and edematous, something like a fungous growth. The opposite tonsil was slightly larger than the normal but more natural and firmer in consistency; her general health had not been very good for several months past.

I assured her that removal of this tonsil was necessary and that, once amputated, she would have no further trouble from it; accordingly the throat was sprayed with a carbolyzed solution and the amputation was made with Mathieus tonsilotome. The spray was again used freely and the patient was sent home to use an antiseptic gargle

daily. No unusual developments occurred until about ten days later, when I noticed that same tonsil was enlarging again and in less than a month it had grown out a little larger than the original tonsil. My first thought was to amputate again, but a moment's reflection decided me to try other measures.

Belladonna 3x, 6x and 30x were all tried in vain; glycerole of tannin was used locally every day, and various spray solutions were employed, but to no effect. Calcarea carb. 30x and mercurius biniodide 3x were also of no service. The spongy character of the growth, the edema and the sticking, stinging pains finally suggested apis mellifica. This remedy I then gave in the sixth decimal potency four times daily, with entire relief in a few days' time. In about two weeks the fungous growth was practically gone, and a complete recovery eventually followed.

I report this case to show you another proof of the curative power of the remedy which is homeopathic to the case. I firmly believe that there was a blood and serum change in the system of that lady which was met and overcome by apis mellifica, and it cured the case. I also believe that had I amputated the second time, or even a third time, that the tonsil would have enlarged again and again, until I removed the underlying cause by the remedy homeopathic to the case, which in this case was apis mell.

DISCUSSION: Dr. O. L. SMITH: The essayist's case of membranous tonsilitis is certainly a rare and interesting one and considering the interest that is centering about that particular affection at this time, we are sorry there was no cultivation made. The Klebs-Loeffler as well as streptococci have been found, but in passive activity.

I quite agree with the essayist that amputation was not the indicated remedy, any more than he could have expected diphtheritic membrane to have disappeared after operative measures. But that the altered condition of the blood, pouring out fibrin that so quickly coagulated upon exposure to the air, later organizing, was met and removed by his successful use of apis is satisfactorily proven. As is generally true, I believe, traumatism is the etiological factor, and in this case occasioned by the vocalization. Save where the normal tonsillary tissue is replaced by connective tissue, I know of no tissue that responds so quickly and satisfactorily to the indicated remedy as the tonsils.

XLV. IS THE VERDICT OF THE MICROSCOPE FINAL IN DIAGNOSIS? By A. F. HARRIS, M. D.—My apology for asking your attention to the case to be reported is not that the case itself is of such interest, but it illustrates the question which I would like to hear discussed, namely: Is the verdict of the microscope final in diagnosis?

Case. Mr. R., age forty-eight, nervous and bilious temperament; bookkeeper; had ague when a boy and typhoid fever nineteen years ago. He has been strong and vigorous since. During the past year he began to have that "tired feeling" a good part of the time. About the first of August he began to have occasional chills, followed by fever and sweating with great prostration and entire loss of appetite. He, however, forced himself to keep at his work until August 12, when, as he expressed it, he could not drag one foot after the other to get to his train. I saw him first that evening. He had experienced a chill, but not a shaking chill, that afternoon, and when I saw him at 7 P. M. he was dripping with perspiration, temperature 103° , pulse 112, tongue thickly coated with a dirty white moist covering taking the imprint of the teeth, very fetid breath, skin and conjunctivæ yellow; bowels moving once or twice a day, not loose but light in color; the urine was scanty and high color; there were occasional paroxysms of coughing apparently laryngeal in character. There was no tenderness or tympanitis nor eruption over the abdomen. His mind was clear but he was so prostrated that he could not lift his hand or speak above a whisper. The spleen was enlarged and the liver was decidedly inactive. The sweating, however, was the most pronounced symptom. His whole system seemed filled with some septic material. The perspiration was a dripping, cold and clammy sweat that required a change of underwear and bedding several times a day. This was worse from 3 to 6 A. M., leaving the patient too exhausted to open his eyes or speak for the entire forenoon. These symptoms continued for about a week but lessened in severity; the tongue partially cleared and the appetite returned; temperature dropped to 99° in the morning and 101° in the afternoon and we looked for a speedy convalescence, but during the second week of my attendance the chills and fever returned with increased vigor, and twice in twenty-four hours the temperature went from 101° A. M., to $104\frac{1}{2}^{\circ}$ P. M.; the sweating was worse, there was total loss of appetite; the

coating returned to the tongue, the bowels were inclined to be loose for a day or two, but no abdominal tenderness, tympanites nor eruption appeared; the mind was clear, and there was no pain anywhere.

At this time a microscopical examination of the blood was made by an expert in whose ability I have great confidence and he reported the presence of the typhoid bacilli; unmistakable and pronounced, and diagnosed the case as typhoid fever. No change was made in the treatment but the man soon began to show improvement; the chills ceased; fever decreased gradually but the sweating was the last to disappear. The recovery was slow but continuous from this time and he was discharged five weeks after his treatment began. The remedies were merc. dulc., gels., bap., arsenicum, arsen-auro, echinacea, ant. crude, am. carb., and salicylic acid.

At no time did he show any of the usual typhoid symptoms and I could not bring myself to accept the verdict of the microscope. I would like the opinion of this society whether, in these days of so many mechanical aids to diagnosis, we are not in danger of giving them undue prominence and overlooking the old and tried landmarks, both in diagnosis and treatment of many diseases.

DISCUSSION: DR. A. C. HALPHIDE: I have been very much interested in the case which has just been recited to us. It is interesting for other reasons besides the fact that it raises the question of the finality of the verdict of microscopic diagnosis. The question is pertinent at this time, and the answer is most emphatically no.

The tendency at present is to overrate and overstate the value of microscopic findings. It should be understood and borne in mind that the microscope is only one of many scientific aids to diagnosis. What the microscope tells should be compared with the results of all other means of diagnosis.

This is especially true of blood examinations; for, while they are most important, they frequently fail of absolute certainty. The case under discussion is a good illustration of this. The examination of the blood in typhoid fever consists in a "reaction" rather than a search for the bacilli of typhoid. It is called "Widal's reaction," and is simply an observation of the influence of the serum of the typhoid's blood upon a pure culture of bacilli typhosis. The bacilli lose their motility and become agglutinated, and

this "reaction" is considered characteristic of the disease.

This test is exceedingly valuable and all but absolute, and it is in these malarial cases that the uncertainty is found. Many cases of malaria, in the epidemics among the soldiers in the Spanish-American war, gave the Widal "reaction," and by some these were considered mixed cases, or typho-malaria. In such cases it is evident that other means must be used in reaching a positive diagnosis.

The tendency has been, with enthusiasts, to overestimate the value of blood analysis. Like urinary analysis it is most valuable, but it has its limitations. Theoretically a blood analysis should give a perfect record of the state of the body, for the blood is the index of the bodily health. But, unfortunately, blood analysis has not reached that state of perfection yet. It may do so in time, but not until some means are devised by which the chemistry of the blood serum is better understood.

Every year some one comes forward with a positive means of diagnosis but usually is obliged to step down to make room for the next of its kind, and is often soon lost sight of or is only mentioned as a curiosity. Dr. Holmes, in the *New York Medical Record* of September 5, 1896, described certain changes in the white blood cells which he considered characteristic of the earliest or pretubercular stage of tuberculosis. Other investigators have not confirmed his findings and so nothing is heard of his discovery (?) now.

I do not want to be interpreted as belittling the value of the microscope, for we all know that it is the most valuable aid to diagnosis in many cases. Too often, however, this absolute verdict is only possible after it is too late as an aid to treatment for in many cases microscopic examinations can be made only of specimens obtained post operative or post-mortem. Still they are valuable to pathology and through it to diagnosis in subsequent cases.

Dr. HALBERT: I feel that the question asked by Dr. Harris is very opportune for no doubt enthusiasm over scientific investigation leads us often away from the more practical feature of bedside experience. At the same time I am a firm believer in the adjuvant use of the microscope and particularly in the blood examinations of typhoid fever. The Widal reaction, to my mind, is more confirmatory of typhoid fever than any other symptoms. I employ it always and am never satisfied with my diagnosis unless I use it. Only last week I had in the

hospital an apparently typical case of typhoid; the blood examination did not, however, show the Widal reaction and I would not therefore hold to the diagnosis. In a few days the symptoms cleared up, thus confirming the result of blood analysis.

During the presence of the soldiers in our hospital last year, I had the blood examined in each case of malarial and typhoid fever; not in one case was a mistake in diagnosis made. It was thus of great value to me in the initial stage, for it settled the matter of diet, as I starve my patients in typhoid and feed them in malaria. While I do not wish to ignore the bed side symptoms and the experience of the practical doctor, I do, however, believe in the use of the microscope.

Dr. F. H. HONBERGER: Dr. Harris' paper brings before us an important point. I do not think that the microscope should be taken as positive in such cases, but it is no doubt, of great value, and should be considered the same as other subjective and objective symptoms. I was recently called to see a patient who had been treated by a physician for one week, the diagnosis being reported to me as typhoid fever; an analysis of urine showed, as suspected, a large amount of pus cells, coming from the kidney, with occasional tube casts as shown by the microscope, therefore the diagnosis of typhoid was not confirmed. Terebinth relieved the patient readily, and in one week the pus had disappeared and the patient, with normal temperature, seemed apparently well.

XLVI. CRATEGUS IN HEART DISEASE. BY A. H. GORDON, M. D.—As you are no doubt aware, *crategus oxyacantha* is a new remedy of recent introduction. There is a complete dearth of information regarding it in works on the subjects of materia medica or therapeutics, or in encyclopedias or libraries of reference. The story of how it came to the knowledge of the profession is very interesting, but the authenticity of it I cannot vouch for. It seems that one Dr. Green, of Dublin, Ireland, achieved a great reputation for the successful treatment of diseases of the heart. Patients came to him from England, the Continent, and all parts of the world. Many were cured, and in almost every case at least temporary relief was obtained. In his treatment of these cases he used a secret remedy. After his death instructions were found in his will to the effect that his daughter, who was cognizant of the secret remedy

and its mode of preparation, should give this knowledge to the world. I have been told that the preparation he used was an infusion; the one I have used, however, was a tincture of the ripe berry, and the results noted in the cases cited were obtained from this preparation.

Case 1. Mrs. H., age thirty, became ill December, 1896, and was attended by her regular family physician, who is a competent homeopathic practitioner. A diagnosis of enlargement of the heart was made, and the case was carefully treated by homeopathic medicines for a period of six weeks. At the end of that time, there having been no improvement, but rather an increase in the distressing symptoms, at the advice of friends she consulted a prominent allopathic physician. She was treated at home for several months by this physician with no change for the better; but on the contrary she became so incapacitated by her affliction that she was unable to move about the house at all without bringing on attacks of faintness and symptoms of complete collapse. At that time, in accordance with the advice of her physician, she was removed to St. Joseph's Hospital, this city, where she remained ten weeks in bed, under his constant attention, with the hope that the much vaunted "rest cure" would relieve her, for her condition was now so alarming that her friends had given up all hope of her recovery.

At the end of the ten weeks, there being no improvement, her husband took her home. At that time she was unable to walk across the floor without the symptoms of heart failure appearing. After a course of treatment by electricity with the usual result—no improvement—I was sent for, having been recommended by one of the students of my class, who was a friend of the family. An examination of the heart determined the presence of hypertrophy with dilatation, displacement of apex beat, weak action, heart sounds prolonged, but no valvular lesions. Further physical examination disclosed an irregular and intermittent pulse, general anasarca, etc.; the least exertion caused dyspneæ, faintness and symptoms of collapse. No special cause for the heart trouble could be given by her, except many years of overwork and the abuse of coffee.

After listening to her account of the several courses of treatment she had received, I came to the conclusion that it was wise to try a new remedy in her case, which I had been using with good results, when the usually indicated

remedies had failed to relieve. I therefore prescribed *crategus oxyacantha*, five-drop doses of the tincture in water every three hours. The results were simply marvelous; in three weeks she was able to visit me at my office about two miles from her home, walking to and from the car with very little assistance, and her improvement was continuous from the first. In about three months the dropsy had disappeared, the heart's action was strong and regular, with only an occasional intermittence, and to live had become again a pleasure to her.

About this time she became pregnant (she was already the mother of three children, all living and in good health), which naturally alarmed her greatly, as she had no idea that it was possible for her to endure such a strain, as she well knew from past experience what was required, even in labor which was fairly normal as hers had been. However, I did everything possible to get her into good condition before the time expired, and she passed safely through the crisis, with no further accident than a slight post-partum hemorrhage, which was easily controlled. She is now fairly well, as well I think as any one with an enlarged heart can expect to be. She does all her own work in her little flat, for her family of five, and has gained greatly in weight and strength, although her nursing infant is now only eight months old. In her case *crategus* seems to have made it possible for compensation to be restored with results as stated.

Case 2. Mr. L., age thirty-eight, a foreman of stock room in large shoe factory, came to me for treatment for what had been called nervous prostration, in March, 1899. The history showed progressive loss of strength, indigestion, palpitation of heart, so severe as to interfere with rest at night, night sweats, profuse and exhausting, and intemperate use of liquor "to keep up on." He confessed to many forms of dissipation, late hours, the abuse of stimulants above referred to, excessive venery, etc. The rapid, irregular and intermittent pulse directed my attention to the condition of the heart, an examination of which disclosed hypertrophy, apex beat in sixth interspace to the left of nipple line, increased area of dullness on percussion, and of cardiac impulse which was of that heaving character noticeable in enlargement of the heart. There was present violent palpitation on excitement, and when more quiet distinct intermission every four to eight beats.

Having had gratifying results from *crategus* in several other cases, as well as in the one previously reported, I administered it to this patient also, five-drop doses of the tincture, four times a day. His improvement was immediate, and after about four weeks' treatment he felt so well I thought it unnecessary to continue the medicine, so dismissed him with careful directions as to diet, habits of life, etc. On my return from my vacation this summer I found an urgent call to Mr. L.'s on my book. Arriving at his home I found him in a pitiable condition. It seems that he felt so well after the attention in the spring, he had thought it possible for him to resume his former habits of dissipation, which had culminated in a prolonged spree, and had laid him flat upon his back. Unable to reach me on account of my absence from the city, he called in one of our allopathic brethren, who dosed him with all sorts and combinations of drugs, as evidenced by copies of his prescriptions, which I had friends obtain for me from the druggist. The doctor had informed the friends that unless he rallied under the influence of medicines last prescribed, it was useless to do anything more for him, as death was inevitable.

Under the benign influence of *crategus*, however, he rallied slowly, and with the help of some intercurrent remedies, has made a recovery which is fairly complete. He has resumed his accustomed occupation, eats well, sleeps well, and feels well; the disagreeable and dangerous symptoms have completely disappeared, although, of course, the hypertrophy still remains and there is an occasional intermittence, perhaps once in fifty beats. He is still taking the *crategus*.

In conclusion would say that I have used *crategus* with uniform success in weak heart, accompanying or following la grippe, diphtheria or any disease of like nature. I have also used it in two cases of valvular disease, one of which was benefited greatly and the other not at all. I will not give them in detail, as I have already taken up so much time, suffice it to say that I believe we have in *crategus oxyacantha* an exceedingly valuable remedy in many cases of heart disease, and no doubt other diseases as well, and one that will be well worthy of much study and investigation, and infinitely superior in weak heart and conditions of collapse to the *digitalis*, in potency, which it was my custom formerly to use, or the *strychnia*, *glonoine* or the diffusible stimulants used by our allopathic brothers.

DISCUSSION: Dr. HALBERT: I have been greatly interested in Dr. Gordon's paper not only from the fact that he has given such explicit details so far as etiological and diagnostic features are concerned but because he has been so successful in his treatment. The use of remedies for cardiac diseases is not an easy question to settle, for we are always bothered by a possible stimulative action with the always unfavorable reactions. In that respect digitalis has been found to be a dangerous remedy despite the fact that it is one of our most positive remedies in cardiac diseases. Crategus is a remedy which I have used many times in the past two years and I have repeatedly called attention to it in similar cases. Unfortunately we have no proving of its physiological action except in experiments in diseased conditions. It has been given public attention through the advertisements of a quack, who, of course, claimed everything for it. Still I believe it will yet become one of our most useful cardiac remedies. Certainly it is safer than digitalis or strophanthus and I believe its cumulative action in potency will yet be found most valuable. So far I have given it only in the tincture, but I mean to administer it in potency form.

I believe its use is better called for in hypertrophic conditions where the compensation is liable to give way to dilatation. And how does it act upon the heart? My theory is that its greatest force is directed to the stimulation and healthy action of the sympathetic ganglia from which the cardiac nerves have their origin. In this way the proper motor force directs the heart and the inhibitory action of the vagus cannot interrupt its rhythm. So long as the natural cardiac rhythm is preserved the heart will generally take care of itself if other perversions do not affect it. Then again in the cases which call for crategus there is always a neurasthenic condition, as you will particularly observe in Dr. Gordon's first case. This proves to me that the remedy deals with a neurotic condition at all times. Further experiments with this remedy will be received with great interest by the profession.

Dr. A. C. HALPHIDE: Recently, I had a case similar to the second one reported by Dr. Gordon, in which I obtained most gratifying results from the use of crategus. It was a man aged between forty and fifty years who was treasurer of one of the large packing companies at the Union Stockyards. His heart was weakened by the excessive use of tobacco and alcoholic liquors. The weakness

and dilatation came on gradually. It was first brought to his notice by his rejection by a life insurance company. A little later he was annoyed by a shortness of breath and a tendency to palpitation of the heart. He was treated for some month by his family physician, then he came to me because I was the physician of the mutual benefit lodge of which he was a member and he could have my services without expense to himself.

An examination revealed a very serious condition of the heart. It was considerably dilated; there was a pronounced mitral regurgitation and an aortic stenosis, and the myocardium was flabby and weak. The lungs were congested and he had a troublesome cough. His friends assured me that they were sure that he had consumption.

The treatment was as follows: The tobacco and alcoholics were stopped and he was ordered to lead a quiet life, avoiding all excitement and physical strain. Homeopathic medication was tried. Digitalis, strophanthus, cactus and the like were administered but little improvement resulted. Then an infusion of digitalis was given, a tablespoonful four times daily. This was markedly helpful for several weeks, but finally lost its beneficial effects.

My attention had been called to *crategus* by several cases reported in one of the journals and I decided to try it. It was administered in doses of from five to eight drops and its helpful effects were marked and continuous. The muscular tone rapidly improved; the murmurs became less pronounced and a compensatory hypertrophy soon resulted and the man went about his business with little annoyance from the shortness of breath, palpitation and cough.

Indeed, he got so much better that he once more began to use tobacco, first taking cold smokes and then hot ones, and to indulge in alcoholics again, first a little then a lot. The result, as any one could have predicted, was a relapse. However, the same treatment as described above has been effective in getting him out of bed and back to his work feeling fairly comfortable again.

XLVII. CHRONIC ATROPHY OF THE LIVER. BY M. R. BARKER, M. D.—Mrs. P., aged sixty-eight years; married; three children grown and well, two children died in infancy; father lived eighty-five years, mother eighty-eight years; both died of senility. Brothers, one, sisters, two, all living and in good health. The patient knows little of grandparents only that they lived to be old.

She passed the menopause at forty-five without trouble. She went with her family to Kansas when forty-eight and immediately contracted malaria and was not free from this trouble during the ten years she remained in that State. Up to the time of going to Kansas was never ill. After suffering with malaria about six years she began to be troubled with alternating periods of diarrhea and constipation. From Kansas she removed to Chicago and relief from malarial symptoms promptly followed. The alternating periods of diarrhea and constipation still continued with the addition of intestinal indigestion and its chain of symptoms, formation of gas in the intestines, etc. This had become quite annoying and she had restricted her diet considerably. She had resided in Chicago four years with no other symptoms (save the above) which slowly grew more and more aggravated. At the end of the fourth year she noticed a growth in the abdominal cavity in the hypogastric region; this slowly developed but without pain or tenderness for one year, at which time it was of considerable size, and pain, diffused over the abdomen, commenced. This pain increased with the growth of the tumor for another year, when it became so severe medical advice was sought. An operation was advised and accepted and the patient went to a hospital in a few days and the tumor was removed. Using the language of a member of the family who saw the tumor, "It looked like liver, and was filled with many small sacs full of water." I inferred from this that it was a multilocular ovarian cystic tumor. Recovery was uneventful. The patient was relieved from symptoms caused by tumor. The pain disappeared; the old trouble, however, of diarrhea, constipation, fermentation in the intestines and formation of gas became very annoying as time passed, with occasional nausea and vomiting; the stools were always white and pasty. From the time of the operation, three years elapsed before symptoms other than those mentioned (which grew worse all the time) appeared in the case. It had now been nineteen years since malaria was contracted, thirteen years since the diarrhea and constipation began, nine years since the patient came to Chicago, and three years since the tumor was removed. During this whole period of time, excepting about two months when in the hospital and immediately after returning from it, she had not failed for a single day to perform her duties as house-

keeper. At this time in our clinical history, the patient was seized with severe pain in left chest wall in the region of diaphragm; this soon became diffused over the whole left chest wall, and was quickly followed by severe shifting pains over the whole body. These pains were worse at night, and worse when reclining. I was then called, and for the first time saw the patient and procured the history which you have heard.

The general appearance of patient was somewhat emaciated; she was anemic; there was some edema of the eyelids and she was sallow in complexion. The physical examination revealed a normal pulse, temperature and respiration; the tongue was always coated; the whites of the eyes were yellow tinged; the organs of the chest were normal; the left chest wall was tender to pressure; the abdomen was slightly distended; tympanites was diffuse, but not excessive; the area of hepatic dullness was greatly decreased; the area of splenic dullness was increased; much gurgling was observed throughout the intestinal tract; hemorrhoids were present and troublesome; there was some tenderness over the left abdominal wall, but not elsewhere about the abdomen. Bryonia 1x was given each hour; subgallate of bismuth three grains, papoid two grains, mixed, was given after each meal.

Requested twenty-four hours' urine, and examined the blood that day, only making the test for hemoglobin, and examining microscopically to ascertain the proportion of white corpuscles to the red. These examinations showed hemoglobin sixty, and about one white corpuscle to 400 red ones, or about twice too many white corpuscles. The examination of urine gave negative results.

Diagnosis. Later stages of chronic atrophy of the liver.

Prognosis. Fatal within a year, or possibly two.

I immediately imparted my views of the case to the husband and son, explaining to them as best I could the pathology of the case, also, telling them the pain was rheumatic, a very common complication of liver trouble; that it would be difficult to stop without the aid of narcotics, and that they were contraindicated in the case for reason that they would tend to render inactive what active liver tissue remained.

I treated the case one month, continuing the remedies I have mentioned. The digestive troubles improved at once very markedly. The pain grew less all the time, but

it was slow. At the end of three weeks the patient could sleep quite comfortably eight hours during the night, though she was never quite free from pain. At the end of a month there was a recurrence of the pain nearly as severe as ever.

The family now determined to call a physician of the other school. I remained, however, friendly with the family, and they told me everything as freely as though I had charge of the case. The new doctor assured the family that nothing serious was the matter; that he would stop the pain in a short time, and cure the case before very long. He prescribed antikamnia and codeine two and one-half grain tablets every two hours until the pain stopped, then to be taken three times each day. This stopped the pain in three days. One month later I saw the patient; her features were drawn; she was far more emaciated than I had ever seen her; the abdomen was very noticeably distended. She had called in the surgeon who had operated upon her before. He told her another tumor had developed and that it must be removed at once. She went to the hospital; an abdominal section was made, and the surgeon said he removed a tumor containing three gallons of water. She remained in the hospital one month; returned to her home, and in three weeks I was again called to see her. She had been taking morphine during her stay in the hospital to control the pain; she had for two weeks been having chills, fever and perspiration; she thought she had a return of her old malaria. I found her with a temperature of 105° , pulse very rapid and weak, running as nearly as I could count, 160° , respiration 30. Her bed clothes were frequently saturated with perspiration. There was marked dullness and tenderness over the right side, from the axilla to the ninth intercostal space. The patient was very feeble. I told the family I could do nothing for the patient except to palliate; that she was suffering then from septicemia, caused by the absorption of pus from abscesses in the right lung and liver; that the only hope was in an operation, and that was entirely out of the question in her condition; that she could only live a few hours, or a day or two at most. The family were not satisfied, but called another physician. He pronounced the case pneumonia, and said he could pull her through all right in a few days. The patient died that night. The husband then came to me for a death certificate. This I refused to give unless permitted to make a post-mortem examination. This re-

quest being granted I sent for the physician who had been in the case, and we made the post. The abdomen was one-third full of water. I could not prevent the remark that I thought, had she lived a few days longer, another tumor would have been sufficiently developed to be removed. A quart of pus was taken from the right pleural cavity, an abscess occupying fully one-third of lower lobe of right lung, and much of the middle lobe and a portion of upper lobe was found. The liver was very small, so small that it did not fill a quart cup; there were nodules over it about the size of walnuts; these were filled with a brainlike substance; a portion of the right lobe was honeycombed, and many of the cells filled with pus; the microscope revealed a large celled carcinoma. The large cells and brainlike substance placed this cancer in the medullary class. We know the medullary cancer develops rapidly and destroys life quickly, from two weeks to three or four months being all the time required to do its work.

This case was, in my judgment, primarily and for many years a progressive atrophy of the liver, superinduced by malarial infection. During the last few weeks of the disease the liver was attacked by this neoplasm which rapidly involved and destroyed the liver tissue. The liver tissue broke down, pus formed in it and metastatic abscesses formed in the lung.

XLVIII. ACETATE AND BITARTRATE OF POTASSIUM, IN ACUTE ALBUMINURIA. BY H. A. MILLARD, M. D.—H. F., aged seven years; parents healthy, five brothers and sisters, three older and two younger, all healthy. When seven months old he had eczema capitis for two months, which was cured by the use of sulphur, arsenic and calcarea carb.

He always took cold easily, but otherwise was well until five years old, when the cervical glands on the right side of the neck began to enlarge, and in about one month, three of them were each as large as a small walnut; no other glands seemed to be affected; there was no fever or local tenderness, and otherwise he seemed to be perfectly well. He was given sulphur, silicea, hepar sulphur, the iodides of lime, mercury, arsenic, and potassi for twelve months, with but slight change in the enlargement.

Last December, while taking calcarea iodide, the glands began to decrease in size very rapidly, and in six weeks were almost gone. In February the glands began to enlarge again, but have not yet reached their former size.

About the first of March, his father came for medicine, saying that his son had a slight cold and his face was swollen. I asked about the urine, but he could give me no information. I gave belladonna and arsenicum, and told him to bring some of the urine the next day if he was not better. The next evening he returned with about two ounces which was all that had been passed within thirty-six hours; the specific gravity was 1,040, and on heating in the test-tube it became so solid that it could not be poured out. He was given the various remedies that seemed to be indicated with no perceptible change except that the edema gradually increased, when suddenly the urine stopped entirely; then I gave acetate and bitartrate of potassi, each 1 drachm, and tincture of digitalis 1 m. every two hours; at the end of forty-eight hours free catharsis was produced, and about one ounce of urine was passed. He was so edematous that he could not open his eyes or stand on his feet; the heart's activity had increased to 88 and 90, and was very weak; the temperature was $98\frac{2}{10}$ °; he had no thirst, and nothing could be retained on the stomach, not even milk; there was no soreness over the kidneys and no pain anywhere.

The scrotum was punctured and also the skin of the feet, from which exuded about one quart of water every twenty-four hours. The prescription was continued the same for one week, then at intervals of three hours. The urine gradually increased in amount and the boy improved in every way. In three weeks the normal amount of urine was passed; there was no trace of albumin and the specific gravity was 1.022. The boy seemed to be perfectly well in every way.

In July he contracted a slight cold and the urine became scanty, albumin was present, and some edema of the face was noticeable. The same prescription was repeated and the symptoms rapidly disappeared.

Since this time the boy seems to be perfectly well and strong. I ascribe the cure to the use of the acetate and bitartrate of potassium. Just what caused this acute albuminuria is a question as yet unsolved in my mind. The association of the glandular enlargement gives the inference of a general tuberculosis in which the kidney is possibly involved. I shall watch the boy with great concern so far as future developments are concerned.

XLIX. HEMOPHILIA. BY R. ARNOLD, M. D.—Hemophilia is so rare and fatal that I wish to call the attention of the profession to a case I treated, and in order to demonstrate the hemorrhagic diathesis you will pardon me for relating my experience with the mother at the parturition. November 19, 1898, I attended Mrs. P., aged thirty-one, primipara, who weighed about ninety pounds, delivering an eight-pound boy with forceps; although I was extremely careful there was a slight laceration of the perineum. I took the utmost precaution to avoid hemorrhage, but she flowed so much that I feared she would bleed to death, but finally succeeded in arresting it and repaired the perineum. The baby was well until November 24 it developed ophthalmia neonatorum, for which I prescribed argentum nit. solution, but the nurse neglected it until the next day, when there was a profuse purulent discharge from the eyes. Two days later the conjunctivæ were intensely red and bleeding. November 29 I prescribed boric acid grs. v, aqua ζ ii. locally, which I used until December 12, when the conjunctivæ were very red and bleeding, and lids quite swollen and the general condition alarming. I had searched authorities on the subject but found nothing to relieve, so I thought I would try the normal salt solution and within two hours bleeding became less, and in a few days all redness and bleeding had subsided and the child is now as large and strong as any average child of his age. I could get no history of hemorrhage in the family, but my experience with the mother led me to believe the hemorrhagic diathesis existed in her family. The saline solution did the work and saved the baby, and I report this rare and interesting case that others may try it when occasion requires and possibly be the means of saving others.

VERTIGO OF ARTERIO-SCLEROSIS.—Vertigo is an important symptom of arterio-sclerosis. It is supposed to occur especially in its earlier stages. According to Huchard, the causes which finally lead to arterio-sclerosis in the beginning lead to transient spasm of the smallest arteries, a condition more likely to produce vertigo than the later permanent changes in the vessels. Mendel states that influenza or other weakening influence, is especially likely to bring on vertigo in these cases. Not rarely in these cases tinnitus is also observed, and in some of them the real cause may be in the labyrinth.

Editorial.

ANACARDIUM—A REMEDY IN MENTAL DISEASES.

Our inability to find a remedy of potent influence, upon the mind, which will not under any circumstance lead to depressing effects or the requirements of continuous use has puzzled the profession for a long time. The tendency to overcome mental excitement by hypnotics is natural and the use of sedatives will probably always be resorted to in preference to waiting for the action of a remedy which represents symptomatic requirements. And yet there is less reason for this in mental conditions than any other disease. The study of anacardium should therefore be welcomed with due consideration, for it is quite evident that its utility is pronounced. Of the two varieties anacardium orientale is no doubt the more efficacious in mental disease. Its tincture action has a decided depressing influence upon both the body and mind; mentally the weakness particularly relates to the loss of memory and thus it may be seen that its action is useful in subacute as well as acute cerebral perversions. As a remedy for mind rest it cannot be surpassed. In this age, in which mental energy is used to the extreme, it will be very useful for that fatigue of mind so often called "brain fag."

Forgetfulness, the loss of names and cerebral exhaustion are not the only symptoms which call for it; the frontal tearing headaches after long continued occupation, the peculiar sensation as if cerebral circulation had been stopped by a "plug" and the general mind incoördination are characteristic symptoms. Then too, dementia, hypochondriasis and melancholia are affected by its action. Some cases of acute insanity have yielded to its continued use in a low potency. The patient who has a propensity for swearing and violence can be calmed by its action. The emotional nature is extremely active when anacardium is indicated; the patient always imagines that he hears strange things and often photophobia is added to other perversions. The gastric symptoms of anacardium are those which generally accompany a mental defect. The patient is displeased with food though possessing a good appetite; while dyspeptic symptoms are not present, there are the hysterical complaints of indigestion; the plug or ball in the stomach or esophagus simulates the "globus" of true hysteria.

The danger of using anacardium too strong or too long should not be overlooked. The poisonous action upon the

skin is liable to create irritable eruptions resembling variola. Then, too, it is often toxic even in potency and for that reason should be watched constantly. That, however, we may obtain favorable results in the average mental disease makes it a valuable adjuvant both to the specialist and the general practitioner who invariably pronounces an unfavorable prognosis, in such cases with too great alacrity.

H. V. H.

CLIMATE IN THE TREATMENT OF TUBERCULOSIS.

Notwithstanding the popularity of various drugs, serum and other treatments for tuberculosis, the best percentage of improvements in pulmonary tuberculosis has come from climatic changes. Pro and con statements will continually be made in regard to the benefits obtained from different climates, but the fact exists that the dry and pure air of the higher altitude is the only sure means of thwarting the tubercular development.

We must admit that no one climate can be considered as a cure-all in every case, and to a great extent there must be much individualizing for different patients.

The best method of all is to allow the patient to experiment with different locations until the altitude and surroundings are found which can be tolerated and show a decided benefit in the tubercular conditions. Our experienced specialists have learned that it is not best for a patient to remain longer than five or six weeks in a chosen altitude, which does not show a subsidence of active symptoms in that time. Furthermore they have substantiated the theory that it is generally best to change to a lower or intermediate altitude for the winter season. For instance, one of the best authorities on the Colorado climate advises those patients who do not seem to maintain an average improvement during the whole year, to spend the winter months in Texas or New Mexico, returning to Colorado for the summer. This is also advisable in laryngeal tuberculosis or catarrhal tendencies, which are often made worse in the higher localities during the fall and winter.

We have much to learn in regard to climate in the treatment of tuberculosis, and a constant interchange of experience is necessary to achieve the best results. We have certainly learned that one locality does not answer for every patient any more than one remedy applies always in the same disease. It is often surprising how high an altitude an organic heart disease may endure and the same is true of the lungs. Therefore experience, experiment and comparison should always be our guides.

H. V. H.

Hospital Notes.

THE CHILDREN'S CLINIC.

SERVICE OF PROF. JOS. P. COBB.

Case No. 2,196. FRIEDREICKS ATAXIA.—Annie, æt. eleven years, appeared at out-clinic February 10, 1899.

Family history. Father is living and reported well. Mother died of consumption at the age of fifty-three. She is reported to have been well until the beginning of her final illness.

No information can be obtained of any nervous diseases or ailments in other members of the father's or mother's families.

Two sisters of the patient have died of consumption at the ages of twenty-five and eighteen years and one brother at the age of eighteen years.

There are living six other children, three brothers and three sisters, aged thirty, twenty-eight, twenty-four, fifteen, thirteen and nine years respectively. They are well and healthy except a boy of thirteen and a girl of nine years. The boy of thirteen showed signs of ataxia when six years of age. It has now progressed until he is unable to walk. The girl of nine is beginning to show some ataxic symptoms; her walk is awkward and ataxic; the knee reflex is lost on one side and markedly deficient on the other; she sways a little when standing still and keeps her balance with difficulty when standing with the eyes closed. These conditions are not marked enough to have been noticed by the family until their attention was called to it by our examination. This patient, Annie, aged eleven, was nursed for eighteen months and then fed everything. The only illness which she suffered as a baby was an attack of measles. She began to show some ataxic symptoms when six years of age. She had an attack broncho-pneumonia and pleurisy when eight years of age, and now for three years the ataxia has been rapidly developing. Since the attack of broncho-pneumonia she has never been as well as before. She has had a cough continually, poor appetite, restless sleep, frequent colds and feverish conditions, especially at night.

About a year ago an eruption began around the eyes of an eczematous character, which spread out some distance

on to the face; isolated circular spots, varying in size from one-half to one inch in diameter, appeared irregularly all over the body and limbs; individual ones would gradually heal, but new spots were continually appearing. Their appearance and location suggested the theory that they were due to infection conveyed by finger-nails. Both these spots and the eruption around the eyes was very irritable in appearance, had a secretion which dried into scales and scabs, at which the patient was continually picking and scratching. The eruption was confluent over the vulva and around the anus, and for over two months the girl has complained that micturition and defecation were very painful because of the local inflammation.

She has very little appetite, none in the morning; the bowels move regularly; the urine is scanty in amount, especially in the morning; she sleeps fairly well now; is peevish and fretful.

Physical examination gives the following data : Weight, fifty-five pounds; temperature, $100\frac{1}{2}^{\circ}$ F. ; pulse, 132 (4 P. M.); cervical and axillary glands markedly enlarged on both sides; scoliosis with slight kyphosis present; slight mitral insufficiency; consolidation posteriorly in the bases of both lungs; knee reflexes are both wanting; pupillary reflexes are sluggish; nystagmus is not observed; speech shows a little of the drawing character; cutaneous sensibilities are normal; patient has complained of little pain; she cannot walk safely without support, her gait is shuffling; she sways when sitting without any steadying support and cannot maintain her balance when standing with her eyes shut.

Diagnosis. Hereditary ataxia with tuberculosis. R: Iodoform 3x every four hours with ichthyol ointments for cutaneous application.

This patient has reported at the clinic every two weeks and to-day presents a much better appearance than at her first visit. During the first six months no change was made in her prescription except to discontinue the ichthyol ointment when it was no longer needed.

April 7. Her sister reported that no new cutaneous lesion had appeared since her first visit, and that the eruption is entirely relieved.

The temperature has always been above normal varying between $99\frac{1}{2}^{\circ}$ and $100\frac{1}{2}^{\circ}$ F.

April 28. Her weight is sixty pounds, a gain of five pounds in three and a half months. Complains of frontal headache and pains in the knees; knees feel stiff and sore.

She was given bryonia in addition to the iodoform for one week.

July 28. There has been no return of the headache or pain in the knees. Her sister reports that, if she is without her medicine even for a few days, she is more restless and irritable and does not sleep as well.

August 4. Her medicine was changed to silica 6x q. i. d. The report shows that during the first three months she gained in weight, in general appearance, improved in her walk and was less irritable and nervous; the last three months do not show any marked change in any way; she has lost nothing but she has gained none.

September 1. *Examination.* Temperature, 100 $\frac{3}{4}$ ° F.; pulse, 112; condition of the lungs very much improved, especially the left; mitral murmur less marked, but present; knee reflexes both wanting; she can walk alone but with a very uncertain gait and becomes easily tired; appetite good; bowels regular; sleeps well. *R:* Zinc. phos. 3x q. i. d.

The eight months' history recorded above clearly establishes a case of hereditary ataxia. That we have not traced any similar cases in the girl's ancestry does not prove that they have not existed. A peculiar feature in this case is the coexistence in the family and in this patient of tuberculosis and ataxia; three of the older children have died of consumption at the ages of twenty-five, eighteen and eighteen years respectively. Shortly after the death of the last one the mother died of consumption, probably contracting the disease from her invalid child. No other member of the family has been infected with tuberculosis except this patient, who had an attack of broncho-pneumonia three years ago; since the attack of pneumonia she has shown unmistakable signs of tuberculosis and the ataxia has rapidly increased.

Her next elder brother showed ataxic symptoms at six years of age, at the same age dates her ataxic condition, while the younger sister is spared until about the age of nine, thus exemplifying and breaking the rule that in the same family cases usually develop at the same age of childhood.

No glittering prospects of a speedy cure have been promised; we know only too well that sclerotic nerve tissue will never be replaced nor restored to normal capabilities. Our efforts have been directed to improve her general nutrition, to arrest the tubercular invasion and to check the extension of the sclerosis. Our measure of success has been gratifying and probably has not reached its limit.

Opening Exercises.

THE OPENING EXERCISES OF HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

The annual introductory exercises were held in the college amphitheater Tuesday evening, September 26, 1899. The audience was unusually large, so much so that many were turned away; the number of new students was greater by fifty than ever was observed before; the attendance of alumni was very satisfactory; there was no limit to the enthusiasm and the music furnished by the Imperial Quartet was above the usual standard. In other words, every one had a good time and the occasion was exceedingly auspicious for the opening of the new term. Prof. J. P. Cobb acted as master of ceremonies, Prof. Halbert spoke in memory of Prof. Ludlam and Prof. E. S. Bailey delivered the annual address. This, we are pleased to say, was of marked merit and will be found on the title page of this journal.

REMARKS BY THE REGISTRAR.

By JOS. P. COBB, M. D.

It gives me pleasure to welcome you back to another year's work in this old institution. Six months ago I had the honor of making the report to the trustees of the thirty-ninth year's work of Hahnemann Medical College and of recommending for graduation the class of '99. The class of '99 made a glorious record with us in deportment, in conscientious efforts and in scholastic achievements. They have set a pace that their successors can maintain only by the application of the same conscientious efforts; though they have graduated and have left us, the influence of their good work will remain, and the class of 1900 especially will not be allowed to forget them.

I am able to report that all of the undergraduates of last year are expected to be with us; that very substantial additions have been made to each of the classes (the smaller colleges having been unusually generous this year), and that the baby (the freshman class) is strong, plump,

well proportioned and lively; his parental influences have evidently been good; we will teach him of what to partake, what to digest and what to assimilate; we will store his registering ganglia and develop his reflex routes; in four years we will present him to the world, a doctor of medicine, his cerebrum containing many ideas and his heart pulsating for suffering humanity.

Work begins at 9:30 to-morrow morning. At the office you can obtain the official schedule and you are expected to familiarize yourself with its contents, from cover to cover; while the officers, the faculty and the college clerk are always ready to respond to all inquiries, you will find if you will look in the book first that most of your questions are answered there.

Valuable additions have been made to the teaching facilities, not the least important of which is the complete electrical outfit which has been installed under the charge of Prof. Blackmarr. I am informed that this outfit includes every apparatus applicable to the art of science of medicine, and is the most complete electrical equipment owned by any medical college in this city.

The money is in hand for equipping the new physiological laboratories, and it is confidently expected that valuable additions will be made to our present laboratories in time for this session.

You will discover that the number of subclinic hours have been increased without encroaching upon the time of the general clinics. One typographical error has been observed in the schedule. The hour at 2:30 Tuesday is filled by a clinic in eye and ear instead of by a lecture as stated. The term has been lengthened to seven months, and Saturday afternoon has been left free of work. Prof. Chislett has given me authority to say that if this does not please you, he stands ready to resume his old hours.

This building is to be your college home, our equipment is to be your aid in study. From the day of your matriculation you are part owners of both; the trustees, the faculty and the alumni are proud of both, and they expect you to share in their pride and to be unwilling to do any willful damage thereto.

MEMORIAL TO PROF. R. LUDLAM.

BY H. V. HALBERT, M. D.

To speak in memory of Prof. Ludlam is like standing in the mighty presence of a mountain and attempting to give utterance to feelings which speak louder than words. The greatness of a man is observed only in the comprehension of his life work, and not in the prosaic or poetic stanzas of his written memoriam. In the much that has been said, and the more that might be said, only a part of his eulogy has been pronounced. And so we may fully realize that a man's influence lives long after he is gone. What he was as an individual, and what he manifested in his original mentality are fully known only to those who had his intimate acquaintance.

While we freely appreciate that he was a "God-made man," nevertheless, he was a "man-made man," rising, as he did, by his own efforts and his own development of ability, above the inherited gifts of his Creator to the pinnacle of a reputation of his own creation. In this we see his greatest influence as a man, for, so long as struggling imitators seek to attain his mark, the reward of patient perseverance is held up as the price of success. What he was is due much to his physical and mental inheritance, but what he made of himself came only as the result of study and the strife he made to be foremost. Therefore, we may truly say that the greatest example which his life has left is the possibility of great accomplishment as the result of continued effort.

In every remembrance of Prof. Ludlam none has more typical reference to his life work than his relations to Hahnemann College. From its inception to its present status he has been the keystone of its support and the guiding influence of its development. This college was, indeed, the child of his creation, and through all its vicissitudes he has been its defender. Born a leader, he never shirked the responsibility of chief; a natural student, he established a standard which has made a worthy record; always an optimist, he knew no such word as "fail," and to-day we may thank our stars for having had such a guiding hand from the very start.

To think of a college opening without his presence, without his enthusiasm, and without his speech, seems too strange and sad for realization. It was a joy and a pleasure to him when he stood before the incoming class and

reverted to the past, or dwelt upon the future of this institution. This college was his life and for it he was always ready to give his strength and to sacrifice his last possession. When the darker hours of tribulation came he saw only the light of hope; in the midst of an untimely secession, he stood forth as the champion of a determination to exist at all hazards. To-day we are prosperous and powerful because of the determined efforts and heroic self-sacrifice which he, and his compeers, willingly offered. The impetus, which has made ours the largest homeopathic college in the world, began when he put his gigantic will to the wheel and made it move; the power of his intellect has given dignity to our history; and the impression of his greatness will be felt to the end of time. Throughout the future, as in the days that are gone, the name of Hahnemann, and the truth of homeopathy, will be more revered and better known as the result of his life work.

Few men live to see the achievement of their plans and realize the fulfillment of their fondest dreams. It was his fortune, however, to see the college, and particularly the hospital, grow into their present proportions. His students have gone to the uttermost parts of the earth and their success has been a comfort to his declining days. His teachings and his writings have been published and read far and wide. His pupils to-day have become your teachers and in one way or another have reflected his genius, prospering as they have by his instruction.

The best lesson we can learn from the life of Prof. Ludlam is gained through our knowledge of him as a teacher. The majority of those who have received their diplomas from this college, have had the pleasure and privilege of his instruction. No one can say he was not a teacher in the most complete sense of the word. From the time that the corner stone of Hahnemann College was laid, he has been the chief exponent of the teaching corps. Regularly and systematically he has appeared before class after class and his name is synonymous with the history of the college.

Punctuality was an attribute of which he was proud, and no matter how arduous was his other work he never failed to fill his hours. Cheerfulness was always pictured upon his countenance, and when he spoke there was a rhythm of pleasure in every word he uttered; it was inspiring to listen to him because it was manifest that he loved his work, and, more than all, that he believed in what he

said. Never could it be claimed that his lecture was dry, for, with a peculiar fecundity of speech, by the indulgence in apt and telling anecdote, and with convincing illustrations and comparisons, he had the attention of his class at all times. No one went to sleep when he stood in the amphitheater, for every word he said meant something. Above all, he was a clinician. Though he prepared himself for this master work by the regular gradations of didactic teaching and by a constant application to scientific study, he appeared at his best when he demonstrated what he taught. The "clinical chip" was more to him than the deductive statements of theory. To see with one's own eyes, to feel with one's own hands, and to comprehend with one's own mind, was to him a necessary accomplishment for every student.

His medical education was gained without the aid of clinics, but he early saw that clinical teaching was the only practical way to make a doctor. He was, therefore, one of the first to establish a clinic, and he maintained one to the last day of his life. When he began his work in surgery it was not so exact a science as it is to day. Asepsis and antisepsis were not dreamed of, and the major operations which he performed later were supposed to be impossibilities. Many men reach the zenith of usefulness at the meridian of life, but he kept himself abreast of the times as he neared the threescore and ten. There was no improvement or advance in his special line that he did not learn and apply. He was essentially a young man in every thought and action, and his mental acumen showed none of the perversities of senility or conceit. He did not feel that he knew it all; a new idea was always welcome, and he received instruction in the same spirit that he gave it. His profession was his idol, and every accomplishment he might gain he utilized for the sake of suffering mankind. In addition to the reputation, which Prof. Ludlam bore as a physician and surgeon, he was a man of wide versatility. In the field of literature he was accomplished, and in the midst of scientific and professional requirements he always found time for the perusal and study of everything which might perfect his education. In this respect he was a man of wonderful diversity in his mental perfection, and his example is worthy of emulation by all who seek to attain professional eminence.

As a public man his reputation was remarkable. He has been president of every society of prominence in our

school. He was masterful in debate and convincing in argument. His discussion displayed such a fund of information and such a wealth in material knowledge that no opponent ever left him vanquished. His contributions to his own journal, THE CLINIQUE, and his other clinical writings, both domestic and foreign, have been noted far and wide. As an author he was not surpassed and his text-books have a permanent place in the curriculum of every homeopathic college.

Above and beyond the reputation already defined there was something more than intellectual excellence in the man whose name we now revere. There was the genial soul, the patient spirit and the hopeful heart of one who only saw the brightest side of everything. Sunshine cast a halo of clearest light all along the pathway of his life because he gave no place to gloom. Courage and faith he had himself; courage and faith he always gave to others. Justice to his character should certainly claim this much; justice to his fame might claim even more.

EUPHRASIA IN PROSTATIC TROUBLES.—Ames, of Rockland, Ohio, reports a case in which euphrasia 3x was given to a man, aged seventy-nine, for lachrymation and sneezing. Later he reported that for a number of years he had been compelled to urinate frequently at night, but that since taking the medicine he had been greatly relieved. While euphrasia is not known to be a prostatic remedy, the writer resolved to experiment with it in a similar case, and the results were favorable. Two years later the first case suffered a return of the trouble, and was again promptly relieved by euphrasia.—*Med. Century.*

GALLSTONES REMOVED WITHOUT OPERATION is the title of a paper by Dr. Speidel, of Louisville, Ky. In his treatment he gave strontium salicylate for several weeks, and followed this for some time with the tincture of chionanthus virg. For the extreme spells of colic he resorted to the use of arsenite of copper every half hour until relieved. The gallstones, many of large size, passed gradually into the bowels and were eliminated by regular stools. He claims that his patients under this treatment invariably make a good recovery.

Clinical Miscellany.

RABIES AND ITS PREVENTIVE TREATMENT.—Fallen Cabot, M. D., bacteriologist of the New York City Department of Health, recommends the following procedure in cases wherein persons are bitten by an animal: Obtain the history of the animal as far as possible. If the locality where the patient was bitten had been the seat of other cases recently and the wound was in an exposed part of the body cauterize thoroughly within twenty-four hours, using an anesthetic and nitric acid. If the wound were severe give Pasteur preventive treatment. If the bite was superficial or through the clothes and the cauterization was made thoroughly within twenty-four hours nothing more would be required, certainly not if there had been no case of rabies in the neighborhood. Animals which have bitten people should never be killed, but placed in seclusion under lock and key for one week. If at the end of that time they are all well there is naturally no danger for the person bitten. If the animal dies and an autopsy should be made all organs examined and a portion of the brain and spinal cord emulsified by sterile water and inoculated into guinea pigs and rabbits. By this means definite knowledge is obtained and much mental suffering avoided.—*Medical News.*

TUMOR OF THE LIVER.—A tumor of the liver weighing one pound and five ounces has been successfully removed by W. W. Keen. It occupied nearly the entire left lobe of the liver and measured in its circumference thirteen inches. The operation was done entirely with the Paquelin cautery; catgut ligatures being applied by means of Hagedorn needles to the larger veins as soon as divided. Eight or ten ounces of blood was supposed to have been lost. The raw surfaces were partially infolded, but over one-half of the burnt surface was left exposed in the peritoneal cavity. The tumor was a carcinoma. The patient made a good recovery.

INTRACEREBRAL INJECTIONS OF ANTITOXINE IN TETANUS.—In the April number of the *British Medical Journal*, Wm. F. Gibb reported a cure of acute tetanus by the intracerebral injections of antitoxine, eight cubic centimeters of serum being injected into each frontal lobe through an opening being made by means of a metal drill.

Treatment was commenced February 6, and all tetanic symptoms had subsided on March 15. While this case gave some encouragement in the treatment of acute tetanus the outcome of the case was not a fortunate one after all. In the *British Medical Journal*, of July 1, the case is again reported, the patient having developed cerebral symptoms April 8, and dying on May 5. Post-mortem showed death due to cerebral abscess. Four other cases of intra cerebral injections are reported by M. Quenu, Paris. In none of these cases was the course of the disease favorably influenced.

INTERSCAPULO-THORACIC AMPUTATION.—In interscapulo-thoracic amputation, Robt. G. LeConte recommends disarticulation of the clavicle at its sternal articulation, pulling the clavicle up and stripping off the subclavius muscle, opening the sheath of the larger vessels, ligating the artery and vein and then completing the amputation in the ordinary way. He believes that disarticulation of the clavicle is simpler, quicker and easier than resection of the bone, and the danger of wounding important vessels is less by this method. It also enables everything to be removed in one piece. A more surgical procedure when dealing with malignant growths.
G. F. S.

CHLOROFORM is an excellent antiseptic. An ounce or so in the twenty-four hour sample of urine will prevent the multiplication of bacteria and the decomposition resulting from their activity. It should be evaporated before the specific gravity is taken.

The smegma bacillus which inhabits the external genitals looks and reacts much like the bacillus of tuberculosis. When urine is to be tested for the tubercle bacillus it should be drawn with a sterile catheter to avoid the smegma bacillus.

Anemia has a thin, high pitched voice. The voice of nervous prostration is variable.

Anemia of the face and skin is very unreliable as an index to general anemia. Some very pale people are not anemic and some ruddy faced people are decidedly anemic.

One of the fundamental features of syphilis is a progressive anemia which begins with the initial lesion. It continues till in the third stage the hemoglobin may be as low as twenty-five per cent. In a large number of cases in which mercury was used in full doses, accurate blood examinations were made. It was found that the hemo-

globin increased for twenty-four days then it began to fall off and the old downward march was resumed.

W. H. W.

A FEW REMEDIES IN SENILE HYPERTROPHY OF THE PROSTATE.—Pritchard, in the *Hahnemannian*, quotes the following from *L'Art Medical*: Dr. Cooper speaks very highly of the value of ferrum picrate in the frequent desire to the first stage of senile hypertrophy of the prostate. These patients complain of frequent desire to urinate at night, with interrupted sleep as a consequence; no constipation, prolapse of the rectum, incomplete evacuation of urine; in fact, it gradually diminishes the quantity of residual urine. Another symptom is a scalding pain at the neck of the bladder, which is not the tenesmus of cystitis nor the pain of subacute or chronic attacks of prostatitis of adults, in which latter the remedy does not act. Here the picrate, alternated with buchu 1x, is very useful, in either the second or third dec. dil.

Calcareo iodata is also recommended as a remedy for the same pathological state in the prostate. (Joussel advises the iodide of sodium or potash.) In another variety of hypertrophy the bladder is wholly emptied, there is no retention of urine, yet these patients complain of frequent desire to urinate, drawing pains in the perineum and large intestine, and hemorrhoids. Here the posterior portion of the gland is hypertrophied, and catheterization reveals but little residual urine. Ferrum picric will give good results. In great hypertrophy with dilatation of the bladder, as well as those with fetid and alkaline urine, disinfectant irrigations of the bladder are first required, after which the picrate may be of service.

DYSPEPSIA OF UTERINE DISEASES.—Dr. F. Cartier claims that in sepia we have a remarkable remedy for the dyspepsia of uterine and utero-vaginal affections. The characteristic indications are: Profuse and permanent leucorrhœa, which may be vaginal and whitish or uterine and watery, staining the linen greatly, which apparently is due to a hypersecretion of the uterine glands. In both varieties of leucorrhœa, the thick and yellow as well as the clear, thin and watery, sepia is indicated. This leucorrhœa, on account of its profuseness, brings about a characteristic dyspepsia, with drawing sensations in the stomach and a sort of heaviness of the organ as though it would fall from its normal position. The vision is weak and the least exer-

tion causes headache. These three symptoms are characteristic of sepiæ.

Helonias dioica is a great analogue of sepiæ in leucorrhœa and presents very pronounced backache of uterine origin, with heaviness in the thighs and a "sensation of a uterus." *Helonias* is useful to stimulate the appetite in women with uterine affections. He advises it in the first dec. dil., and sepiæ in the sixth to the thirtieth dec. trituration.—*Lawrence in Hahnemannian Monthly.*

IN THE ACADEMY OF MEDICINE in Paris, Francois Franek recently called attention to the dangers of thyroid medication. He demonstrated that coma, convulsions and death had followed massive injections into the animal. Glycosuria is also a possibility from its overuse; tachycardia, vertigo, extreme emaciation are frequently due to careless use of thyroid feeding. This is another confirmation of its powerful action and shows that the potency is the most available form.

ERGOT IN THE ORDINARY SORE THROAT OF PHTHISIS.—Adams in the *Medical Times* speaks of the unusual value of this remedy when the throat is affected, as the result of laryngeal tuberculosis. He quotes several cases with the usual tubercular symptoms, in some of which hemorrhage occurred, wherein great improvement was observed from the first administration of ergot. He gave xxm three times daily. The results seemed to be favorable both in initial and advanced cases. It may be well to consider this remedy in such cases from a homeopathic standpoint, as no doubt the potentized remedy would give more lasting results and least tendency to physiological action of ergot.

CYCLING AND ACTION OF THE HEART were considered by Dr. M. Mendelsohn, in the Berlin Medical Society during a discussion on the hygienic value of wheeling. The following noteworthy statement was made: The effect which wheeling may have on the blood pressure and thereby on the heart itself, is of the greatest importance. In his own practice, as well as in that of Professor Oertel, a large number of observations were made in which an unfavorable influence on the heart was caused by wheeling. The relaxation and functional debility of the cardiac muscle were easily demonstrated, and the number of sudden deaths during wheeling are increasing, due to cardiac strain. As another warning against the excessive use of

the wheel, especially during childhood, we may mention the observations made in France during the yearly enlistment of recruits. It was found that a large percentage of those recruits, who were expert wheelmen, had to be declared unfit for military duty on account of morbid changes of the heart muscle, or from the occurrence of marked changes in the spinal column, the thorax, etc.—*Medical Times*.

RANUNCULUS BULBOSUS FOR INTERCOSTAL NEURALGIA.—Dr. Hamlin, in *North American Journal*, reports several cures from the use of this remedy. He gives the following symptoms as indicating this remedy: Sticking, tearing pain in left side of the region of the fifth and sixth rib; muscles very sore to touch; dread of any movements; bends to left side to avoid movement of that side; breathing short, oppressed with pains in the chest; inclination to draw long breath; aggravation on motion, breathing and touch and from cold air.

H. V. H.

Miscellaneous Items.

The Hahnemann Medical College and Hospital makes this preliminary announcement: The first of November a popular lecture will be delivered by Dr. B. F. Bailey, of Lincoln, Neb., ex-President of the American Institute of Homeopathy. His subject will be "A Reply to Dr. Quine's Attack on Homeopathy." The middle of November a popular lecture will be delivered by Dr. C. E. Fisher, of Chicago, ex-President of the American Institute of Homeopathy. His subject will be "The Practical Side of Homeopathy." The first of December a popular lecture will be delivered by Dr. C. E. Walton, of Cincinnati, Ohio, President of the American Institute of Homeopathy. His subject will be "Homeopathy." These lectures will be given in the College amphitheater unless otherwise announced. The correct dates will be given later.—Dr. Cobb will report for children's diseases at the Clinical Society the last of October.—The Milwaukee Academy of Medicine is a flourishing monthly society. Dr. G. L. Alexander is to read a paper October 18, entitled, "Causes and Treatment of Miscarriage."—Dr. Maria M. Gross, the wife of Dr. Jas. E. Gross, and the sister of Dr. Robt. N. Tooker,

passed away last month after a long illness. She graduated in 1858, and was the second woman to enter upon the practice of medicine in Chicago.—The Homeopathic Medical School of Calcutta has issued its report for 1898-99. It is in a flourishing condition and is now eighteen years old.—Dr. H. A. Noyes, we learn, has located permanently at Pittsfield, Mass.—Dr. W. F. Burg has returned to Burlington, Iowa.—Dr. I. D. Foulon has resigned the editorship of the *Clinical Reporter*, and is succeeded by Dr. D. M. Gibson.—Dr. W. J. Hawkes' California location is 315 South Broadway, Los Angeles. He will receive patients from the East.—Dr. Luella E. Axtell has not located at Cripple Creek, as was stated in our August number, but at Trinidad, Colo.—E. Arthur Carr, M. D., of Lincoln, Neb., has been appointed surgeon to the Second Regiment Nebraska National Guards.—Removals: Dr. J. M. Mansfield, from Quincy, Ill., to Hebron, Ill.; Dr. Marie Winchell, from Chicago Opera House Block to 17 Ashland Boul., City.; Dr. C. A. Bozarth, from Schoolcraft, Mich., to Vicksburg, Mich.; Dr. W. W. Irving, from 173 Wisconsin St. to Suite 52 Burchard Bldg., 121 Wisconsin St., Milwaukee; Dr. G. B. Bushee, from Cambridge, Ill., to 442 Chestnut St., Chicago; Dr. William B. Hanna, of 455 Washington Boul., has taken office hours in Room 1009 Stewart Bldg. from 12 to 2; Dr. Edith Bartlett has located at Troy Center, Wis.—The editor of THE CLINIQUE will be pleased to have any of our alumni send short reports of interesting clinical cases for publication.—The faculty will soon give an entertainment and hop for the students.—The general clinics and subclinics in "Old Hahnemann" were never so large as they are now.—Dr. A. L. Blackwood gave an address recently before the college branch of the Y. M. C. A.—Dr. H. B. Woodard is traveling in New Mexico with a patient.—Dr. E. S. Bailey will attend the meeting of the Southern Homeopathic Association at Ashville, S. C.—Attention is again called to the regular meetings of the clinical society held in the college amphitheater the last Saturday of each month. Every paper read before this society will be printed regularly in THE CLINIQUE. Do not forget to leave your subscription with the Business Manager, Dr. C. Gurnee Fellows, 70 State St.—Dr. Geo. W. Roberts, Broadway and Fifty-second St., New York, retires from general practice to devote himself to general surgery and gynecology.

THE CLINIQUE.

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Original Lectures.

A DEFENSE OF HOMEOPATHY.

A REPLY TO AN ADDRESS OF DR. W. E. QUINE, BY DR. BENJ. F. BAILEY, LINCOLN, NEB., DELIVERED IN THE COURSE OF POPULAR LECTURES AT HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO, NOVEMBER 9, 1899.

I deem it both an honor and a pleasure to be invited to defend a principle and a law which is dearer to me than life itself; and if possible I deem it even a greater honor and pleasure to defend a master whose memory I shall always revere, and my colleagues throughout the United States who have dealt so kindly with me, and who have my hearty good will, yea, my love, from the imputation of commercialism and dishonesty. I will try and remember, in the words in which I shall speak, that "moderation is the noblest gift of heaven."

I honor the gentleman to whose address I reply for the position which he has won in his profession and for his genuine ability, which I do not question. I will admit his honesty and will forgive him for an inherited prejudice which taught him opposition before investigation, which led him to assumption without experience. "To blow and to swallow at the same moment is not easy." And, judging from the writings which have come from this gentleman's hands, I am led to infer that he has blown a great deal and spent very little time studying in and assimilating the truth.

As our friend has said he should call upon the adherents of our school to do a large part of the talking, so I shall call upon the members of the so-called "regular"

school to speak the truth concerning the case upon trial, as they see it. I must admit that it seems to me that in reading the address delivered before the students of the Dunham Medical College "The mountains have been in labor and a mouse has been born." But, as the little "foxes spoil the vines" and the mice injure the granary, I presume it is only proper that we should give our attention to an attack which could never come from any of the broad thinking men whom I shall quote. The word "prejudice" means "adverse opinion formed without due consideration of the subject." This is the definition quoted by our former speaker who claims that he has been unduly accused of prejudice. Taking his own definition I challenge the gentleman to prove to me that he has made a careful study of the theory, practice, and materia medica of the homeopathic school; that he can or ever could pass such an examination in the same as we demand of our students upon graduation; and I further challenge him to show that he has under proper tuition and with proper homeopathic education for one twelve months tested in the treatment of disease the methods of similia; and I still further challenge him to show at what time and place he watched through a three years' course of study the diagnosis, prescriptions, and results of any competent and well-known homeopathic clinician. There is another definition of prejudice, the legal definition given in the "Standard Dictionary:" "A prejudgment of a charge or an opinion touching any matter involved in it, such as would prevent a person if impaneled as a juror from doing impartial justice."

I am not willing that the cause of homeopathy should rest in the hands of self-constituted and prejudiced jurors. In the case as presented before the class of the Dunham Medical College, or at least as reported in the *Chicago Medical Record*, the speaker was prosecuting attorney, witness and jury. We will let the testimony then offered rest as the testimony of the prosecution. We will present our testimony and let the students and the people act as our jurors, as they have for more than one hundred years; for homeopathy has now lived for more than one hundred years, and Sophocles said, "A lie never lives to be old." The testimony of the prosecution denounced Hahnemann as a plagiarist, accused him of claiming for his own the discovery of the law of similia similibus curenter, and said, "I think that there are few men in the world so well versed in the history of medicine as Hahnemann was." "It

was not ignorance, then, which led him to claim the doctrine of similia as his own invention, it was dishonesty." Let us see. In Hahnemann's lesser writings he mentions Hippocrates, Detharding, Major, Brendalius and Dankwerts as having referred to such a probable law, and in the "Organon" he further mentions Bertholon, Thoury, Storck, and the Dane, Stahl, as having farther mentioned the law of cure. In *Hufelands Journal*, he says, in 1807, "Though here and there a wise man was found who had the courage to oppose the general ideas and to advocate similia similibus, this proposition did not find general acceptance." He adds later, in the "Organon" (Dudgeon's translation), "I do not bring forward the following passages from authors who had a presentiment of homeopathy as proofs in support of this doctrine, which is firmly established on its own merits, but in order to avoid the imputation of having suppressed these foreshadowings with a view of securing for myself the credit of the priority of the idea." "It is much easier to be critical than to be correct." Hippocrates, Paracelsus and others did grasp something of the law of similia, but they did not realize the whole breadth of it as did Hahnemann; yet they spoke of it enough so that we may know that, like other scientific laws, it was first seen by those who barely caught glimpses, or "saw as through a glass darkly." Copernicus first wrote of the law of gravity; Galileo was persecuted for consenting to it, while later, when the world was ready to grasp it, Newton is lauded for his discovery and demonstrations of the force of gravity. All the time, from Hippocrates to Hahnemann, from Copernicus to Newton, the world was gradually preparing for the acceptance of new laws. They did not give us an invention, as our speaker rather sarcastically refers to the doctrine of similia; they did not invent, meaning to "make or to fabricate; they did not make the new, they simply discovered, uncovered the old. It may be new to us, but not so new to us in ratio as we to the world. So we honor Hahnemann, for, as he honestly, candidly and publicly said, "Hippocrates and Paracelsus had observed the same law," but he observed this law as true not only in isolated cases, but he followed it to a logical ending and found it universally true.

"Though old the thought and oft expressed,
'Tis his at last who says it best."

And thus Hahnemann is to-day entitled to the same credit for the demonstration of the law of similia that Newton is for the law of gravity.

Our writer quotes from Marcy's "Practice." I, too, will quote from him. Marcy, after speaking of the "brilliant intellect of Stahl" and of Paracelsus, and of their recognition of the law of homeopathy, says: "Both these reformers were possessed of gigantic intellects, genius indeed of the highest order, and the most exalted moral courage which enabled them to disregard the *ex cathedra* dogmas of antiquity, but they lacked that patient and self-sacrificing devotion in pursuit of facts and that unbounded benevolence and love of mankind which so essentially characterized the career of Hahnemann. To the latter therefore should be rendered all credit which attaches to this school of medicine." This is a dignified, appreciative and honorable recognition of Hahnemann and his work, and though the work of Dr. Marcy was published in 1850 and it would seem almost ridiculous to quote from any authority of the so-called regular school of fifty years ago, I am very willing to accept the quotation from Dr. Marcy's work as true then and still true to-day. I do not think it was a fair quotation, nor does it seem to me it could have been intended to be such, for Dr. Marcy states in this same chapter that "the allopathists often unconsciously encroach upon homeopathic ground and by practicing according to the law of similia effect their speediest and safest cures." He then goes on and names numbers of cases in which this is true and then comes the quotation which our writer has made, "That you pretend to be allopathists and antipathists while constantly administering medicine after the method of the homeopaths." You will note that Dr. Marcy says or evidently intends to convey that he believes some do this unconsciously while there may be others who pretend to be what they are not. I recognize the honesty of the great body of the so called regular profession who read the works of their writers without seeking the origin of facts, but at the same time, while I will not accuse some of these writers of dishonesty, I must, nevertheless, condemn a neglect to give that which in the literary world is always considered a mark of honor, viz., credit where credit is due. Hahneman gave aconite to the world in 1811. Did Sidney Ringer forget to mention that he drew his knowledge of aconite when he first gave it to the allopathic world in 1860 from Hahnemann and his followers? Probably Ringer

took it from Hughes' "Pharmacodynamics" published in 1867. Was it a lapse of memory that made Ringer and Wood and Phillips and Woodhull neglect to mention that Hahnemann gave the same indications for the use of ipecac nearly three-fourths of a century before their writings upon the subject? Does the so-called regular profession know that Hahnemann nearly one hundred years ago commended belladonna for the uses to which it has been called during the past twenty-five years by the allopathic profession? Ringer in 1874 and Murell, in London, in 1896, gave to the world hepar sulphuris for exactly the same uses of which Hahnemann wrote in the early days of the century. Hahnemann published the pathogenesis of bryonia in 1816. Phillips and Lauder Brunton have given it to the world anew and without acknowledgment in later years. The *Therapeutic Gazette*, in 1889, discovers rhus for sciatica and rheumatism, while Phillips speaks of its use in paralysis. We have used it since 1816. Cuprum is another of the new remedies of the regular school. Hahnemann's pathogenesis of cuprum was published in 1805. These same words are true of pulsatilla, ledum, camphor in cholera, thuja as mentioned by Professor Kaposi, of Vienna, cannabis sativa, euphrasia, nitroglycerin, and so on almost ad infinitum. I could name many more remedies, which together with these I have mentioned have been properly proven, their pathogenesis published and the remedies themselves in common use by the homeopathic school for from fifty to one hundred years before they have been brought out as new remedies by the so-called rational school. Understand me, I well know that ipecac, camphor, and some remedies that I mention were known many years before Hahnemann and his time, but they were not used in the same conditions; i. e., were not prescribed by the law of similia, and if perchance I refer to them as having been given to the profession as new remedies in these later days by writers of the so-called regular school, it is because they have been first recognized by that school at the time and by the writers mentioned for use in the conditions which necessitates their prescription according to the law of similia, and which consequently means that the so-called new recommendations for the use of these remedies by said writers are but the repetition of the recommendations of Hahnemann so many years before. I think Dr. Marcy had a right to say what he did and I think in our day we have still a greater right

to repeat it. Our friend denies that the members of his profession are ever recognized by themselves as "allopathists." One Dr. Routh once published, at the request of "several distinguished friends," his researches on the subject of homeopathy. In that work in speaking of his own school he designates them as "allopaths," and though the gentleman tells me that there are not three physicians in Illinois who are registered as, or pretend to be, allopathists, I can but deem it passing strange that a large per cent of the members of the so-called regular school who apply to the Board of Health of Nebraska for a certificate to practice in that State, write as a reply to the question, "What school of medicine do you practice?" the word "allopathy." It is also true that a large number of these practitioners were educated in Illinois colleges. Then the good doctor enters into a tirade as to the "senseless vituperation" against his own school which he claims is found in the homeopathic literature of the day, and especially does he attack the *Medical Century*, of Chicago. I can hardly wonder at this, as the *Medical Century* has told many truths and among others it has printed an article entitled "A Quarter Century of Allopathic Progress Reviewed Homeopathically," by Prof. W. A. Dewey, of Ann Arbor, Michigan. (March, 1898.)

I refer the gentleman and students of the so-called regular school to this article for some information which will be of interest to them and I doubt not a surprise. Disraeli says, "To be conscious that you are ignorant is a great step toward knowledge." It also published, in 1898, an editorial, "The Modern Ananias," in which was shown the unqualified falsity of the statements of the old school profession before the regents of the University of California, when they said "The homeopathic school of medicine has no representation in the armies or navies of the world, nor in any branch of the national medical service, nor are its representatives found in the service of any of the great railway or steamship lines, nor are they employed as medical examiners or referees by life insurance companies, nor in city, county or State institutions. The homeopathic school of medicine is not recognized as such by scientific societies at home or abroad, nor have they representation in any recognized teaching institution save two in the United States. The homeopaths have not made a single advance in scientific knowledge since their foundation eighty-seven years ago." This is not only *false* but unreasonable. "To a

reasonable creature that alone is insupportable which is unreasonable, but everything reasonable may be supported." I challenge the gentleman to support the statements of his school in California.

The gentleman says that he is "proud to be able to say that there is nothing like this spirit in the literature of the old school doctrine," meaning that the literature of the so-called regular school does not admit things antagonistic and derogatory to other schools, yet the *Journal of the American Medical Association* allows in its columns such men as Dr. Edmund Andrews, of Chicago, to class us with Christian Scientists, and the editor of the same journal, Dr. George Simmons, himself a graduate of a homeopathic college, and buying for his own use within the last year triturate tablets of bryonia, arsenicum, et. cetera, of the third decimal trituration, to say in an editorial "A proposition is now being discussed in Ohio to establish a medical department in the State University, and the homeopathic physicians are urging their claims for representation. At the present day when successful homeopathic practitioners (so-called) cannot be distinguished in their methods from those of the regular profession, and when leading lights in that school are educating their sons as regular physicians, and others are openly admitting their desire to throw off their garb of sectarianism, would it not be better for them in every respect to make the special homeopathic therapeutics a purely elective post graduate course to be taken up by those who desire it? Christian Science is rapidly displacing homeopathy as a cult among the laity, and the really best defense of the practitioners of that school will be to drop pseudo-scientific professions and fall into line with regular scientific medicine. Why not give the students a chance instead of leading them off into by-ways after two terms of the course?" While the *Journal of the American Medical Association* allows such repeated statements, the gentleman has hardly a hook whereon to hang his argument. As editor of the *Western Medical Review*, Dr. Simmons, the present editor of the *Journal of the American Medical Association*, admitted to its columns a most scurrilous attack upon homeopaths denouncing them in language unbecoming a gentleman. The editor received for publication a reply written by me and without my consent or knowledge, he sent this to the gentleman who was guilty of writing the scurrilous article referred to, allowed him to reply to it, and printed his reply side by side with

my article, after cutting out much of the best of my article purely because he lacked the moral courage to print it. I am told upon good authority that though the American Medical Association journal could find plenty of space to print the address to which I reply, they could not find room to print a reply to the same which was offered by a member of the profession here in Chicago. I further would refer the gentleman to some of the vaporings of the editor, Dr. George M. Gould. Comment is unnecessary.

He further says: "Gentlemen, will you invite me to make a public comparison of proof with you?" I extend the invitation. It is denied that we have men who stand side by side as public benefactors with Harvey, Jenner, Chamberlain, Brown Sequard, and many others who are named. I will make the statement that Hahnemann has given to the world more useful materia medica which has held its own as presented by him, and is successfully used in treatment to-day, and has been for one hundred years, than any other man in the medical profession of all schools since the day of Hahnemann's birth. The names of Hahnemann, Hering, Jahr, Bœnninghausen, Jousett, Dunham, Farrington, Allen and many others are as honored by us, as those mentioned by our former speaker are by him, though we cheerfully admit the work done by those he names, and with him honor them for it. Our friend should remember the words of Sir Isaac Newton, "I have studied these things, you have not." Then there goes up a cry quoted from the *United States Homeopathic Medical and Surgical Journal* for 1867, I do not know who penned those words, but he evidently felt some of the paucity of our early general literature, and a longing for more writers of our school. It was unworthy of him, for with the magnificent materia medica that we had even in 1867 we could afford to read the etiology, pathology and diagnosis of the writers of other schools. On this we have never differed; we do not now. But I am proud to say the want of 1867 has been supplied, and we have upon our shelves books on practice, on materia medica and allied sciences of which we may be proud. The gentleman quotes a part of the text-books found in the announcement of the Chicago Homeopathic College. He does not say, however, that the works of materia medica and theory and practice are either all or nearly all homeopathic. That we have in each branch some of the better works of the so-called regular school is no disgrace, but indicates a breadth of character and culture

that is an honor; and inasmuch as we do not claim to differ from them in pathology and surgery, but only in treatment, it in no way militates as an argument against us. That they do not possess our works and consequently know little of our literature or of our methods should be sufficient reason why they should not attempt to deny that of which they admittedly know little or nothing.

He says: "Now let us return to the law of similia." He adds: "But it seems to me impossible that the law should be the only guide to the cure of diseases because it limits the efforts of the physician to the effacement of symptoms and makes no provision whatever for dealing with causes and pathological products, nor for anticipating and preventing complications. All it requires you to do is to wait for symptoms to appear and when they do appear to combat them by giving the patient the medicine which produces similar symptoms." The only school that commonly effaces symptoms without the removal of causes and pathologic products is that one, the so-called "regular," which deals largely in palliatives, as for instance morphine and the coal tar products. Of the former I think it was H. C. Wood who said every time we use morphine we confess our ignorance. Of the latter some one has intimated that "not infrequently the fire company does more harm than the fire." Symptoms are but the surface play of disease and point the way to the cause and the location of the same as surely as did the old time hand at the fork of the roads lead us aright. To be sure, one well versed in the country would find his way more easily and more surely by the instructions upon the signboard, just as one thoroughly versed in the human form, anatomy, physiology, and the reading of diseases would more surely trace the way back from effect to cause in the diagnosis of his case.

Homeopathy simply designates the carrying into use in the practice of medicine the tenets of the law as expressed in the words *similia similibus curenter*, meaning that diseases are best cured by remedies which produce in the human system conditions and consequent symptoms similar to the disease. This was first noticed as true in isolated cases by Hippocrates and numbers of others of ancient days. With them it was simply an accidental observation, with Hahnemann it was the same; but possessed of a logical mind he was inclined to follow observations to logical endings. Observing that this law was true in a number of the common remedies, he recognized that the only pos-

sible way to bring this law into proper and scientific use was to know the exact actions of remedies upon the human system in health. This method of studying the action of drugs was probably first suggested by Haller, in 1771, who said in the "Swiss Pharmacopeia:" "In the first place the remedy is to be tried on the healthy body without any foreign substance mixed with it, and attention is to be directed to every effect produced by it. Having obtained these obvious phenomena in health you may then pass on to experiment on a body in the state of disease." Hahnemann called attention to these words of Haller, and said in the *Organon*, "But no one, not a single physician, attended to or followed up this invaluable hint." In this he was mistaken, as some provings had been made in 1768 by Wm. Alexander, of Edinburgh, and in 1793 by Samuel Crumpe, of Ireland, who published "An Inquiry Into the Nature and Properties of Opium." Haller believed this; Alexander believed this; Crumpe believed this. H. C. Wood says, in his treatise on therapeutics: "It is seemingly self-evident that the physiological action of a remedy can never be made out by a study of its use in disease." Hahnemann became convinced in 1810 of the same truths in regard to the provings of remedies to which Dr. H. C. Wood assents in 1874. During all those years the followers of Hahnemann believed in and practiced the system of proving remedies upon the well and had built up from their work a most marvelous materia medica, one which is ridiculed by the so-called regular school, but beside which their own works are as primers. "Time as he grows old teaches many lessons," but "it takes a long time to bring excellence to maturity."

Having established this materia medica which was begun and very largely completed by Hahnemann, the proof of his theories and the establishment of his belief rested entirely in the experimental effort to cure conditions in the sick which were similar to those induced by the drugs when given to the well. *The proving of remedies for the establishment of a materia medica, the law of similia as a method of prescription, the result of teaching that the best results would be secured by the smallest possible doses which would remove disease, are the simple, unvarnished facts which remain to us from Hahnemann and his writings.* He announced these as true more than one hundred years ago. The law is not dependent upon the infinitesimal dose, but is dependent for the most perfect results upon the smallest

possible dose that will cure. This *should* be true also if one should use the law of contraria, and it is so simple and axiomatic a fact that argument seems unnecessary. Hahnemann was somewhat dogmatic and imperative in his assertions, and unquestionably gave to the world some theories which have not proven true, and which are not commonly recognized or used to-day, but at the same time that he gave to us these questionable theories some of which have been proven absolutely false, should we fail to honor him for that truth which he did give us, and which has for over one hundred years been proven over and over and over again by able men, able observers, upon the persons of intelligent people? Perchance some of these observers and some of those observed have been, and are as intelligent and as able to judge and as free from imagination and superstition as he who, in his lecture to the class of Dunham Medical College, condemned the master and his followers as dishonest and ignorant. Did not Kepler discover astronomical laws which have been proven true and for which he is held in grateful remembrance? Have not many of his speculations proven false? We do not honor Hahnemann as an oracle or as a dictator but as an honest man who, in seeking the truth, though he may have made mistakes in some theories, yet gave to us truths which have been proven by hundreds and thousands, which may be proven by you and which I challenge the gentleman whose speech we consider to-night to refute.

I further propose to show that it is altogether probable that the later developments in medicine may be not unreasonably claimed by us as strong evidences that the law of similia as a law of cure runs through the entire system of therapeutics, modifying and perfecting it. Probably the latest of the great developments of science is the serum treatment. We learn that "serum of an activity of one millionth or more has been obtained, the unit of measurement being the quantity necessary to immunize a gram of mouse; thus a cubic centimeter is sufficient to protect one thousand kilograms of mice or more, that is to say almost seventy thousand of these animals, each weighing about fifteen grams, against a fatal dose of toxin." Metchnikoff found that "whether inoculation was made with a mixture of serum and bacteria, or a mixture of serum and toxin, instead of acting upon these elements by neutralizing their hurtful action, it appeared that the serum exerted its influence upon the economy of the animal by

increasing the activity of its means of defense. It was this idea that Metchnikoff put forward and that he has supported by what appears to be irrefutable facts." We have, so we find stated in the "Twentieth Century Practice," evidence that "the antitoxic action, therefore, does not exist, although this property has been assumed to be the preventive power in diseases in which the serum does not protect the animal economy against the bacterial products. In the two cases, in fact, we have to do with a definite stimulation to the forces of the organism, which would lead to the preference being given to the word "stimulin" originated by Metchnikoff, for the protective substance instead of antitoxin, which is only confirming an erroneous idea. As to what cells this stimulation is exerted upon, and what are the biological bacterial phenomena which give its sequence, the French assert that it is especially the phagocytes, the increase in number of which is the first effect of the irritation exerted by the stimulins." That grass grows there is no question. How it grows is more difficult to tell. That disease is cured by the use of remedies prescribed according to the law of *similia similibus curentur*, is true. The method by which the cure is wrought in the organism has been more difficult to explain, and it is not at all improbable that an explanation has come to us in the study of the phenomena of immunity, inasmuch as the smallest doses of the poison which induces the diseases which are affected by the theory of immunity, and some of which diseases leave the patient immune, is so small in fact, that it is as lost in the serum of the blood from the immuned animal, nevertheless it produces according to Metchnikoff immunity in the patient under treatment by setting in action the defenses of the human body which in times of peace are prepared for war.

And then in the spectrum analysis what wonders we see in the action of infinitesimals. Fiske asks, "What is the lesson taught alike by the correlation of forces, by spectrum analysis, by the revelations of chemistry, as to the subtle behavior of molecules inaccessible to the eye of sense, by the astronomy that is beginning to sketch the physical history of countless suns and suns of the firmament, by the paleontology which is slowly unraveling the wonders of past life upon the earth through millions of ages? What is the grand lesson that is taught by all this? It is the lesson of the unity of nature."

Dante spoke aright, "Could we penetrate the hidden

depths, the story of nature, no longer scattered as in truant leaves, is bound with divine love in a mystic volume. We should find therein no traces of hazard or incongruity." So

" Step by step since time began,
I see the steady gain of man."

Each grand law of nature supporting, modifying and lighting its fellow, the law of similia, the law of immunity, after one hundred years come together, the one to explain the other, the other to become stronger and better understood for such an explanation. It is by the benison of such wonderful laws of nature, and by these divine gifts that we feel the touch of divine love." It is with regret in my heart that it seems necessary for me for yet a few moments to ask your indulgence to unfair quotations and words of condemnation and injustice which have been cast at his fellows by one who will not see. I find the quotation from the *Hahnemannian Monthly* in which Dr. J. P. Dake is made to say, "We cannot imagine a physician who is entirely limited to the homeopathic use of drugs." He does not say that those words were modified by the words, "Such a view overlooks the fact that the homeopathic physician, like all others, is liable to be called in cases of poisoning, where antidotes are needed, and in cases of self-limited or necessarily fatal affections which require only palliative measures." "His recognition of the homeopathic law does not signify that he is any the less a physician in general, but rather that he is more amply qualified to contend against human ailments in all forms and by all means."

"In conclusion, it should be said that the homeopathic student should be taught, not only the symptomatology as required in homeopathic practice, but, likewise, the nature and uses of drugs as palliatives and antidotes, and how to meet any of their effects as poisons."

He quotes from Dr. Parsons: "The success of the physician does not depend so much upon his ability to prescribe in accordance with the homeopathic philosophy as on his ability to win the confidence of the community;" but he does not say that the same gentleman says in the same article "far be it from me to say ought to lessen our faith in or detract one iota from our great law of cure. For I believe it to be the only true system of medical treat-

ment, and, if there are any here at all inclined to prescribe crude drugs in massive doses, I would recommend them to make three social visits prescribing nothing but sac. lac. or bread pills to one visit and prescription of the crude drugs; and depend upon it the social visits will do the patient much more good."

He then quotes from Rau's "Organon" printed in 1847 in saying the treatment is not homeopathic, but in accordance with the principles of contraria and so on. But he does not say that even at this early day this was taken from a page where a firm believer in homeopathy and the law of similia was honest enough to admit that there were sometimes benefits derived from palliatives, from contraria, and that wherever there was an offending cause it should always be removed in keeping with the universally valid principle "*tolle causam.*" He then refers to articles in the *Medical Century* upon diphtheria, and the remedies recommended whose provings he says "sustain no discoverable relation one to another." Probably not. We would hardly expect the gentleman to be able to read and understand the materia medica of the homeopathic school. There are other quotations which I have been unable to look up, but judging from the unfairness which is evident in every one which I have found, and which I have quoted to you, and from the fact that all quotations have been made from apparently ancient literature, it is safe to presume that the others are in keeping with these. That he should quote from such men as Constantine Hering, who was not only revered by his own school but by all schools who dwelt beside him during his lifetime, a man who was known and honored on at least three continents, should be a regret to him who in his ignorance has cast slurs; but should only lead those who honor the memory of Hering to a calm recognition that "the mind conscious of rectitude laughs to scorn the falsehood of report."

The homeopath as a follower of Hahnemann has for one hundred years believed in the proving of drugs upon the healthy person and the prescription of those drugs in disease according to the law of similia. The remedies which he has proved have during all that one hundred years been used for the same diseases and in the same conditions for which they were originally stated to be useful. One hundred years ago Hahnemann was practically the only homeopath. From that day to this the opponents of homeopathy have continually said that the school was

passing away; but neither abuse, condemnation, or persecution to all of which we have been subjected has stopped the steady onward progress of the school. The gentleman who spoke to the students of the Dunham Medical College, stated that there were "4,000 avowed homeopaths in the world, 1,046 of whom are registered in this State." There are to-day over ten thousand homeopaths in the United States. There are eight national societies, one of which, the American Institute of Homeopathy, is the oldest national medical association in the United States, older than the American Medical Association. There are eighty general hospitals; there are twenty-one colleges; these colleges demanded a three years' graded course before the Association of American Medical Colleges. They demanded a four years' graded course before the Association of American Medical Colleges. Dr. John B. Roberts, of Philadelphia, President of the State Medical Society of the so-called "regular" school of Pennsylvania, said at the Pan-American Congress of 1894, "It is a notorious fact that few of our students have any knowledge of biology when they commence the study of human anatomy." "It is a little embarrassing to know that students entering homeopathic colleges are required by the American Institute of Homeopathy to possess a broader general education than is demanded of our students by the American Medical Association, the Association of American Colleges, or our best American schools. The preliminary educational requirements of Hahnemann Medical College of Philadelphia include botany, chemistry, biology, physics and Latin. Certainly not more than two of our schools include these topics in the entrance examination."

There have been a few statistics in regard to the results of homeopathy in public institutions which may not be uninteresting. In the Illinois State penitentiary at Joliet, Ill., with an average number of 13,790 prisoners during ten years while under allopathic care there were 126 deaths or an average mortality of 12.6 per year. During the succeeding ten years under homeopathic care, with an average number of 14,595 prisoners, there were eighty-seven deaths, or an average mortality of 8.7 per cent per year. That is there were thirty-nine more lives saved under homeopathy than under allopathy with an average of 805 more inmates. In the Michigan State prison for three years under allopathic treatment the mortality was 8.9 per cent. For the same time under homeopathic treat-

ment the mortality was 3.6 per cent. In the Middletown, New York State Homeopathic Asylum for the eight years ending in 1890, there were treated 4,712 patients. Of this number 186 or 4.06 per cent died. Of the number discharged, viz., 1,370, 685 or 50 per cent were cured. In the State allopathic insane asylums in New York there were in the same eight years 18,878 patients treated, and of this number 1,148 or 6.08 per cent died, and there were discharged 7,361 of which 2,167 or 29 per cent, were cured as against 50 per cent from the homeopathic asylum, or a balance in our favor of 1,518. In the Cook County Hospital of Chicago where the patients are assigned to both schools as admitted, during five years the death rate of the so-called regular school was 11.88 to our 9 per cent. The Pennsylvania Hospital, of Philadelphia, in 1894 treated 2,553 patients, with a mortality of 10.49 per cent. The Hahnemann Hospital, of Philadelphia, the same year treated 1,851 patients, with a mortality of 5.29 per cent. The Massachusetts General Hospital in 1894 treated 4,605 patients, with a mortality of 9.83 per cent; the same year the Massachusetts Homeopathic Hospital treated 1,191 patients, with a mortality of 4.19 per cent. In 1897 there were treated at the Massachusetts General Hospital, Boston (allopathic), 4,312 patients, with 361 deaths, a mortality of 8.37 per cent. The same year there were treated at the Massachusetts Homeopathic Hospital, Boston, 1,566 patients, with 54 deaths, a mortality of 3.44 per cent. These are only a few of the hundreds of statistics that might be presented, and if any one will refer to the Transactions of the American Institute of Homeopathy for the session of 1898 they will find there statistics collated from the cities of the United States as taken by the health officers who were unprejudiced and had no self-interest, that show it is universally true that the rate of mortality in all reported diseases is less under the homeopathic treatment than under the treatment of the old school.

A work well done of which we are proud. What has been the work of the so-called rational school? The so-called rational school has been like time, "a sort of river of passing events and strong is its current; no sooner is a thing brought to sight than it is swept by and another takes its place, and this, too, will be swept away."

Nerve stretching, Bergeon's wonderful gas, the rejuvenating fluids of Brown-Sequard, the tuberculinum of Koch,

the animal extracts of Hammond, the thyroid extracts of 1894, which unquestionably owe their entire usefulness to the homeopathic administration of iodine, which is found in this extract by Prof. Baumann, of Friburg, Germany, nuclein, which is beneficial in just that class of cases in which phosphorus is indicated homeopathically, and it undoubtedly owes its usefulness to phosphorus, have all seen their day. The *Medical Record* says, in an editorial in a recent issue, "One by one our fondest therapeutic hopes seem doomed to the crushing process and still that hope which springs eternal in the physician's bosom rises above the disappointments of the past, which do not deter the scientific investigator from another attempt."

Understand me, I have the highest respect for the so-called regular school of medicine; and there are many men in it who are my friends and whom I respect and honor, and who, I trust credit me with the same honesty of purpose that I accord to them. I cannot better express my own opinion of the work of the regular school, than to repeat the words of Dr. McClelland, the president of the American Institute of Homeopathy, in his address at the fiftieth meeting of the American Institute in Denver in 1894: "Having devoted itself to the collateral branches it has brought to bear the keenest methods of research and developed an array of facts that have greatly added to our sum of knowledge. We cordially join hands with the old school in all that tends to the extinction or prevention of disease. The old school is essentially a school of palliatives, a school of relief for to-day. Homeopathy per contra is a system of cure." It is however but just and fair, inasmuch as the speaker whose address we consider to-night accused almost the entire homeopathic profession of commercialism, dishonesty or ignorance, and even suspected "wheels in our heads," that I should give the words of some of his own school who perchance may have attained to such a standing in the profession and before the world, that at least the public and the profession may feel that they are as well fitted to judge as the one who condemns us. Sir John Forbes, physician in ordinary to Queen Victoria, said: "No careful observer of his actions or candid reader of his writings can hesitate for a moment to admit that Hahnemann was a very extraordinary man, one whose name will descend to posterity as the exclusive ex-cogitator and founder of an original system of medicine; the remote if not the immediate cause of more important fun-

damental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. He was undoubtedly a man of genius and a scholar; a man of indefatigable industry and dauntless energy." Sir John Forbes, also said, as long ago as in 1846: "The days are long past in medicine when anything merely theoretical could claim prolonged attention. No doctrine, however ingenious, not based on positive, demonstrable facts, will any more be regarded but as a piece of poetical speculation, which may indeed amuse the fancy, but can never influence the conduct of scientific men, much less of practical physicians. But homeopathy comes before us in a much more improving aspect, and claims our attention on grounds that can not be gainsaid. It presents itself as a new art of medicine, as a mode of practice utterly at variance with that long established in the world, and claims the notice of mankind on the irresistible grounds of superior power of curing diseases and preserving human life; and it comes before us now, not in the garb of a suppliant, unknown and helpless, but as a conquerer powerful, famous and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England or America that does not boast of possessing one or more homeopathic physicians, not a few of whom are men of high respectability and learning; many of them in large practice and patronized especially by persons of high rank. New books on homeopathy issue in abundance from the press, and journals exclusively devoted to its cause are printed and widely circulated in Europe and America. Numerous hospitals and dispensaries for the treatment of the poor on the new system have been established, many of which publish reports emblazoning its successes not merely in warm phrases but in harder figures of statistical tables. Frederick F. Moore, M. D. (Harvard), an American physician, in 1880, said: "In all departments of medicine with the exception of this one in therapeutics the two schools of medicine stand upon common ground. It is in the domain of medical treatment that the two schools are found to differ so widely; the homeopathic school believing that they have discovered a definite principle to guide them in the selection of a remedy; while the old school asserts that this is not so, and that no therapeutic law has as yet been discovered." This same writer in a paper "On Old

School and New School Therapeutics," presented before the Cambridge Society for Medical Improvement, refers to the "great truths of homeopathy" and then says: "These principles are both logical and scientific, and the therapeutic method which rests upon them must eventually be recognized as one of the established schools of medical science. In conclusion, gentlemen," he says, "what course should we pursue in regard to this whole subject of homeopathy? Is not our duty clear? In spite of every obstacle this great truth has continued to grow, gaining strength by the way, until at the present day it has assumed such magnitude as to force itself upon our attention whether we will or no. Is it not incumbent upon us then, as a liberal and progressive body to give the subject careful and unprejudiced investigation, and openly and candidly acknowledge the truths to be found therein? Let us then extend to our homeopathic brethren the right hand of fellowship, that the reproach of bigotry and intolerance may be removed from us."

Trousseau speaking of the applications of solutions of nitrate of silver, says: "It is soon perceived that the primary effect of this and similar agents was analogous to that produced by inflammation; and it was easy to understand that inflammation artificially induced in tissues already the seat of inflammation led to the cure of the original inflammatory attack. When this view was once acquired then flowed from it the great therapeutical principle of substitution which at present reigns supreme in medical practice." Please note that Trousseau says that "substitution reigns supreme in medical practice." And further note, that of arsenic, Trousseau speaks as follows in his *materia medica*: "If now arsenic is employed locally in very small proportions, it acts homeopathically, that is to say substitutively." "Experience has proved," he again says, "a multitude of maladies are cured by therapeutic agents which seem to act in the same manner as the cause of the disease they oppose."

Graves, in his clinical lectures, says: "It is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known to cure. This is frequently observed with respect to mercury, belladonna, strychnine, quinine, iodide of potash and some other powerful medicinal agents; in fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues unless it has some specific effect on such

tissue, and in this point of view we have an example of the similia similibus curenter of the homeopathsists." Prof. Smith, in a lecture delivered at Bellevue Hospital, said: "I shall make certain statements based on clinical facts for which I shall not attempt to give any explanation. One of the most important which can be administered with great benefit is frequently repeated doses of ipecac. You are aware that a teaspoonful of syrup of ipecac is likely to produce emesis; but it is also a fact regarding which I was at first skeptical that a single drop of wine of ipecac will often arrest obstinate vomiting. Another extraordinary statement which at first seemed to me fabulous and may seem so to you, but which you will find based on clinical facts, put a grain of tartar emetic into one quart of water, teaspoonful doses of this solution every half hour will prove effective for the relief of wheezing and cough accompanying a slight bronchitis in children." He also urges the use of chamomilla in minimum doses as a sedative for nervous and sleepless children. (*N. M. J.*, Vol. XXVII., p. 146, et. seq.)

Charles Murchison, M. D., LL. D., F. R. S., says: "It is true to the strong advocacy of the homeopathsists that we are indebted for the common use of more than one excellent remedy, and homeopathy must also be to some extent credited for directing attention to affinities or predictions of certain drugs for particular tissues or parts of the body. A subject where careful investigation may be expected to lead to great results." (*Brit. M. J.*, 1872, Vol. I., p. 62.)

Dr. S. D. Toby, president of the Botna Valley, Iowa, Allopathic Medical Association, says: "We no longer sneer at the 30th solution of our homeopathic friends. In fact their colleges are presided over by eminent and highly educated professors and the progressive disciple of Hahnemann is perhaps as near hearing the voice in the wilderness as his more regular compeer. Besides all this, some of our more advanced alkaloidal students are treading dangerously near homeopathic soil with their 1-300 of a grain doses. Even the Woodbridge method of treating typhoid fever, which no one ridicules and which some of us have tested with favorable results, has, as one of its doses, a tablet containing podophyllum resin' grains 1-960. I am not certain that antitoxin serum is not an illustration of microbic attenuation and of the principle that underlies the motto "Like cures like," more potent than Hahnemann in his wildest flights of fancy ever dreamed of."

Dr. John Morris, of Baltimore, Md., makes frank avowal : "We have been for years past gradually lessening the doses of medicine; a lesson has been furnished us by homeopathy." (*M. & S. Rep. Phil.*, 1878, Vol. XXXIX., p. 199.) Dr. Thomas J. Mays, of Upper Lehigh, Pennsylvania, cites cases of pleurisy treated with bryonia in small doses every half hour and quotes Phillips as saying "that it will cause fatal pleurisy with fibrous effusion and in therapeutic value it fully equals any that exists." (*New York Medical Journal*, 1879, Vol. XXIX., p. 265.)

Dr. S. Wetmore, in addressing the Buffalo Medical Association, said : "After more than twenty-five years of earnest pupilage in the various departments of our science I feel that I have but a smattering of each, but this I do know, that there is something in homeopathy. As philosophical practitioners we all treat heart disease homeopathically every day without giving a thought to the homeopathic law. He who ignores a doctrine without giving it investigation is unworthy of the name of a teacher. It is true I have been culpable of that which I criticise, but then I was blind, now I see and have the moral courage to say *peccavi*. I positively knew nothing of that which I condemned; the measure and cause of my intolerance is the case of nineteen-twentieths of our school throughout the globe to-day. He must needs be blind in more than one eye who cannot see that its superstructure is something more than imagination, faith, sugar pills and illusions."

Complimentary to the frank confession of Dr. Wetmore, it is but fitting that I should quote Hahnemann's words as found in the *materia medica pura* volume III., page 4. "Take a case, of course one for which a homeopathic remedy has already been discovered, note down all its perceptible symptoms in the manner which has been taught in the "Organon" and with a correctness with which the author of homeopathy shall be perfectly satisfied, apply that drug which shall be perfectly homeopathic to all the symptoms, the dose having the size prescribed in the "Organon," and avoiding all those heterogenous influences which might disturb the action of the drug, and if under these circumstances the drug does not afford speedy and efficient help, then publish the failure to the world in a manner which shall make it impossible to gainsay the homeopathicity of the drug and the correctness of your proceedings and the author of homeopathy will stand con-

founded and convicted." He further adds: "This doctrine rests exclusively upon experience; imitate its indications and you will find that they are true. I ask of you what no author of any *materia medica* or system of therapeutics has ever asked before—I ask of you most urgently to judge homeopathy by its results."

As our writer has said, the close of the eighteenth and the beginning of the nineteenth century was a time that stirred men's souls. The revolutions of those days were but revulsions from the past waged for the correction of abuses, for principles and not for the pleasures of war. In France "the doctrines of paternalism in the state were completely triumphant. The theory reduced to a formula ran thus: It is the duty, the business of the state to teach men what things to do, and of the church to teach them what things to believe." But the "Third estate" found men among them who began to think and to realize that man should be answerable more to himself and his God and less to a monarch. As strange as it may seem, it is altogether probable that the rugged independence of a new world people, that was already crowned by the achievement of American liberty, was the mainspring which set in motion the freer thought and action of the peoples of the old world. In those days we certainly had statesmen, men who loved their neighbors and fought the battles of life that they might better the conditions of the race by the firm establishment of a principle. I doubt not, in fact we read it oft, that many a follower in the ranks of revolution desired, yea, prayed for peace, yet was willing to give up his life rather than to sacrifice one iota of a principle which he believed stood for the betterment of mankind. There are still left among us men and women who firmly believe that there are yet principles which must be upheld by firmness, and perchance by sacrifice. When Kossuth visited America he said: "If shipwreck should ever befall your country, the rock upon which it will split will be your devotion to your private interests at the expense of your duty to the State." And we may expect that shipwreck will come to mankind when private interests, financial convenience, or a reaching out for social or public preferment comes before an earnest devotion to the principles of truth. For 100 years the homeopathic profession has honestly believed in the law of similia. We believe in it still, as a God given law, a statute of nature, and a blessing to the human race. For all of these 100

years we have withstood "ridicule the test of truth." We have seen our work appropriated without acknowledgment, we have had thoroughly instilled into our hearts and minds that the desire of the opposing school has been and is to absorb us without providing for public recognition of the work that has been done, without providing for the preservation of our materia medica and practice, and without giving evidence of a willingness and determination to complete that which has been so well begun. "Truth is precious and divine," and so long as the attitude of the so-called regular profession remains as indicated by the words of our former speaker, so long as they forget that "whenever they find that their dominion over themselves is not sufficient for themselves, and undertake the direction of us also, they overstep the truth and come into false relations to us," should we at such a time give up our professional personality, it might be said of us that we "too rashly charged the troops of error and remained as trophies unto the enemy of truth."

When the time comes that the so-called regular profession sees fit to give to our master, Samuel Hahnemann, and his followers, proper credit for the work which they have done, when they meet us as men and not as children, when they accord to us the same honesty of opinion and purpose which they claim for themselves, then, as John Wesley said: "Though we cannot think alike we may love alike, and surely those who love alike may join hands in works of love which without coöperation would be impracticable."

And now to the students here present. You have heard the simple facts in regard to homeopathy. Regardless of what school you are studying, regardless of prejudice, you have, I believe, heard enough to-night to know that a theory which has claimed as its patrons many of the most honored and intelligent of the human race for a hundred years has at least won the right of investigation. I ask that you treat homeopathy fairly and honestly, not accepting it, as perchance we sometimes accept our religion, by inheritance, nor rejecting it from prejudice. Go not into the world looking for the faults and foibles of others. Remember that there are many who differ from you in opinion and who are earnest in their convictions; and that an unwillingness to allow them these honest convictions is an attempt to brush aside the very foundation principles of the Declaration of Inde-

pendence, which declares that "men are endowed by their Creator with certain inalienable rights," and that among these are "life, liberty and the pursuit of happiness;" that you are always to be ready to support your position by argument, by results, but abuse is not argument and unsupported assertions are not results. It is not our duty to destroy, but to save. For many years we have been fought by those of another school because they were unwilling to fairly investigate our claims. It is not our duty to return evil for evil, but to know well our heritage and birthright. To defend them by results not words, to remember that there are some honest people besides ourselves, and that "right is right, since God is God and right the day must win." In the words of Dr. William Osler, "Early escape from the besetting sin of the young physician—Chauvinism—that intolerant attitude of mind which brooks no regard for anything outside his own circle and his own school." (*Med. News*, November, 1897.) You have only a right to recognition because you have as educated men become the sponsors of nature's laws. If you are educated men you know full well that in the light of history you give nothing new to the world, but simply as honest and conscientious interpreters of nature you read her statutes aright. In order to do this you must know with Pliny that "Opportunities lost can never be regained," and that your researches and work must be true, for to-day it is the same as in the days of Publius, "It matters not what you are thought to be but what you are." As homeopaths we do not deserve the name of scientific men if we are afraid to allow for our own "similia" the severest test that can be given, or if we refuse to investigate the theories and supposed discoveries of others.

Remember the definition of a homeopathic physician given by Dr. E. H. Porter, of New York, and adopted by the American Institute of Homeopathy, "One who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics." Bear in mind that abundance of proof is at your hand to demonstrate that "similia similibus curenter" is a tried law of nature, of science, and that it is the only law of therapeutics that has up to this time been demonstrated by any school of medicine.

As time shall unroll the scroll of the future we may find the Divine hand has written there other laws that shall be to us aids in our work. Enter the portals of your profession ready to defend the right of the past and to ac-

cept the truth of the future, denying nothing you have to your fellows, and claiming with them a common right to all that science shall unveil. Be of judicial mind and "remember that to change thy mind and to follow him that sets thee right is to be none the less the free agent that thou wast before." "Let us have faith that right makes might; and in that faith let us dare to do our duty as we understand it." "With malice toward none, with charity for all, with firmness in the right, as God gives us to see the right." For

"The sunshine aye shall light the sky,
As round and round we run;
And the truth shall ever come uppermost,
And justice shall be done."

Yes, my friends, "Play the man! And we shall this day light such a candle by God's grace, in England," and we may add in all of God's world, "as I trust shall never be put out."

SPRAIN AND ITS TREATMENT.

BY C. F. BARKER, M. D., ADJUNCT PROFESSOR OF SURGERY IN
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

A sprain is always an uncertain quantity. It may be, and often is, a trifling injury soon dispersed; but, on the other hand, even a slight lesion of this sort not infrequently develops into destructive joint disease and perhaps, later on, into general tuberculosis.

The nonprofessional citizen is often an optimist; he usually supposes that any one can treat a sprain. Once assured that "no bones are broken," he proceeds to apply chloroform linament, or it may be "horse linament," according to his mental bias, and he says in his heart, not as one of old, "there is no God," but very confidently, "the sprain will be all right in a day or two."

Most surgical text-books acknowledge the importance of a sprain, but many dismiss the subject with brief and often very inane remarks. Not a few omit to mention it altogether. We do not attribute such omissions to lack of knowledge, but rather to the greater interest that attaches to the newer phases of surgical science.

The treatment of this class of injuries, both from a scientific and a domestic standpoint, has not been, and is not, always such as to command respect or to produce the best results.

For example, among the numerous local applications often advised, one can find authority for using almost anything, including things hot, things lukewarm and things iced. We have been told by physicians and have also read it in comparatively recent text-books, that nothing equals an application of moist, fresh earth, or, better still, one of damp, blue clay.

Some surgeons at once strap a sprained joint with strips of adhesive plaster and then allow the patient some use of the joint. Some bind the limb from its distal portion to a point somewhat above the injury with a common roller bandage. Others employ Martin's bandage, over a thick layer of cotton wool, in order, we believe, to permit some motion of the joint. From the very large list of liniments and lotions mentioned in accredited text-books, one may take his choice. He will at least strengthen the patient's belief that something definite is being done.

Daily painting the part with tincture of iodine or with collodion seems a favorite pastime with some practitioners, and each passing year brings its "fad" in the treatment of this and other human ills. At the present time, we learn from certain sources of knowledge (?) that no sprain, however bad, can resist the immediate curative effects of the hot air treatment.

Many persons—possibly some of them doctors with hypnotic tendencies—advise people with recent sprains to go about their business as if nothing had happened. These say: "Favoring an injured joint is apt to make it stiff." But in this connection we ought perhaps to remember that those warm admirers of our profession, the disciples of Mrs. Eddy, never have sprains. These freely assert that while twisted, wrenched and swollen joints may exist as "claims," they are entitled to no recognition and need in no way interfere with locomotion or with other alleged movements.

Having now briefly reviewed some phases of treatment, we will turn from these incoherencies—from this storied empiricism—and ask ourselves what is a rational treatment for sprain and upon what principles is such treatment based? But before we attempt to answer this question, let us briefly define the term, sprain, and consider some of its possible variations.

By sprain, we mean a wrenching or a violent stretching of the soft parts about a joint. Some of these structures—tendons, muscles, ligaments—may be ruptured. One or more tendons may even be torn from points of insertion

into bone. As a result, serum is poured out and blood perhaps escapes into the tissues. Pain, swelling, heat and sometimes ecchymosis accompany the condition.

The diagnosis, soon after the injury, is not difficult. It is based largely upon the absence of the true signs of fracture. Great swelling may, however, make it difficult, and, if an X ray machine is not at hand, the case should be treated as one of fracture.

In view of these and allied facts, it is easy to see that the word sprain never represents a fixed degree of injury. The patient's physical condition, the age, the presence of certain diseases, (as syphilis, rheumatism or tuberculosis), the different locations of the injury and the sort of force producing it—these and many other factors prevent one injury of this class from exactly resembling another. These diversities also account for some of the differing results and for the prevailing wide variations in treatment and the contradictory opinions concerning them.

If we now return to the question of the *proper* treatment of sprain, we must say in the first place, that there can be no rational treatment of any human ill that is not based upon an intelligent attempt to aid nature. Now, in the case of sprain a moment's reflection will show that nature's method is, first of all, *rest* of the injured part. Tissues have been stretched, ruptured or perhaps lacerated. The work which nature sets about to accomplish is repair of the injured parts.

We might, at this point, stop to consider the relation of repair to growth and how one is but a form of the other—how in both animal and vegetable life, periods of rest are essential to either process, but we can illustrate in another way.

The injury most closely allied to sprain, the injury in fact most resembling, and often indeed mistaken for it, is fracture near or involving a joint. For this lesion, the wildest dreamer would scarcely conceive of adopting any method of treatment that does not have rest as its basis—rest physiological and usually mechanical.

Why then should a different plan be adopted in treating sprain? It should not. In either form of injury repair must be permitted to take place, new tissues must be allowed to form, and a certain amount of rest is essential to the process.

But if we grant that rest is the essential part of the treatment, the important thing, next to be determined, is how long and in what manner shall rest be maintained?

The cause of many faulty methods of treatment, as well as of many erroneous conclusions, seems to us to have arisen largely from two common circumstances. The first is that sprains often appear to recover spontaneously, that is, without especially prescribed rest or treatment. The second is that some sprains if given a long period of complete mechanical rest, have resulted in serious and perhaps permanent ankylosis of the joint.

But no one ought to conclude from these two circumstances that no treatment is necessary, or that mechanical rest is dangerous. A far truer and safer decision is this, viz.: Many sprains do not absolutely require special treatment, for some are known to recover without it, but every sprain so neglected is a menace to the person who has been injured.

There is no method of examination by which one can tell, as yet, which injury may be safely ignored, or which, if neglected, will end in disease or permanent disability. The apparent gravity of the injury, as a guide to treatment, is not to be trusted, for it has long been recognized that tuberculosis of joints oftener follows slight than very severe injuries.

The keynote to the rational treatment of sprain, then, is substantially as follows: first, complete physiological and mechanical rest of the joint, in all cases; second, the adoption of passive movements at the earliest practical moment.

We do not insist that local applications may not at times be beneficial, but we believe in this matter, that the simplest are the best. For example, immediately after the injury the use of hot or very cold water (the latter in selected cases) may relieve pain and limit swelling. We assert, however, that all such applications are generally quite unnecessary, and that the one essential agent of all treatment is immobilization of the part. Put the joint at rest and support it by mechanical means, and it is wonderful how quickly pain will subside. Any comfortable device that holds the part quiet, and does not interfere with the circulation of the blood, is good enough. Pasteboard or plaster of Paris meets the requirements both in sprain and in fractures about the joints. The disastrous consequences that occasionally have followed the use of plaster of Paris need have no weight with us if good sense is used. When a plaster dressing encircles a limb, plenty of cotton wool should be used beneath the plaster, and as soon as the

latter is hard, it must be split longitudinally along one side, and the edges pressed apart, to see that no undue pressure exists. If now no bandage is applied, outside the plaster, there is no danger of constriction; for the cast, if light, yields easily to any swelling.

It may not be out of place to remark, in passing, that the immediate dressing of Pott's fracture with the plaster cast, extending from the base of the toes to the middle of the thigh, saves time and bother, for if, at the end of a few hours at most, the cast be split anteriorly and the edges slightly drawn apart, there can be no possible danger. We can poorly understand why, if this plan is adopted, so many still fear to use a plaster cast in the first week's treatment of Pott's fracture.

In reply to the question, "How long should a sprained joint be kept at rest," we answer, keep the joint quiet as long as positive signs of swelling and inflammation remain. When these have subsided, begin passive movements. At this period, if there is much stiffness, then friction, massage and hot water applications should be cautiously but persistently used. If moderate passive movements excite severe pain or renewed swelling, the motion is either too severe or else is premature and should be temporarily discontinued.

At this time the surgeon ought literally to feel his way, avoiding too early and too violent movements, on the one hand, and too protracted a term of rest, on the other. By one error he may delay repair, and by the other he may permit tendons to become glued to their sheaths or firm fibrous adhesions to form about the joint.

Sprains occurring in rheumatic, gouty, syphilitic or tuberculous subjects require the same local management as the others, but need special attention as to medication, diet and hygiene. In tuberculous individuals, the joint, for obvious reasons, requires a longer period of rest.

We are persuaded that the practitioner who guides his cases along the general line of treatment herein indicated, will have very few unsatisfactory results. We seriously advise the inexperienced, and those who have never witnessed any of the serious consequences of badly treated sprain, to shun all "fads" that do not provide for a safe amount of rest. The miracle worker, the "sure cure" pretender and the misguided individual who denies the facts may each occasionally make a hit, but sooner or later, here or hereafter, all of these will have a large bill of particulars to settle.

Clinical Society Transactions.

C. JOSEPH SWAN, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

FRANK R. LEEDS, M. D., RECORDING SECRETARY.

The regular monthly meeting was held in the college amphitheater Saturday evening, November 4, at 8:30 P. M.

REPORT OF THE SECTION ON CHILDREN'S DISEASES.

JOSEPH P. COBB, M. D., CHAIRMAN.

L. PATHOLOGY AND DIAGNOSIS OF SCARLET FEVER. BY W. O. FORBES, M. D.—The pathology of scarlet fever is not the same in all epidemics, but in typical cases we have to consider the skin, the mucous membranes, the kidneys and the heart.

By far the most manifest lesion is that of the skin, and deserves our first consideration. This lesion is in the form of an eruption, confluent, scarlet and diffuse, appearing first on the chest and the neck, then spreading rapidly over the entire body, disappearing in the same order in which it appeared. The eruption is characterized by swelling, heat and redness. This is a result of the edematous infiltration of the connective tissue, and the hyperemia of the blood vessels. A like condition is present in all mucous membranes, especially in the mouth and the fauces. Owing to the extreme hyperemia of the skin, the kidneys and other organs suffer an anemic condition. In cases of general streptococcus poisoning the toxins are absorbed, thus causing a stasis of the lymphatics. The poisonings are secreted by the kidneys, producing nephritis, and since this condition is present in the majority of cases of a general streptococcus poisoning the new theory is more feasible than the old explanation that the function of the skin being impaired, the kidneys are overtaxed. Again, in many cases of severe scarlet fever and measles, we have no condition of albuminuria. The changes in the heart following scarlatinal nephritis are principally hypertrophy. Three-fourths of the cases where nephritis was present developed this condition.

In making the diagnosis we have measles and rötlin to contend with more often than any of the other erup-

tive diseases. R otheln will, in forty-eight hours, develop certain phenomena which no longer leaves us in doubt, but in measles we are often obliged to wait for days, before we can make positive diagnosis; this is especially true when there are only a few cases. We are aided materially in establishing the identity of the one or the other condition in the presence of an epidemic by the period of incubation, the stage of invasion, the appearance, location and character of the eruption and the prodromal symptoms, the extremely high temperature of scarlet fever lasting until the fading of the eruption. The throat complications, and the bowel, kidney and heart disorders are more characteristic of this disease than in any of the other exanthemata.

In measles, after the rash is well developed, we have a lower temperature, with eye and respiratory complications, such as conjunctivitis, pneumonia, bronchitis or bronchopneumonia. In some cases, however, it is necessary to defer the diagnosis until desquamation takes place, for the scales, patches and flakes of scarlet fever differ materially from the small, branlike scales of measles.

LI. SUGGESTIONS AS TO THE ETIOLOGY OF SCARLET FEVER. BY W. HENRY WILSON, M. D.—The predisposing causes of disease have been recognized for a great many years. They are known to the layman as well as the physician. So easy are they of recognition that by many they are credited with being the only causes of disease. In some instances they have been mistaken for disease. Among these so-called causes may be mentioned season, age of patient, hygienic surroundings, chilling of the body, etc. They probably all act in the same manner, that is by reducing the natural immunity. That is, they change the composition of the blood, lowering the hemoglobin and the supply of nucleins. A severe chilling has the same blood effect as a hemorrhage.

For scarlet fever the predisponents are youth and the winter season.

That minute plants and animals are the exciting causes of the acute infective diseases, is now pretty generally admitted. The evidence on which this belief is based is too extensive to be here reviewed. The question is undecided only in the minds of those who are ignorant of the tremendous amount of labor and pains which have been spent on the subject.

From the standpoint of microorganisms the human

body is but a vast farm. The different kinds of tissues are the fields. But like the raw land of the prairie they are illy adapted to the growth of cultivated plants until prepared. The predisposing causes are the agents which bring these fields under subjection. The different fields are but different soils. Some germs can grow only in a certain soil. Others can grow in any soil. The first kind will produce but one disease, the second will cause many diseases.

The nature of infective diseases cannot be made clear without a knowledge of this second group of germs. I wish, therefore, to direct your attention to them briefly. They are the group of pus germs, but more particularly the streptococcus pyogenes and the staphylococci pyogenes aureus. The first is the more important. These two germs may grow in any part or tissue of the body. They produce a great many diseases which are clinically indistinguishable from the diseases of the more specific organisms. What is more, they constantly aid and abet the crimes of the more specific germs. When a specific germ finds its own proper field and works alone, there results a typical case of the disease. But what frequently happens is that when the primary infection is well under way the streptococcus pyogenes starts in to help it out.

The streptococcus is credited with the following diseases: Septicemia, erysipelas, endocarditis, puerperal fever, spreading gangrene, cellulitis, surgical scarlatina, etc. It causes membranous sore throats scarcely distinguishable from true diphtheria. It causes otitis media, adenitis, septic pneumonia and arthritis. It ends the lives of many chronic patients. It is all but demonstrated to be the cause of rheumatic fever. It is found in the pustules of smallpox.

It has been repeatedly demonstrated in the blood. It may complicate nearly every other infection. It complicates a large percentage of diphtheria cases; it complicates measles, making it almost indistinguishable from scarlet fever. When it does complicate the primary disease will become distinctly worse. I believe the so-called malignant cases of various diseases are due to this germ entering the blood and producing septicemia.

Furthermore, every investigator of scarlet fever has found a streptococcus or at least a micrococcus. They have been found in the throat and in the blood. They have been found attached to the scales. In one epidemic traceable to the milk supply they were found on the teats

of the cows. From the sores found there, Klein made a culture which reproduced the lesions of scarlatina in calves.

Dr. Class, of this city, has succeeded in isolating a diplococcus from the throats of scarlet fever cases which he believes to be the specific cause. Its occurrence in scarlatina has been demonstrated but not its causal relation.

I believe that few cases of scarlet fever are due to a single infection. A specific microorganism will probably be found, but it will be only one cause. I believe that the streptococcus pyogenes will be a very important cause. Scarlet fever has many of the characteristics of other diseases which are due to this germ. Comparing it with erysipelas, septicemia and rheumatic fever, we find that they all have about the same period of incubation and the same mode of onset. They occur in the spring and fall. They have almost identical complications—endocarditis, otitis media, adenitis, arthritis and nephritis. They all attack the young and in the circulating blood streptococci have been found.

Scarlatina, erysipelas and suppuration have all been so associated in the same individual as point strongly to their origin from the same infection.

Why should this germ produce one disease in one and another in another? First, its virulence is modified by its life outside of the body. Second, its manner of entering the body varies. Third, at different ages some tissues will be found more resistant than others.

LII. TREATMENT OF SCARLET FEVER. BY F. W. BAKER.
—When called to treat a case of scarlet fever we feel very much as Will Carlton said about conjugal affairs, "that when you are the most certain you are not sure at all." You cannot always tell which way a tree will fall.

The physician in attending a case of this disease is much like a rudder to a great ship, he is expected and hopes to guide his little patient safely past the numerous sands and numberless rocks along this tortuous and hazardous course. The simple parting of one small link in the rudder chain of a large shipping vessel a short time since caused the wreck of the ship, the loss of the cargo, a blockade of the channel and the loss of lives. In the treatment of scarlet fever incidents of minor importance lead to consequences of still greater moment.

I shall avoid the narrowness of pronouncing a malediction upon treatments other than our own; neither will I

eulogize the homeopathic care of these cases lest we become conceited. We may have the valuable charts and unerring compasses of all our predecessors; we may see plainly the many landmarks erected through centuries of constant toil by myriads of magnanimous doctors; and despite all we may see our precious charge borne on by this relentless wave into the great hereafter.

There is certainly nothing in the world that permits one to enjoy the pride of his power, or forces him to sense the pain of his weakness more than the treatment of this disease. It ought to be to the narrow enthusiast the best of schools; to the hopeless pessimist the greatest elation.

The first requisite in any undertaking is to learn what others are doing in this particular line, in order that we may be sure that our procedure is at least equal to the best.

The strictly medicinal treatment of scarlet fever other than homeopathic is very insignificant. The great number of drugs heretofore used have been discarded as not only useless but harmful. The coal tar derivatives, from which so much was expected, and about which so much was said and written, are now even accused of adding to the mortality. All opiates are now proscribed for the reason that they are believed to assist greatly in causing nephritis. Chloral hydrate is used for restlessness, nervousness and delirium. Iron is given for an anemic condition. Carbolic acid is injected into the tonsil, not on any specific indication, but on general principles of antagonism. No new remedies have been in any degree successful. Most old ones have had the blue pencil drawn through them.

Scarlet fever was one of the subjects before the bureau of pediatrics at the American Medical Association held at Columbus last summer. The speakers were numerous and were agreed as to the uselessness and harmfulness of all drugs previously given.

Rest, diet and water were the main hopes. For two hundred years those who prescribe, and the drugs prescribed to produce a contrary condition, have slowly and surely become fewer in number. Yet those who give a drug and the drugs given to produce similar conditions have multiplied many fold. The study of the treatment of scarlet fever is the study of the pathogenesis of drugs.

I will not repeat the picture or condition peculiar to each drug, because the indication of any drug (*apis*, *bell.*, *bry.*, *lachesis*, *gels.*, *rhus.*, *arsenicum*, *ailanthus* or *mercurius*) is the same throughout the whole catalogue of

diseases. These remedies, like your best friends, may sometimes humiliate you. Nevertheless they, with many others after their own indication, stand as decidedly the best treatment known at this time for scarlet fever.

It is the task of the great noonday sun to illuminate this troubled earth, and it detracts none from his power or glory that he can be aided at certain times and places by a little artificial jet or spark of light. None the less does it detract from the great therapeutic law of cure that it can at times be assisted by such forces as water, assurance or psychology. By this I mean that while you are administering your apis or arsenicum you are not belittling yourself nor your profession by bathing your patient as you may to assist his comfort and recovery. You would be a very poor homeopath indeed did you not use your best personality to assure your patient as to his condition and prospects, in a degree consistent with your judgment. Nor should you for so doing be designated a christian scientist, and your title of physician would be a misnomer did you deny to your patient what of virtue there is in psychological influence.

The similar remedy, mild and gentle application of water of a temperature comfortable and soothing to the patient, never hot or cold enough to produce a marked or decided reaction, mental ease, confidence and hope, the great searchlight of forethought always on the route your precious little charge is to follow.

LIII. PREVENTION AND TREATMENT OF EAR COMPLICATIONS IN SCARLET FEVER. BY C. J. SWAN, M. D.—The title of my paper, as you have observed, has two distinct divisions. Part one treats of prevention, part two of treatment.

The first portion of my subject, that regarding prevention, is, without question in this disease, as in all others, the more important. Prevention of disease, or of disease complications, is always of the first importance in the mind of the well qualified physician, and upon this portion of the subject he should expend as much, if not more, effort than upon the treatment. In view of the foregoing, I regret to state that with the aurist in this particular disease the case is far different. His practical experience in prevention of ear complications in scarlet fever is usually very limited and out of all proportion to his practical experience in the treatment of such complications and results.

The time honored relation of one ounce to a pound would utterly fail to express the vast disparity between the aurist's opportunity for effort at prevention and his opportunity for effort at cure. Indeed, I hesitate to state the number of cases in which I have been called upon to prevent or abort ear complications in scarlet fever. It is sufficient to say that the number is infinitely small. I believe the handling of these cases, in the early stages at least, is more exclusively the province of the family physician. If he has a proper appreciation of the gravity of the results which may follow ear involvement, and if he is alert to detect and skillful in the application of his knowledge, he ought to be at least as successful as the specialist.

It is well known that the portion of the ear invaded during scarlet fever is the tympanic cavity, or middle ear; that portion of the ear whose outer wall is formed by the drum membrane, and between which cavity and the naso-pharynx there is a connecting way called the Eustachian tube. I believe I am correct in saying that no part of the internal ear is ever affected in a direct way as immediate result of the disease in question.

The ultimate form which the ear trouble takes is that of acute suppurative inflammation of a particularly destructive type. I say *particularly* destructive, because it is unusual to find such pathological changes, such destruction of anatomical structures, and such impairment of hearing in those cases of purulent inflammation of the middle ear which are uncomplicated with the exanthematous diseases, and scarlet fever in particular. In other words, purulent inflammation of the middle ear as a result of scarlatina presages graver results to one of the most highly specialized and important of the special sense organs than purulent inflammation of this region from other causes.

The reason of this is largely conjectural. We know that the middle ear is lined with mucous membrane, as are the Eustachian tubes and the naso-pharynx, and that this mucous membrane lining is continuous throughout all three, is in fact of one piece, so that the middle ear and Eustachian tube may be said to be part of the naso-pharynx. "Taking cold" is the most frequent cause of this form of ear disease, and if we analyze what takes place in the naso-pharynx at such a time we may be better able to understand the etiology and pathology of the disease when

complicating scarlet fever. When the heated and generally perspiring surface of the body is adequately chilled, which is the first step in the process of "taking cold," the mucous membrane becomes the seat of a well marked hyperemia. The blood vessels are greatly distended, and in consequence they become, for a certain length of time, parietic. This is the time when the microorganisms, which are known to be almost constantly present in the pharyngeal vault, are able to gain an entrance through the epithelial structures into the lymphatics and blood vessels of these parts. In brief the membrane has now become vulnerable.

In many instances the advancing horde of pathogenic microorganisms find the pathway leading to the middle ear through the Eustachian tube. Pus formation and abscess of the middle ear results. Scarlatina unquestionably does, in some way unknown to us, confer upon the mucous membrane a high degree of vulnerability to the attacks of some of the pathogenic microorganisms. Of these the three found most often and in greatest abundance are the streptococcus, the diplococcus and the staphylococcus. In those cases where the streptococci are most abundant is found the most extensive destruction of structures in and about the middle ear.

The first symptom of middle ear involvement is usually pain and possibly a slight rise in temperature, and sometimes a trifling impairment in hearing. There is a widespread belief that an "earache" is something which is quite harmless and entirely different from a genuine inflammation of the ear. This belief is favored by the well recognized fact that the great majority of earaches spontaneously subside without inflicting any harm either upon the ear or upon the general health of the individual so affected. It is therefore easy to understand how several days may elapse before it is deemed necessary to interfere.

The local preventive treatment may be summed up in two words, antiseptics and drainage. In the middle ear both of these are difficult to accomplish. The nose and pharyngeal vault should be sprayed with Dobell's or Siler's solution several times per day and theoretically the Eustachian tube should be kept open by mild inflation. It is, however, a question in my mind whether this last procedure does not accomplish more harm than good, although it is personally recommended by Dr. C. H. May in

his article upon this subject in *Pediatrics*, August 15, 1899. Gelsemium on account of its marked influence upon the circulation, I believe to be the best internal remedy. After infection of the middle has taken place, evidenced by pain and redness of the drum membrane, treatment becomes more active. For the relief of the pain one-half grain of atropine and one grain of cocaine to the drachm of sweet oil warmed and dropped into the ear and the application of hot water bags will often give relief. In ordinary cases of ear inflammation in the early stages I am now using the ice bag more frequently than the hot water bag, but in a case complicating scarlet fever I would first wish to consult the family physician before putting the ice bag into action. Internally bryonia 3x every hour seems to be the most helpful. If the process of inflammation goes on as evidenced by continued or intermittent pain and the otoscope reveals a bulging drum membrane a free paracentesis of the membrane should be made. In performing this operation a very sharp knife will save the patient much pain. The relief is often instantaneous and favorable cases will go on to complete recovery without much further interference. It is well, however, to take the precaution to keep the external ear free from the discharge, (which at best will last three or four days) with pledgets of cotton wrapped on a cotton applicator or by gently syringing the ear with a warm boric acid solution two or three times a day. Unfortunately a large proportion of cases following scarlet fever are not by any means favorable. Infection in these cases is probably nearly always due to the streptococcus, which means a virulent and destructive type of inflammation. It often means sloughing of the tympanic membrane total loss or cares of the ossicles, involvement of the mastoid antrum and cells followed by greatly impaired hearing and chronic suppuration.

In case symptoms of mastoiditis occur there is no doubt as to the efficacy of the ice bag or Leiter's coil so far as the local condition is concerned; it will certainly abort many cases of mastoiditis even when quite well advanced, as I have frequently proved in my own practice, and I do not see any reason why it would be injurious in a general way. In case treatment has failed to check the mastoid inflammation, and suppuration is well advanced, surgical interference is the only recourse. This operation even in skilled hands is not without a considerable element of danger but it is an operation which has saved many lives

and when carefully performed no grave apprehension ought to be felt as to the outcome.

Injury to the facial nerve or to the lateral sinus of an irreparable nature is an extremely infrequent occurrence. Of course all necrosed and carious bone should be removed whether it be in the mastoid or in the tympanum. In treating chronic suppuration of a less extensive nature, I have had the best success as a routine treatment with the following system: The ear is inflated and thoroughly cleansed with an antiseptic solution and peroxide of hydrogen. This is followed by dropping into the external canal a mixture of powdered boracic acid and alcohol, about one part of the acid to five parts alcohol. The patient inclines the head, with the ear under consideration uppermost, remaining in this position for ten minutes. The alcohol, itself a powerful germicide, thus finds its way into all the little crevices, evaporates and leaves a deposit of boracic acid. In addition to this treatment the internal remedy is given which seems most nearly to be indicated by the general condition of the patient. When necrosed bone, granulations or polypi are found they are removed before this treatment is inaugurated. In case the drum membrane is not entirely destroyed an effort is made to assist nature in the repair of this delicate structure. The means to this end are simple and in Dr. Hazeltine's hands have in several cases been successful. A pledget of cotton soaked in euthymol is kept constantly in contact with the remains of the membrane, which by reason of its moisture, its antiseptic and its irritating qualities provoke a new growth which makes a pseudo-membrane tympani. There is much more to be said upon this subject but as I was requested to write a ten minute paper, this request presupposes that I will use no more time.

DISCUSSION: DR. SARAH HOBSON: Three weeks ago I was called to a case presenting the following condition:

A child of seven, with a record of good health for past two years. The mother reported this to be the third day of fever and second of the eruption over the trunk; the child had been very restless at night; sleeping little and then delirious; there had been no vomiting, no prodroma previous to the appearance of fever.

I found the child with pulse of 110 and temperature 103°, glistening eyes, incessant restlessness of fingers and

general excitability; a fine rash over trunk and thighs, sparsely on face, and none on hands and feet. The body did not have the extreme heat and vivid color of scarlet fever, nor was there any coalescing so common in measles. A similar eruption was found in fauces and all over the roof of the mouth. There was slight pharyngitis but no cervical adenitis; no nasal catarrh but a persistent hacking cough. The tongue was a typical scarlet fever tongue. After six hours on belladonna and bryonia the pulse and temperature were the same but the marked nervous symptoms had abated somewhat.

The child slept little that night but was less restless. In the morning pulse and temperature were the same as on the previous day, no change in the appearance of the eruption, but on the next day, the fifth of the fever, the temperature was down and the only troublesome symptom was the cough which yielded in a few days to drosera and ipecac. From the subsidence of the fever the body was rubbed with vaseline at night and washed with warm soda water in the morning; the desquamation, if present, was so slight as to be unnoticed. There was no albuminuria.

The continuance of the fever for four days, the vivid red tongue, not coated, but with enlarged papillæ, and the nervous symptoms suggested scarlet fever; but the absence of adenitis and marked pharyngitis, the course and history of the eruption allowed the comfortable (?) escape by way of r thelin.

Thomas, in Tiemssen's *Cyclopedia of Practice of Medicine*, Vol. III., says that in scarlet fever only the posterior parts, the uvula, the arches of the palate and their vicinity are affected, while in r thelin the anterior parts are also affected and both in much the same degree.

I have not verified this and should be glad to know the experience of others in regard to this symptom.

Relative to the differential diagnosis of scarlet fever, measles and r thelin: In our suburb last spring there was a widespread epidemic of r thelin. Some children continued at school without any complaint whatsoever and the fact of an eruption was recalled only when some other members of the family presented more marked symptoms. In these cases the eruption closely resembled measles, appearing first on the face, then on the trunk and extremities; often but not uniformly coalescing; slight fever, or none at all, mild catarrhal symptoms, and speedy recovery. In the early summer I had two or three well marked cases of measles.

Vogel (Dis. of Chil. p. 428) describes the eruption of rōthelin as differing in character "in no respect from that of measles."

Hardaway (Pepper's Sys. of Med., Vol. I., p. 586): "In the greatest number of cases in my own experience the exanthem is composed of ill-defined, roundish, punctate macules, without special grouping. These are usually discrete, but in certain situations may coalesce.

Tooker (Dis. of Children, p. 286): "The eruption of rōthelin is more scattered * * than measles, and not so likely to become confluent.

Hedges (op. cit., p. 287): "It took an observation of years to enable me to feel sure that German measles was anything at all different from measles."

Townsend (Arch. Ped. Ap. 1890): "The symptomatology of rōthelin is not distinct from that of measles."

Strümfell (Text-Book of Med., p. 48): "The eruption is decidedly like that of measles but the individual spots are smaller * * not apt to become confluent."

Winterburn (Arndt's Sys., Vol. III., p. 651) defines rōthelin as an "epidemic exanthem, in which the eruption resembles scarlatina. * * The catarrhal symptoms are similar to measles."

Notwithstanding the record of the spring epidemic and the above opinions relative to the character of the exanthem, but judging rather of the whole aspect of the patient the differential diagnosis in the case cited was not between rōthelin and measles, but rather between rōthelin and scarlet fever.

DISCUSSION: Dr. Jos. P. Cobb: I have listened with interest to the different essays presented this evening. Taken together they give a very comprehensive résumé of scarlatina. The choice of the subject for the section report is very timely, as we have entered upon a veritable epidemic of scarlatina here in Chicago. Last year there was more of an epidemic of this disease than we have had for several years. The proper sanitary steps to prevent its repetition this year were, it appears, not taken, and there have been reported thus far this fall more cases of scarlatina than have been reported in some of our former years.

I have been particularly intrested in the very concise statement made by Dr. Wilson of our present knowledge of the etiology of this disease and his lucid explanation of the variety of its manifestations.

Except for the bacteriological findings there is no such thing as an anatomical lesion that is pathognomonic of scarlatina; the specific microorganism pathognomonic of the disease is still a matter of discussion, while the associated microorganisms, as Dr. Wilson has explained, are common to a large number of disease conditions, and one of them, the streptococcus, is usually responsible for the greatest amount of mischief. Most fatal cases die of nephritis or septicemia; the kidney lesions are those of an acute exudative or glomerulo-nephritis, and in a mild degree are present in the larger proportion of all cases; it is often overlooked until dropsy announces that the mild nephritis has become intensified and more extensive, and the condition of post-scarlatinal nephritis has developed.

Among the sequelæ which have not been especially mentioned is endocarditis; pericarditis is sometimes associated with it. The infection of scarlatina is recognized as next to rheumatism the most frequent cause of endocarditis in childhood. Taken with the high arterial tension and the invariable disturbance of nutrition, it is a serious condition to face and one which requires recognition to be properly cared for.

The diagnosis of a typical case of scarlatina should not be hard to determine any time after first twenty-hours. A sudden rise in temperature, accompanied by expulsive vomiting, an intensely red throat, with pain on swallowing, need only the peculiar cutaneous eruption to declare their identity; scantiness of urine, with the presence of even slight albuminuria, usually confirms the diagnosis on the third or fourth day.

All cases of scarlatina are not typical, and any or nearly all of the classical symptoms may be wanting; moreover, the disease may be engrafted upon another existing disease condition and exhibit a totality that will puzzle any one. A preëxisting bronchitis may make the differentiation of measles difficult in a case which presents an atypical rash. A careful inquiry into the probable source of the infection, a history of the course of the eruption, the presence or absence of albuminuria, and, above all, a remembrance of the peculiar redness of the pharyngeal mucous membrane of scarlatina, an appearance which has been aptly described as stippled rather than mottled, will determine the nature of the ailment.

There are certain cases of scarlatina which it is impossible to differentiate from diphtheria without the aid of a

bacteriological examination; and, again, following the typical case of scarlatina, there may develop a polyadenitis with extensive infiltration of the cellular tissue of the neck and membranous ulceration of the tonsils that will simulate clinically the picture of diphtheria. These are examples of the mixed infection referred to by Dr. Wilson when the streptococcus is responsible for a large share of the vicious manifestations.

Your attention has been called to the similarity existing between the bacteriological factors of scarlatina and rheumatism. The clinical similarity is often overlooked and few text-books make any particular differentiation between them. Atypical cases of scarlatina often resemble the rheumatism of childhood, where we may have only a single joint mildly involved with little swelling; the urine is scanty and high colored, fever appears suddenly, accompanied by vomiting, a chill or an eclamptic seizure; an indefinite rash makes its appearance and endocarditis develops, all this having been preceded by an attack of tonsillitis. The differentiation must be made upon the sequence of the symptoms and the difference in the appearance and site of the rash.

Scarlatina is sometimes confounded with the symptomatic rashes of childhood which depend upon an absorption of ptomaines. They are ushered in with sudden fever, vomiting, convulsions, sore throat, tonsillar exudation and a rash or intense redness of the skin.

In childhood it has been often observed that an initial chill may be supplanted by a convulsion. It is not as commonly mentioned that the initial expulsive vomiting of infectious diseases may be accompanied or even supplanted by a convulsion. The danger lies in that a sudden fever with evidence of toxic absorption ushered in with a convulsion may be accepted as an evidence of gastrointestinal infection and be dismissed with a cathartic or an enema, when in reality it is the abrupt beginning of an attack of scarlatina.

In reply to Dr. Hobson's questions, I should say that if the doctor had eliminated the possibility of some acute gastrointestinal infection the individual case was one of r theln (German measles). It is unusual for r theln to exhibit much fever after the rash appears but we cannot say what an individual case may do, and the description of the appearance of the rash and its site tallies best with r thelin.

Her epidemic of last year I should be inclined to label as mild cases of measles.

DISCUSSION: Dr. F. W. BAKER: Belladonna is in a degree a prophylactic in scarlet fever. It will not always prevent it in all patients at all times, but there is no doubt that it will, at times, keep some people free from the disease. All theorizing as to how it does so is useless, tabulated results alone are valuable. When a large number of children are exposed to the contagion, and half of them are given the remedy at once and a smaller per cent of these afterward contract the disease than of the half not treated, such evidence is proof. This done once only would not be conclusive; but a few repetitions would certainly be convincing. The best opportunity I have had to study this point was where twenty children had gathered at a party and were known to be exposed. Having had the good fortune to experiment under a few such circumstances, I have no doubt of the preventive power of belladonna in scarlet fever. That this drug is sometimes given and the disease follows, shows that our power or control is not absolute but limited.

Dr. W. HENRY WILSON: Scarlet fever has a decided leucocytosis with increase of eosinophiles. Measles has the reverse condition, that is, a lymphocytosis. Simple measles, therefore, has a very different blood condition from scarlet fever, but measles complicated by streptococcus infection cannot be distinguished from scarlet fever. Diphtheria has the leucocytosis, but not the increase of eosinophiles.

LIV. VOLUNTEER PAPERS. PASSIFLORA IN DELIRIUM TREMENS. BY EARL S. PRINDLE, M. D., MENOMINEE, MICH.—*Case 1.* Of all the remedies that have been introduced in late years there have been none which have proven more uncertain and disappointing, and at the same time more brilliant in my hands than *passiflora incarnata*. I began at first with the 1x tablet triturate, empirically, of course, for I could find no homeopathic indications laid down in the text-books. In certain cases, especially those of nervous and restless children, whether due to teething or in complications of more severe troubles, it has worked well; yet I never have been able to leave it to be given at night without a reasonable certainty of being told the next morning that the patient had seemed more restless and wakeful than without it. So far I have not been able to

benefit more than one-half of my cases, even where the drug was seemingly well indicated. The 1x was displaced by the tincture in doses ranging from gtt. v. to gtt. xxv., all with the same uncertain results. In cases that were benefited by it the effect has always been prompt and exceedingly gratifying, and it is of one of these cases that I wish to speak. A stout, plethoric German, a driver of a beer wagon, was kicked by one of his horses with the result of a broken arm at the upper third of the humerus. The man had always been a steady drinker though never incapacitated for work on that account. The arm was set and the patient was put to bed for a few days, only a few drinks of beer being allowed during the twenty-four hours. He seemed to be doing nicely until the third day, when a nervous twitching of the muscles and an unusually wakeful night revealed the fact that he was soon to see a peculiar assortment of various sized reptiles that good St. Michael is supposed to have forever extinguished. He was at once given sixteen gr. doses of kali brom. with nux v. gtt. iv. repeated every two hours. No effect was observed during the next twenty-four hours; in fact he was very much worse; he was then given bromidia in 3i. doses every two hours and with six hours of that treatment it was necessary to have four men and an assistant to hold him in bed; the splint had been torn from the arm and that member was a sight to behold, as it was black and swollen and helplessly swinging about; pulse was weak and the cerebral excitement developed rapidly; consultation was called and on the advice of said counsel he was given bromidia 3ii. every hour for six hours, making in that time chloral 180 grs., bromide of potash 180 grs. and cannabis indica grs. ii $\frac{3}{4}$. The case was then indeed a pitiable one; every symptom was worse, and not daring to crowd the above drugs any further, and believing that another six hours would see a fatal termination, a prescription was given as follows: *Passiflora succus* ʒvi., two teaspoonfuls every half hour until he was quiet.

The effect was remarkable; after the third dose had been given he quieted down and slept for three hours; on awakening he again began to rave though not so badly as before; another tablespoonful of *passiflora* put him to sleep and in the morning, when I called, he was himself again; he sat up and allowed me to reset the arm and bandage it, after which, he turned over in bed and slept most of the day, thereafter making a rapid recovery.

This case does not cause me to decide upon using the

drug in every case of delirium tremens, but it will certainly remain very prominently in mind and especially the dose—not homeopathic, to be sure, but fully as satisfactory to both patient and physician as the 200x would have been.

Homeopathically I believe a potency would work well, at least I have so verified it, in cases that are marked by a restless, wide-awake condition, the patient hardly being able to remain in bed, sees strange and peculiar objects, not a terrified condition, but an unusual activity of the mental faculties not greatly different from the symptoms of *coffea*.

In some of my cases in which I have been able to procure accurate symptoms I have found spasmodic twitchings of the fingers and hands were characteristic. In such cases I do not believe the remedy should be used in crude doses. I believe we shall find, in the study of this remedy, a wealth of possibilities not heretofore observed.

Case 2. CRATEGUS IN TYPHOID FEVER WITH HEART COMPLICATIONS.—A little girl, age twelve years, came under my care while in the third week of typhoid fever. She suffered a sudden collapse which had not been successfully overcome by strychnia, digitalis or cactus, but she rallied at once and made a good recovery by the use of *crategus*, five drop doses of the tincture every two hours.

The indications which called for it were as follows: Great pallor, irregular breathing, cold extremities, pulse 120 and very weak and irregular. This condition had existed for two days, only temporary relief being obtained from the use of strychnia and the usual heart stimulants. Decided relief, however, was afforded by *crategus*, and a rapid and apparently permanent cure was established.

Case 3. REMEDIES IN THE TREATMENT OF GLEET.—*Calcarea fluorica* 30x has proven in my hands a valuable remedy for those cases of gleet which like the ghost at the banquet table will not cease haunting. After you have gazed into those familiar faces week after week and month after month, and *ipecac* symptoms develop every time you hear the familiar footfall at your office door, after you have become tired of giving encouragement about this injection or that stereotyped yarn about a stricture that you are trying to dilate by the use of a No. 17 sound, just turn to *calcarea fluor.* 30x, *thuja* 30x, or *sulphur* 30x, and give enough to last for ten days or two weeks; this will give you a chance to rest up, and also incidentally give your patient a chance to get well.

Editorial.

SIMILIA CORRECTED.

The American Institute, at the Atlantic City meeting, unanimously decided to change the famous formula *similia similibus curantur* to *similia similibus curenter*. It also adopted the following definition of a homeopathic physician: "One who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics; all that pertains to the great field of medical learning is his by tradition, by inheritance and by right."

By this it seems that our Latin identity has suffered somewhat from wear; but we are now authoritatively advised to go on with our "*curenter*" but by all means to avoid any association with the "*curantur*" which has created so much disturbance to the medical history of the past. This innovation we can accept with obedience though with regret, for there are so many tender memories clustered around the "*curantur*" of pioneer days. By the translation of our earlier formula, we supposed our motto represented a determination that we *would* cure, but now we are told, with Latin deference, that the epitome of our professional endeavor represents a desire that we *may* cure. With pride for the past and patience for the future, we swallow this classic obligation and hope for the scientific perfection which may follow from this submission. At the same time we doff our hat to those earlier representatives of homeopathy who little knew how they transgressed the true law of Latin translation and made a proper prescription notwithstanding. Again, to the modern students, who have burned the midnight oil to put us into such a state of perfect declaration, we make our obeisance with proper deference. Now that we are put to rights in our motto representation, it is hoped that in the future we may cultivate the habit of being more accurate. Certainly the shades of Hahnemann must now accept a more lasting reverence and the statu quo of our professional identity will suffer no future perversity.

The last of the resolution truly gives us a liberty which some would deny us. It emphatically states that we may be physicians in the broadest sense of the word. It even admits that we may "add to our knowledge" and that the

adjuvants of science are to be tolerated for the salvation of the sick. In other words, we are permitted to save life first and consider our code of requirements later. At the same time we are not obliged to suffer the degradation of being called "renegades" and "backsliders" by those who claim a monopoly in the interpretation of Hahnemann's teachings. Fortunate therefore are those who, believing thoroughly in the law of similars, desire their own conscientious interpretation of that principle, while they accept and apply much else which pertains to the practice of medicine.

Furthermore, this resolution will permit many of us to employ the scientific principles which relate to experience and practice without any real sanction of law or theory. It will permit us to feel the dignity of membership and existence in any homeopathic association without consulting the self-constituted oracles of our profession, and above all, we shall be tolerated in using the great law of similars in conjunction with the advanced education of the medical fraternity.

The resolution has a still further meaning. It permits us to hold claim to all "medical learning," and we shall not be obliged to divide our privilege with any school or class. The teachings of therapeutics certainly belong to us by "tradition and by right" and we have just as much title to the name of "regular" as any other sect. The science of medicine is meant for all who seek to cure the sick. We should apply that understanding with thought and decision; we should accept knowledge and learn from all sources and some day we shall be recognized for what we may do, and generations to come will reward our endeavors.

H. V. H.

INTESTINAL ANTISEPTICS IN THE TREATMENT OF TYPHOID FEVER.

A very timely article on this subject may be found in the October number of the *Therapeutic Gazette*, as it gives us the most recent résumé as to the efficacy of this mode of treatment. Like many of the enthusiastic claims in regard to scientific treatment of typhoid, it is found by the consensus of experience that little satisfaction and less authoritative proof is established, and therefore we may safely lay this theory upon the table at the present time. True it is that

the theory seems plausible, but sufficient clinical facts are not found to make it even a safe measure in practice. What the chemist may prove in the test tube and what the bacteriologist may discover in the laboratory may aid scientific research, but just how an antiseptic acts in the intestines has not yet been satisfactorily settled.

This form of treatment began when calomel was administered, in the first stages of typhoid, for the purpose of relieving the intestine of any local irritant which might favor the febrile development. This was substituted, later, by more direct antiseptics having iodine or carbolic acid as a base. Thymol, guaiacol, benzosol, boracic acid, sulpho-carbolate of zinc, etc., have had their enthusiastic advocates, but the fact exists that no two authorities have, as yet, accepted the same antiseptic.

From a surgical standpoint the antiseptic theory has an exact verification, but medically we cannot yet report with equal confidence. The external destruction of a microorganism is settled beyond question, but whether this can be applied to infectious conditions within the body no one, as yet, is willing to say. The aim is to arrest the putrefactive and suppurative process; but is it possible to so subvert the natural chemical reactions of the intestine, even in disease? Experience and experiment must tell us more than we now know before it can be accepted in practice.

The next question naturally relates to the possible dangers of these antiseptics. In the first place we are not sure that iodine, or carbolic acid or any of the phenol group reach the intestine in their natural form, and for that reason it is a question whether they are antiseptics, or whether they aid the development of microorganisms. Furthermore, we cannot say whether the chemical action is in the end beneficial or detrimental. Then, again, there are other agencies and other features of typhoid fever more dangerous than the bacilli, and it is yet to be settled whether the real febrile symptoms are not made worse by the use of an antiseptic. This is a broad and open question and should be studied carefully from clinical experience. Caution should, at least, be observed until more positive evidence is at hand.

H. V. H.

Hospital Notes.

REPORT OF SKIN AND VENEREAL CLINIC.

SERVICE OF PROF. C. D. COLLINS.

PSORIASIS GUTTATA.—John M., æt. fifty years; occupation laborer; an Irishman born in Ireland and lived there for thirty-five years in perfect health. He then went to the Scottish border where he remained about four years, after which he migrated to America and has lived in and about Chicago for the past ten or eleven years. His parents were never sick and they all possessed healthy skins. His father was still living at the time of this history and had attained his seventy-eighth year. His mother died of old age a year ago.

The patient's present trouble began ten years ago, which was during his first year in the West. It began with a papular rash on his arms and chest and it has since extended over his entire body, sparing only his face, palms and soles. It is now of a papular, scaly nature; the papules are isolated and do not show a tendency to run together. They are conical, circular and punctate and are covered by a peculiar white or grayish white scale which is loosely adherent to the papule. This scale is large and abundant; it covers the entire papule to its extreme periphery and always remains dry and branny, falling off in the form of large, dry flakes or branny scales. They do not itch except when he is too warm or when in the dust or high winds; cold, sharp winds always cause an aggravation. No pain is felt, but at times a stiffness in the joints is experienced. His son, a lad of twelve years, also has a similar rash. His remedy seemed to be sulphur, and accordingly it was prescribed in the 30x potency with the best of results. Recovery was not complete when he drifted away from further observation, but he was so much improved that I feel certain of a cure had he continued.

The fact that he did not show any manifestations of disease until forty years of age is a very rare and exceptional occurrence. Cases of psoriasis occur mostly between twelve and thirty years of age, and one who has reached thirty years and upward without having had any manifestations of the disease, can usually feel that all danger of its development is past. Therefore, this man's

case is rare. I firmly believe that the high winds and dust of the West as compared with the soft air of his native home, is responsible for this attack so late in life.

EXFOLIATIVE DERMATITIS VS. "ASTHMA."—Master J., a sprightly lad of eleven summers, was referred to me from the prairies of South Dakota, and the following history was given: When a babe of but two years he had an attack of bronchitis which persisted for several weeks and was finally subdued by the use of some cough balsams, but quite promptly thereafter he began to break out with a peculiar scaly form of dermatitis. This rash would remain out for a few weeks to a few months and then by the use of various applications it would get better, but only to precipitate an attack of coughing, wheezing, and tightness in the chest resembling asthma.

There was no history of lung or skin trouble in the family. His father is big and fat and in perfect health. His mother is thin and narrow chested but never had any disease of any kind. When I saw the boy his skin was very rough and dry, especially the face, scalp, arms and legs. Not so much on his chest or back.

There was a redness and a deep subacute form of dermatitis present. The exfoliation of scales was very abundant, the scales appearing in the form of large flakes of a dry, grayish white color and very abundant.

There was but slight infiltration and no exudation except where he had torn the skin by scratching. These lesions would cause excessive itching especially when over-excited.

I made a diagnosis of exfoliative dermatitis which I regarded as being reflex from suppressed bronchial trouble. I forgot to mention that, during the time of his pulmonary aggravation, his skin would all clear up, and during an attack of dermatitis his lung difficulty would clear up.

Treatment. Psorinum 200x was given twice a day, because of its antipsoric action, and it is beautifully indicated by the form of rash above described. The boy was kept out of the high winds and put on a good, nourishing diet. He has had no more lung trouble since taking this remedy and in three months his skin was practically well and has remained so.

TINEA VERSICOLOR.—Mrs. P., æt. thirty-six. American; occupation, housewife; family history good. She has never

been very well or strong but never had any serious disorders. Her present trouble began seven years ago when, after a spell of indigestion and biliousness, she noticed a peculiar rash on her chest and arms. She believed it to be due to biliousness and a torpid condition of the bowels and accordingly doped herself freely with cathartics and various patent liver medicines. After a time the rash disappeared only to return again.

When I saw the case in April, 1896, she was well covered, on her chest and shoulders, with a brownish or fawn-colored rash which appeared first like the macules of measles and afterward became confluent. These patches itched slightly and were covered with a grayish brown scale. My diagnosis was *tinea versicolor*.

This is a disease manifestly chronic in character. It often perseveres for ten years with but little change, and in nearly every instance the patient takes medicine for liver disorders. The disease has a decided choice for the parts covered by the clothing, as the chest and back, and rarely ever is found upon the exposed parts. The treatment was as follows: A shampoo with strong soap and water, to be rubbed down well with a flesh brush so as to cause extensive exfoliation of epidermis; as this disease is an exceedingly superficial one, you can expose the microorganisms by this method, after which a local antiparasitic would destroy them. A sulphur cerate was applied daily and sulphur 30x was given internally with the satisfaction of seeing a cure in ten days' time.

MULTIPLE FURUNCULOSIS.—Clara S., a girl aged three years, of doubtful family history, and of English descent, applied to my clinic for treatment May 19, 1896. The examination showed an irregular eruption on the skin, scattered about but mostly on the lower limbs and about the hips. These lesions had been coming and going for six weeks. They seemed to come in successive crops. The lesions began as inflammatory papules and rapidly enlarged to the size of a tubercle and then degenerate, forming deep pustules. After they had discharged their contents, would dry down and heal, leaving deep cicatrices and much pigmentation. They were painful and often induced a great deal of edema and phlegmonous inflammation about the lesion. A diagnosis of multiple furunculosis was made.

The child was pale and unhealthy looking, and evidently of scrofulous inheritance. *Silicea* 30x four times

daily was prescribed. The furuncles were opened and treated with hydrozone, with the result that she was cured in ten days.

I have learned from several severe experiences to regard furunculosis as a serious disease, not that it is of any gravity as furunculosis, but that the continuous suppurative process may and often does result in suppurative inflammation of other parts. If the blood is healthy enough to destroy the life of the pus germ then it is well; but, in a debilitated subject, this is not always possible, and the pus germ makes its lodging place at some point of preëxisting pathology and very soon forms a new point of suppuration, which is as liable to be deep as superficial. I have just finished treating a boy who had a similar history of furunculosis followed by osteo-periostitis of the epiphyseal end of the tibia and also involved the upper two inches of the posterior side of the tibia. An abscess formed, an operation followed, and finally a superficial layer of bone was thrown off and the case got well. I can also point to a case of abscess of the axillary glands and one of submaxillary origin, both of which followed a run of multiple furunculosis.

ERYTHEMA MULTIFORME.—Miss F., æt. twenty-one, Irish American and single; occupation clerk. This patient applied for treatment at the clinic, complaining of a papular condition on her arms and chest and at times upon her neck and cheeks. She was in fair health generally, except for a mild constipation and what she called a "bilious feeling." There was no history of any infection nor inherited taint.

The lesion which she complained of was distinctly papular; these papules were irregular, both in outline and in location; they were red or rather of a pink color; they spread by peripheral extension and as they did so they formed more of a patch or blotch with an elevated border and a central depression which eventually became normal skin. They did not ulcerate nor pustulate, nor did they discharge any serous exudate. The itching was very mild, there being no evidence of scratch marks nor scales, and no secondary lesions.

The diagnosis was erythema multiforme. To be more descriptive of this particular form of the disease the name erythema multiforme annulare would be the best term to apply to it.

Treatment. Knowing this disease to be the superficial expression of some internal disorder, we looked beyond the skin lesion for the cause and in this lady I found evidence of a catarrhal gastro-duodenitis with impaired digestion and nutrition. She suffered from fullness and bloating, sluggish bowels, burning in the stomach, coating on posterior part of the tongue of a brownish yellow color. The tongue was flabby and a fetid odor of the breath was observed. Epistaxis was a frequent occurrence and this, in part, relieved the oft occurring headaches. Merc. vivus 12x was given every three hours. She was restricted to a light diet. Meats, with the exception of fish, were cut off entirely. Water was given in great freedom. A complete cure was brought about in three weeks.

In cases of erythema multiforme we should carefully exclude several diseases which bear a marked resemblance to the disease in question. Chief among these are eczema papulosum, urticaria and erythema nodosum. From eczema papulosum it can be differentiated by the latter having crusts, scales, moisture and intense itching, with thickening of the entire integument and not so generalized; also the tissue between the papules, as well as the papules themselves, is pathologic. From urticaria we differentiate by the latter having passive edema, a white center, evanescent and many secondary lesions. From erythema nodosum we differentiate inasmuch as the latter does not have that annular formation and the papules are much larger and often become bullous.

THE DYSPNEA OF CARDIAC DISEASES.—A word for quebracho. My wife has been a sufferer from valvular disease of the heart for some ten years. She has been suffering with dyspnea, almost day and night, for the last three years. She has become so prostrated that she had not left her room for more than six months, and had existed with the minimum amount of sleep during that time. Some four weeks ago I concluded to try quebracho, and secured a half pound of the tincture. Since commencing its use I have been administering it in doses of a half teaspoonful three times a day, and the result has been almost entire relief of the dyspnea, and my wife is now able to sit up all day, has gained in flesh every day, and reports herself as feeling like a new being. I need not say that in this case all the old remedies had been tried in vain.—*Homeopathic News.*

Clinical Miscellany.

JUGLANS CINEREA (butternut) is recommended by Douglas, in the *Recorder*, for skin diseases when the following symptoms are found: A peculiar exanthematous eruption resembling the flush of scarlet fever, erysipelatous inflammation of the skin of the body and extremities, erythematous redness of the face, eruption resembling eczema simplex, throat swollen with pain on the left side.

VERTIGO FROM ORGANIC BRAIN DISEASE.—Vertigo is a common symptom of organic brain disease, most common with lesions of the medulla, pons, cerebellum and crura cerebelli. It is not necessarily severe, but most severe in cases of lesions of the crura, which are likely to be attended also by forced movements. This vertigo usually ceases in the supine position. Commonly other symptoms of brain disease are found at the same time, especially a reeling gait.—*Zenner, in Medical Fortnightly.*

CONSTIPATION PRODUCED BY OATMEAL.—Dr. Geo. J. Munroe (*Lancet Clinic*) believes that although oatmeal can be eaten with impunity and in large quantities by outdoor laborers, it should be sparingly partaken of by persons of sedentary habits. He has noticed particularly that it produces constipation in the aged. On trying oatmeal himself, eating it three times a day, before the expiration of the first week he was constipated; before the two weeks had passed he had to take cathartics and an enema to have an action. He stopped the use of oatmeal and began eating freely of fruits and vegetables. It was three or four weeks before his bowels got regular again.

PHASEOLUS NANA IN DIABETES.—Cushing, of Springfield, refers to a very interesting case as follows: November 20 last, I was called to see a robust man aged fifty, with a severe and sudden attack of grip, which developed rheumatism. It was worse in the arms, occasionally below the elbows; at times twinges of pain in other parts. It was so severe he could not lie in bed nights. He had previously had a severe rheumatic fever. I asked if he had any kidney trouble; he said no. It was nearly four weeks before he was really happy. Then he said he was obliged to get up three or four times each night, and said,

upon questioning him, that he probably passed three or four quarts, but he did not think anything of that, for he said he was a great hand to drink water. His wife said if any got on the woodwork of the closet it was so sticky it was very hard to wash it off. The urine was very clear, nearly neutral. Specific gravity 1,080, containing three and one-half per cent sugar. *Argentum nitricum* diminished the quantity somewhat and lowered the specific gravity to 1,025, but it soon increased again, and slightly diminished the amount of sugar. As he had one symptom that called for a *phaseolus nana*, and knowing it had a direct effect upon the kidneys, I gave the 5x, four No. 35 globules every four hours. In eight days there was scarce a trace of sugar and he was feeling first-class.—*American Homeopathist*.

PIGMENTATION OF THE MOUTH; ITS RELATION TO ADDISON'S DISEASE.—At a meeting of the Dermatological Society of London, held July 12, Dr. Colcott Fox exhibited a patient, aged forty years, with a remarkable pigmentation of the mouth, which had been developing for four years. The lips, gums and mucous membrane of the cheeks were dotted with very dark, brownish black, rounded pigment macules, mostly nearly the size of a split pea. They developed without subjective sensations. The man was apparently in perfect health, and had a good family and personal history. There was not the slightest suspicion of any adrenal disease or carcinoma.

Dr. Stephen Mackenzie remarked that, in spite of the good health which this patient now enjoyed, he could strongly suspect an early stage of Addison's disease. On more than one occasion he had been enabled to foretell the onset of this affection, while the patient was in good health, by the pigmentation of the buccal mucous membrane.

LACHESIS IN ASTHMA.—From the *Homeopathic News* we clip the following: Merchant, aged forty. Has suffered seven years from asthma. The exciting cause, he said, was excitement attended by mortification, which lay so heavily on him that he often sat up in bed and wept over it. The attacks occurred in winter at intervals of from eight to fourteen days, and lasted for several. The paroxysms were at night, although the days were not free. During these he must sit up in bed and bare his chest; disposition irritable; worse in wet, cold weather; feet sweat, and profuse

pale urine during this time ; neck sensitive to the pressure of the clothing, so that he must wear very loose collars. He had been at Wiesbaden for the baths.

After several remedies had been ineffectually administered, lachesis 30x was given, which was followed by a more violent attack, then a gradual cure followed. The doctor had cured or improved several very chronic cases of asthma with this remedy.—*Dr. Hesse, of Hamburg.*

ASPARAGIN IN CARDIAC DISEASE WITH ARRHYTHMIA.—The following case is reported from Turin Homeopathic Hospital and Dispensary: Patient, forty, rather corpulent, of pretty regular menstruation, had suffered from two arthritic attacks. After the second there was considerable edematous swelling of the lower limbs. She had used numerous diuretics, as also copious doses of natrum salicylicum, and during this the cardiac trouble had developed. The pulse was intermittent every third beat, there was a mitral bruit, snoring respiration, dyspnea so that she had to lie with her chest elevated, specially at night ; but even this did not remove long continued spells of coughing accompanied by expectoration of tough mucus and vomiting. She also had violent palpitation on any exertion. The urine was scanty, dull and turbid. Asparagin 3x trit. in solution produced decided, striking and visible improvement in a few days.—*Hom. Recorder.*

MEDICAL TREATMENT OF APPENDICITIS.—*Dr. P. Jousset, of Paris,* in a discussion at a recent meeting of the French Homeopathic Association on appendicitis, stated his treatment to be :

Belladonna. This remedy corresponds to the pain, the vomiting, the constipation and the grave paralysis of the intestine. The first decimal trituration fifty centigrams, or even one gram in 200 grams of water. One tea-spoonful every one to two hours.

Bryonia. This drug is second in importance. It may be alternated with belladonna.

Colocynthis. One drop of the tincture to three tea-spoonfuls of water is indicated in the excessive pains.

Finally, if called late in the disease and if grave symptoms of peritonitis and collapse, arsenicum and carbo veg. will be of great service. In case that the constipation resists both bell. and bryonia, calomel 1x, ten centigrams every three hours, may be administered. It is a convenient laxative. The usual purgatives and even

injections are generally badly tolerated.—*Revue Homœopathique Française*, No. 17, 1899. (I have seen good results from hyoscyamin diurnules in controlling the pain. It does not mask the symptoms like opium and its compounds nor confuse the patient's mind.)—*Pritchard, in Hahnemannian*.

THE CLINICAL SIGNIFICANCE OF OXALURIA.—Williams (*Maryland Med. Journal*, May, 1899) reviews three cases and formulates the following general conclusions :

1. Whereas the appearance of oxalates in the urine—excluding their ingestion as foods—is due to a derangement of digestion or metabolism, this derangement probably has its cause in many cases in functional nervous irregularity, which may or may not produce general nervous symptoms, and if these be present they are not necessarily caused by the oxalates.

2. The condition causing the appearance of oxalates in the urine may produce symptoms closely simulating the constitutional symptoms of Bright's disease.

3. The excretion of oxalates by the kidney for a short while may occasion no local disturbance, but if continued may, by irritation, cause the appearance of albumin and casts with lessened urine, corresponding to the urinary symptoms of Bright's disease, and if unchecked may lead to permanent destruction of kidney tissue and true Bright's disease.

4. In all suspicious cases in which the nephritic symptoms are accompanied by the appearance of oxalates in quantity, diagnosis should be held in abeyance and the oxaluria overcome by appropriate remedies (especially strong nitro-hydrochloric acid), to exclude this as a possible cause of the symptoms before making a positive diagnosis and a necessarily hope dispelling prognosis.—*Lawrence, in Hahnemannian*.

APOMORPHINE AND ITS USES.—Apomorphine though at times employed in vomiting has still other uses. In a case of incessant vomiting in a neurasthenic (female) patient it is of actual service. It may be used in nervous vomiting, in emesis gravidarum and in seasickness. Its pathogenesis renders it indicated in weakness with fainting seizures; extreme weariness, depression, headache, difficulty of occupying one's mind with anything; inclination to sudden fainting attacks. Further, in profuse sweating, for it causes great sweating.

In cardiac weakness with slow, weak and irregular pulse, an inclination to sudden seizures of fainting, threatening heart paralysis and collapse; paleness of the face (a serious state, pointing toward myocardial degeneration, either primary or secondary, as, for example, in chronic renal affections). The first few attenuations are best used. Five drops of the first decimal dilution were added to sixty grams of water; a teaspoonful every half hour to hour was given in this neurasthenic case.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 13-14, 1899. Seiffert—*Formulaire de Thérapeutique Positive* (1899), p. 36—recommends apomorphine in vomiting of cerebral origin; in croupous pneumonia with difficult expectoration, in alternation with phosphorus 6x every two hours. Also, in chronic bronchial and pulmonary catarrhs, with difficult expectoration. Tartar emetic is very similar in its action. Tabacum is also analogous, but the whole human race is so saturated with this drug that this toxicologically interesting plant is not much used. This drug should be kept tightly stoppered, or oxidation will soon occur, and it turn greenish and later blackish. The muscular weakness from its action is alarming, there is headache, giddiness and a disposition to yawn, with free perspiration and great drowsiness with apathy. The pulse is very generally diminished in force and volume (H. C. Wood). An old and greenish preparation may give rise to alarming symptoms.—*Pritchard, in Hahnemannian*.

Miscellaneous Items.

A very enjoyable reception was given by the faculty to the students of Hahnemann College at the Oakland Club, Wednesday evening, October 25. The dance, following the reception, was enjoyed by students and faculty alike. —“Students night” was properly observed Saturday evening in place of the regular clinical society meeting which was postponed to November 4.—The Homeopathic Medical Society of Chicago is flourishing under the presidency of Dr. H. R. Chislett. Dr. Blackwood read a paper, at the last meeting, entitled “Cardiac hypertrophy.” —Recent notice has been made of the retirement of Hon. Erskine M. Phelps from active business. We are happy to state that he intends to give more attention to

Hahnemann Hospital, which is already under great obligation for his past services. Our hospital trustees have been most devoted to this institution and an increased prosperity is assured when such men put their shoulders to the wheel.—The Northern Indiana and Southern Michigan Homeopathic Medical Association is a lively society under the management of Dr. H. A. Mumaw.—Detroit's new homeopathic college starts with thirty-five students.—Dr. Chas. A. White is doing a good business at La Grange, Ind.—Dr. W. O. Forbes has changed his telephone number to Oak 762.—F. F. Netherton is located at Clinton, Mo.—Dr. E. M. Jacobs is well established at Manitowoc, Wis.—Dr. Earl S. Prindle of Menominee, Mich., paid a hurried visit to his alma mater not long ago.—Dr. E. E. Simpson has accepted a position in the department of physiology in Hahnemann College.—The electric outfit in Hahnemann Hospital is one of the most complete of any college in the city. It is under the care of Dr. Blackmarr and Dr. Grubbe.—Drs. Carleson and Forsbeck, Milwaukee, have moved their offices to 35 Birchard Building.—Dr. A. C. Jones, of Tucson, Arizona, died October 25. He received his medical education in Chicago and Louisville, Ky., and was a prominent and successful practitioner.—Dr. C. H. Evans will report for clinical materia medica at the Clinical Society the last Saturday in November.—Removals: Dr. E. H. Cutts from Moroa, Ill., to New Boston, Ill.; Dr. J. C. Soule from Freeport, Ill., to 1103 Main St., Kansas City, Mo.; Dr. Mary Mitchell from Morrison, Ill., to 2601 Calumet Ave., Chicago; Dr. L. E. Allen from 103 26th St., to 665 26th St., Milwaukee, Wis.; Dr. H. H. Davis from Henderson, Ky., to 6428 Greenwood Ave., Chicago; Dr. W. P. McGibbon has removed to the Holland Hotel, 53d St. and Lake Ave., of which he is resident physician; Drs. D. R. & O. I. M. Grover from 767 Congress St. to 362 S. Western Ave.—Dr. Marie Winchell has received an appointment, after a competitive civil service examination, as interne in the Dunning Asylum.—Dr. C. E. Fisher delivered the second lecture in the popular course at Hahnemann College, Friday evening, November 19. The subject was "The Practical Side of Homeopathy." It will appear in full in THE CLINIQUE.

THE CLINIQUE.

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Original Lectures.

CANNABIS INDICA.

BY J. E. GILMAN, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

This is a drug celebrated in fiction, in song and tradition. It is a fascination and an intoxicant to the imagination. The provings are like fairy tales or dreams of wonderful vigor and scope of imagery. The very soul is drawn into the vortex of a whirlpool of phantasms and passes through a myriad of experiences in a mere atom of time. Indeed, under its influence time has no place in existence; there is no limit to human accomplishment, and the whole extended universe is but the natural arena for the far reaching flight of the scintillating fancies. Intoxicated with it the body seems to the onlooker as bereft of the soul, and while the life current flows on with but little interruption and the bodily functions are but slightly disturbed, the individual presents simply the appearance of a body alive but without the essential thing which constitutes a human being—the ability to see, feel, think and reason. The soul is wandering in a land of dreams and unsubstantial hallucinations while the body remains in an attitude of expectancy of the return of its guiding force. Cannabis indica or Indian hemp, as its name indicates, comes from India. It is indigenous to Asia from India north to western China and the Caspian Sea; it is also found in Africa and has been naturalized in Brazil and in this country. It is a tall, roughish annual, growing from three to ten feet in height. The true Indian hemp, from which our tincture of cannabis is made, is the plant that

grows on the Himalayas and in Thibet, this being the stronger and most potent of the whole tribe. Of this is used the flowering tops which are dried and compressed into small masses which cohere by the natural resin contained in it and are composed of the small floral leaves, female flowers and undeveloped seeds. As an article of commerce it is called gunja, and from it an extract is made that is of so dark green a color as to appear almost a jet black. It is so thick as to flow only very slowly if an attempt be made to pour it out. It has a strongly narcotic and not unpleasant odor. When first placed upon the tongue but very slight taste is noticeable, owing to the slow solubility in the saliva; after a few moments the taste is the counterpart of the smell and is followed by an agreeable bitter. The tincture was formerly made from this extract, but now is made directly from the gunja. The dried plant is bruised and covered with five parts of alcohol by weight, and allowed to remain eight days in a well stoppered bottle, being shaken twice daily; the tincture is then poured off, strained and filtered. The drug power is one-tenth, and the dilutions are made with the strong alcohol. The tincture is a deep green color with an aromatic, slightly bitter taste and a peculiar narcotic odor.

The Indian hemp as we receive it in this country and the same drug in its native region seem to have somewhat different effects on those using it. The Aladdin-like dreams that have given this such names as "increaser of pleasure," "exciter of desire," "leaf of delusion," "laughter mover," etc., seem to be lacking in the drug as exhibited in this country, and this may be due to the evaporation of some volatile substance that is lost in the transmission. We are familiar with similar instances of loss in quite common and everyday articles. Tea as we receive it is very different in flavor from the tea that started on its journey from the land of flowers. Tobacco of Cuba in this climate in a very short period has lost the fragrance and taste that made it so desirable to the smoker, and there are plenty of other instances, so that we may well believe that the extravagances noted as the results of the intoxication by this drug may and do come in a great measure from this volatile substance. The effects of the use of hemp on the Orientals is to produce a delirium usually of a cheerful character, causing the person to laugh, dance, sing and indulge in various antics.

In some it produces a reverie or even a cataleptic condition; others it moves to quarreling humor and acts of violence. The word assassin is said to be derived from a sect of the Mohammedans called Hashashin. They acquired the name from this drug, and as they made murderous attacks on the Crusaders, these latter combined the association of the man and acts performed under the influence of the drug into the one word. The effects of cannabis are somewhat analogous to that of opium; that is, both act upon the brain, but the action differs from opium in very important particulars. An individual taking this glides into a pleasing calm, a sensation of luxurious indolence; the sensitiveness of the nerves of the skin is impaired; drowsiness follows, and a sleep comes on after three or four hours. During the stupor the pupils are dilated and there is a curious condition of the muscles, which inclines them to remain in whatever position they are placed. For instance, if the arm is raised, it will remain in an extended position, very slowly returning to its former location. The limbs are flexible and may readily be moved, but have this inclination to remain in the place and posture they are placed. The sleep is a cataleptic form of sleep. On awaking, unlike opium, there is no nausea, but rather an increased appetite or desire for food. The effect on the mind is that of a confused, purposeless panorama of ideas, pleasing or frightful, but utterly irrational and of no value as imaginative creations. As one author says: "It is the imagination and feelings which appear to be highly stimulated and altogether beyond the control of reason. The wildest vagaries, the most fantastic images and the most gorgeous scenes, rapturous to every sense, and often voluptuous, under the aphrodisiac influence of the drug, rush in throngs through the fancy and seem to carry the soul along with them through long periods of passive but diversified and thrilling adventure."

There is a great difference in the strength of the preparations of this drug. Of a really good extract one-half grain will produce obvious effects, while doses of ten or twelve grains are often required to do as much.

The only case of poisoning I can find is one reported in the London *Lancet* for 1871, Vol. II., page 498: "A lady, æt. thirty, suffered from poisoning following a dose of seven drops of the ordinary tincture. After taking this amount in a mixture she became drowsy; the vision was dimmed, she felt ill, had great thirst with dryness of the

throat, and slept heavily. Four hours after taking the dose she still was in a state of narcotism, and not easily roused. The pupils were fully dilated, the tongue dry and the pulse small and quick. These symptoms were followed by profuse perspiration. The next day the symptoms had disappeared, except some dryness of the mouth and feverishness. The cataleptic symptoms are said not to be observed out of the immediate localities where the plant is gathered, evidently, as spoken of before, as being due to some substance that escapes during transportation.

As a matter of course, a frequent or continued use of the drug produces a mental deterioration and an unfitness for mental or physical exertion. The effects of *cannabis indica*, as given by Teste from his experiments with it, are as follows. He says: "I have tried it a number of times on myself and some twenty other persons, and have arrived at the following results: If taken before a meal the *haschisch* excites the appetite; if taken during the meal it promotes digestion without disturbing it; alcoholic drinks, tobacco smoke and coffee heighten its effects; vegetable acids, such as lemon juice and vinegar, weaken them.

"The first effects of *haschisch* are a vague and full feeling in the brain, without pain or malaise. Often there are symptoms of whizzing in the ears, increasing more or less rapidly to the real boiling sensation that seems to raise the skull cap, accompanied with flashes of heat and flushes of color in the face, animation and swelling of the eyes; soon after the whizzing and buzzing cease; now the first paroxysm is on the point of setting in; it breaks out suddenly. The prover wants to speak but the tongue feels heavy; he forgets what he was going to say; the words and ideas become confused; a burst of laughter cuts short the phrase which had just been commenced; it is in vain that one tries to complete it; the idea has escaped from the memory. One laughs at everything, at one's self, in fact at nothing, and for some minutes this laughter, which induces those present who had taken *haschisch* to laugh likewise, continues for some minutes. It gradually ceases but breaks out afresh in a few moments without any apparent cause. After a certain interval the symptoms become still more striking unless a very large dose had been taken; the consciousness remains undisturbed and one's reason beholds, as it were, the dissolution of its own government. A sweet languor overpowers you while the muscular power grows torpid, the knees give way under the weight

of the body, it seems impossible to move, and one has taken leave of one's body, as it were; everything around one looks embellished; the commonest faces look like angels' faces; the ideas come and go so rapidly that all notions of time seem to disappear as though a century and a minute lasted equally long.

"These illusions are often followed by real hallucinations and this caps the climax of bliss. The imagination, however, is no more excited than the other faculties. On the contrary it is precisely those faculties which, in a state of perfect health, are most active that are the most powerfully affected by the haschisch. Hence the mental effects of haschisch may be very different in different provers and may give rise to many odd extravagances in company. One becomes talkative and noisy, the other quiet and thoughtful. One makes verses, another one sings, calculates, and talks about political economy, philosophy, medicine, etc. But all, as a rule, are satisfied with themselves. All they see, hear or say, were it ever so trifling, seems to them now marvelous or exceedingly ludicrous. In a word they seem as happy as can be; they seem to be absorbed in a fairy dream.

"In some rare cases, of which not one has come under my observation, the haschisch is said to have produced sadness, despair and even a furious delirium. In a few hours the exaltation passes off and drowsiness takes its place. Sometimes a little nausea, borborygmi or cutting colic is felt; these symptoms pass off after a copious half liquid stool; the prover experiences an irresistible desire to lie down. After a single night's rest all traces of this intoxication, which has none of the consequences and features of any other intoxication, disappear entirely.

"These are the symptoms obtained from large doses. The effects of the attenuations and minute doses are different. These produce pain as a factor and sadness. There is a painful emptiness of the mind, sadness, anxiety, a sort of negative craziness with absence of thought, disposition to despair or suicide, obscuration of sight, gripping pain in the top of the head, pressure and dull beating in the occiput, pale face, no appetite, dry mouth or the mouth is incessantly filled with sweetish saliva, desire to vomit, with sweat on the forehead and in the hollow of the hands, diarrhea with cutting colic and tenesmus is generally present, pressure on the bladder, continued and painful sexual excitement, nocturnal emissions, burning urine,

cough with greenish expectoration at night, cramps in the fingers and calves of the legs, trembling of the hands, uncertainty of one's movements, cracking of the knees when walking, sleeplessness, anxiety and excessive sadness at night, nightmare and waking as in affright, small and frequent pulse."

We have in the first action of cannabis, indication for its use in different forms of mania. The vagaries of the mind, under the influence of this drug, are only equalled by the rapid and distorted evolution of ideas in the mind of a lunatic. The ideas passing through one individual's mind raced from point to point as follows: He heard sublime music and saw most beautiful landscapes; then he was a huge saw darting up and down, cutting off planks; then a bottle of soda water running to and fro; then a huge hippopotamus; then a giraffe; then a huge fan surrounded by clouds of music and perfume; then his leg was a tin case filled with stair rods, that rattled as he walked, or that the other leg extended hundreds of feet into the air on which he was compelled to hop as he walked. He imagined he was a pump through which a stream of hot water was playing; that he was an inkstand, and that the ink might spill over the bed; that he could open and shut his cover; could see and feel the ink splash against his sides. He seemed transparent; fire seemed to shine through him and warm the marrow in his bones. He was conscious of the blood coursing through his veins and everything within him trembled with pleasure. These and similar fantasies govern the individual, and point to the use of haschisch in the minute dosage, as a remedy for mania and particularly for that form of mental derangement when the individual fancies himself transformed into something alien to the human form, as though he were glass and breakable. Delusions and phantasms occur which crowd the mind and transform the man from a rational, reasoning being into a spirit ridden, irrational, unreasoning atom of humanity, floating upon the waves of fantasy.

In delirium tremens we find similar fancies and fantastic delusions and when, in the disorder, there is the misapprehension of time and space, the delirium full of florid ideas and notions, the mind branching off from one subject to another with an abrupt and startling rapidity, the ideas expressed with a loquacious volubility, cannabis indica is homeopathic to it. In that peculiar form of nerv-

ous disorder, catalepsy and the cataleptic condition, cannabis indica forms a close analogue, for with this we have the exact counterpart of this curious vagary of the nervous system. Pereira says Dr. O'Shaughnessy thus describes the effect of the resin on a native of India: "At 8 P. M. we found him insensible, but breathing with perfect regularity, his pulse and skin natural and the pupils freely contractile at the approach of light. Happening to chance to lift up the patient's arm the professional reader will judge of my astonishment when I found that it remained in the position in which I had placed it. It required but a very brief examination of the limbs to find that the patient had, by the influence of the narcotic, been thrown into the most strange and extraordinary of all nervous conditions; into that state which so few have seen, and the existence of which so many still discredit, the genuine catalepsy of the nosologist."

I remember seeing a case a number of years ago, a woman of a nervous, hysterical temperament, who for days had remained in this cataleptic condition. Her cheeks were flushed as though painted—her complexion accentuated white in contrast. Her pupils were dilated, her breathing was natural and full. Raising the arm or leg it would remain in the position placed, returning very slowly to rest by the force of gravitation exerted against an unwilling muscle. She could not be roused. When cannabis was administered she speedily came out of the cataleptic state.

In hysteria, taking the form of catalepsy, chorea, senile trembling, paralysis agitans and tetanus, cannabis is palliative, and when the hysterical element predominates it is curative. The neuralgia which cannabis causes is associated with the trembling of a shattered nervous system, and the headache is of the neuralgic character, and we find in its pathogenesis sticking pain in the right temple, gradually changing to pressive pain; shocks through the brain on regaining consciousness; fullness with sharp intermittent pain under the right parietal bone; throbbing and fullness in the ears, with tearing, boring pains and jerking or electric shocks; feeling as if a stream of warm water gradually stole up the back to the brain; stunning pain between the scapulæ; shuddering through all the extremities with weight in the occiput and tetanic intermittent contractions of the muscles of the neck; pains in the joints, the wrists and ankles; shooting pain from

the left shoulder to the tip of the middle finger, producing in the finger soreness, as in neuralgic pains; the pain at one time concentrated itself in the pulpy part of the lingual phalanx, at another in the upper part of the axillary border of the scapula, whence it radiated like the spokes of a wheel; pain across shoulder and spine, forcing him to stoop; sudden pain in the right upper arm with constrictions, numbness and tingling as if electrified, extending down the arm and to axilla, gradually passing to feet and then to the head, chiefly felt in the arm and axilla, coming on and off like a wave it stopped at the mesial line.

Cannabis in its effect on the nervous system induces an anesthetic influence, and so may be used in appreciable dosage for that purpose as an agent to supply the place of opium when that drug cannot be given in such troubles as renal colic, the pains of carcinoma, rheumatic and gouty pains in hysterical patients. As the drug has an influence upon the uterus it may be used for puerperal mania and for hemorrhage from the womb, nymphomania and satyriasis, and uterine colic with great nervous agitation. In all the cases where cannabis indica is required the disorders are of the nervous type, and not associated with gross and pronounced organic lesions and destruction of tissue. Where there is great organic change it is merely a palliative, and the deep acting remedies must be called in. This, like the phantasmagoria it evokes, is surface deep only, and is a glittering generality skipping over the surface and passing away without marked destructive or corroding action. But as a means of controlling the nervous symptoms that appear in the course of some severe diseases, or as a curative agent in those forms of nervous disorders in which almost any kind of disease may be simulated but not actually present, cannabis indica is a serviceable agent. Cannabis causes asthma and a cough of considerable intensity. Dyspnea is a characteristic symptom, requiring great effort to inspire deeply with oppressive and deep, labored breathing. The patient feels suffocated and must be fanned. Cannabis affects mostly the nervous and sanguine temperament, the bilious nearly as much, and the lymphatic only slightly.

THE SYMPTOMS AND DIAGNOSIS OF CANCER OF THE PYLORUS.

By F. H. PRITCHARD, M. D., MONROEVILLE, OHIO.

The symptoms and signs of cancer of the pylorus are partly local and partly general. The latter are manifest as the cancerous marasmus or cachexia, which, according to Eichhorst is particularly liable to be seen in cancer of the stomach, as the cancer not only poisons the system but interferes with nutrition by disturbing digestion. According to Riegel, "Die Erkrankungen Des Magens," Vienna, 1899, p. 802, there is no single symptom which is pathognomonic of cancer of the stomach. Any one of them taken singly is of no diagnostic value, but rather must we depend on the totality of the signs and symptoms. The discovery of a tumor in the epigastrium with a history of obstinate vomiting, epigastric pain and progressive anemia with emaciation, are sufficient for a very strong suspicion of a cancer of this organ, yet there are cases which do not give such clearly defined symptoms, therefore a careful study may be necessary to reach a conclusion.

The clinical picture will vary according to the stage in which one sees the patient. Riegel presents the following picture: "A patient between fifty and sixty comes to us saying that he has always been well, had a good appetite, and as far as he knew has been well. His present illness began about six months ago. His appetite has gradually decreased; at first he felt a slight distress after eating which later became more severe, with a sense of pressure and fullness in the region of the stomach. In spite of carefully selected diet and various remedies his condition had not improved, but actually become worse. Little by little his strength had fallen off, he had lost his former energy and desire for work, his mind had become depressed and his bowels constipated. During the last two months this condition had greatly aggravated, his appetite had wholly failed him and particularly did he have a repugnance for meat foods. The emaciation had especially been noticeable. At times he had vomited matter consisting partly of badly digested food, of a sour smell and partly of a coffee-ground-like appearance. We find that the patient is greatly emaciated, his appearance of a dirty pale color and cachectic; his skin flabby and soft and his muscles thin and atrophic.

“On stripping him one finds his abdomen distended in the region of the stomach, this organ dilated, possibly two fingers' breadth below the navel. If one secure some of the stomachic contents free hydrochloric acid is found absent, they consisting of coarse and undigested fragments of food of a sour odor and containing much mucus and a great deal of lactic acid. In the region of the pylorus one finds a small, hard and nodular tumor which is sensitive to pressure.”

Great claims have been made for the absence of free hydrochloric acid in the diagnosis of gastric cancer, but investigations have shown that circumscribed cancer of the stomach without accompanying lesions of the mucous membrane has no effect on the secretion of hydrochloric acid. On the other hand, such cases are rarely seen. The presence of free hydrochloric acid in the gastric contents is quite good evidence that the disease studied is *not* cancer. Riegel lays a great deal of stress on the value of the test for hydrochloric. Goodno, “Practice of Medicine,” Vol. II., p. 572, points out the possibility of a cancerous growth pulsating, owing to its proximity to the abdominal aorta, and thus an incorrect diagnosis of aortic aneurism being made. Careful examination shows that the tumor does not expand but pulsates vertically; in case of aneurism it expands in all directions. An exception to this differential point is found in those rare cases where the tumor surrounds the aorta.

The confusion of hard fecal masses in the colon with gastric tumor is to be avoided by cleaning out the bowel thoroughly by purgatives and enemas before examining.

All writers call attention to the sensitiveness of the tumor even to slight pressure. It is very important to remember that the pylorus during respiration is not liable to move up and down; and according to Eichhorst, “Lehrbuch der Praktischen Medicin Inneren Krankheiten,” Vienna, 1899, p. 191, this is a differentiating feature from growths of the spleen and liver. If the pylorus has become adherent then this will not hold true. (Eichhorst and Riegel.) However, the mobility of the pylorus is still a mooted point.

The diseases with which cancer is most liable to be confused are gastric ulcer and chronic gastric catarrh. In chronic gastric catarrh no tumor is discoverable, the disease may occur at any age, its duration is indefinite, hematemesis is very rarely observed, free hydrochloric is

found except in the very terminal stages, general failure of nutrition is observed only late in the course of the disease, the pain is not as severe nor as constant as in cancer, and the course of the disease is characterized by numerous exacerbations and remissions.

In differentiating ulcer one can find no better presentation of this point than has been given by Welch as cited by Osler, "Practice of Medicine," 1892, p. 382, in which it is seen that ulcer is a disease usually met with before forty, of indefinite duration; gastric hemorrhage is less frequent than in cancer, but when occurring it is most profuse and it is not uncommon when the general health is but little impaired. Cachexia is less marked and referable to the gastric disorder. The pain, which is an important and a striking feature, is more often influenced by taking food, oftener relieved by vomiting and more sharply localized than in cancer. Usually there is a marked amelioration by regulation of diet.

Foreign bodies at times produce remarkably puzzling tumors of the stomach which have been mistaken for cancer.

Cases of hysteria with obstinate vomiting and anorexia with emaciation (anorexia nervosa) sometimes present a confusing resemblance to cancer, but while such patients may present a profound cachexia, careful examination will show that the skin still preserves its turgescence.

Da Costa, "Medical Diagnosis," p. 501, refers to an interesting case of fibroid thickening of the pylorus where the symptoms were not to be distinguished from those of cancer of the pylorus. He also refers to tumors of the liver, omentum, and diseases of the kidneys and pancreas giving rise to symptoms possibly associated with stomach symptoms which may simulate a pyloric cancer.

In omental cancer there is far less dyspepsia, while hemorrhage and coffee ground vomit are absent, the tumor appears to occupy the site of the greater curvature and the swelling is, or soon becomes, more diffuse.

In hydro-nephrosis, pyo-nephrosis and abscess, as well as in morbid growths of the kidneys, the history is of great importance, especially of the passage of renal calculi, as bearing on some forms of kidney enlargement, especially abscess from impaction of stones; and the limits of the mass, though this may project into the epigastrium, will scarcely be those of a gastric cancer.

Dilatation of the stomach is the rule on account of the obstruction to the passage of the food through that outlet.

The resulting ectasia may be extreme and, indeed, this is one of the frequent causes of dilation of the stomach. The pain is usually severe and particularly liable to rob the patient of his rest of nights. This nightly aggravation is stated by Eichhorst to be not infrequently characteristic of cancer of the stomach. Obstinate lack of appetite is often noted in gastric cancer, and as said before for meat foods especially (Riegel); this appetitelessness is not at all to be improved or at best but temporarily. In one case I remember where the loss of appetite was sudden and was ascribed to some medicine which the patient had been taking. Great smokers soon leave off smoking as the tobacco disgusts them.

The dilated stomach may cause the pylorus to be displaced downward and then the tumor may be confused with a growth of the ascending colon, as I know of in a certain case. Yet the earlier blood streaked stools led to the right diagnosis of carcinoma coli. Upon superficial examination carcinomata of the pancreas may be confounded with pylorus cancers, but here there will be diabetes, fatty stools, and the tumor be deeply situated and immovable; distention of the stomach by artificial means and testing the stomach contents will here prevent error.

Riegel states that occasionally a carcinoma of the transverse colon may be confused with stomach cancer, but here there are symptoms and signs of fecal stagnation above the stricture, and in very rare cases, as in one of Leube's, the cancer may become adherent to the stomach, ulcerate in the latter organ and fecal matter or at least fecal gases be noted in the stomachic contents. Riegel calls attention to the great difficulty of diagnosing carcinoma of the duodenum from a gastric cancer; for in a case reported by him there were coffee-ground vomit, absence of free hydrochloric acid and a stenosis of the duodenum which was slit-like and acted like a cancer of the pylorus in this latter respect causing ectasia of the stomach.

Riegel also has recorded a case of carcinoma of the upper part of the jejunum with consequent secondary dilation of the duodenum where there was great dilation of the stomach and absence of free hydrochloric acid. If there be a constant reflux of bile into the stomach then this would be of great service in diagnosing the cancer if situated below the opening of the bile duct.

Cancers of the gall bladder must at times be differenti-

ated from cancer pylori. They correspond to the site of the gall bladder, are not easily displaceable laterally, and move up and down with respiration. If a pyloric cancer be adherent to the liver and move up and down with the movements of the thorax then it might be confusing, but with cancer of the gall bladder there are no dyspeptic symptoms unless there has been a twisting or a distortion of the pylorus from formation of adhesions. There is also free hydrochloric acid in the stomach contents with cancers of the gall bladder.

A swollen lymph gland at the root of the mesentery associated with dyspeptic symptoms has been confounded with a cancer of the pylorus, but if one distend the stomach, test for free acid and look for displaceability one will avoid errors.

Carcinomas of the omentum and peritoneum, as well as sacculated peritoneal exudates, are more easily a source of error and distention of the stomach is not decisive diagnostically. A test meal and great distention of the stomach will be of aid, for with this latter measure the outlines of the stomach become more distinct and the tumor seems to be lifted off and separated from it. Tumors of the omentum and peritoneum are more diffuse and usually show no distinct respiratory displacement. It is more difficult to decide if with these peritoneal or omental nodes there be not also a stomach cancer, but the presence of free hydrochloric acid renders this improbable.

An old gastric ulcer with its flat base thickened at the margins may simulate a carcinoma, but it is one of the rarities. The history of the case and testing the stomachic contents will decide this point. As to the diagnosis of a carcinoma developing on the base of an old ulcer, such is possible only where symptoms of an ulcer have been present and with the increasing cachexia, the hyperacidity passes on to subacidity, and finally to anacidity. In such cases there will be a tumor with normal or overnormal acidity, with the course just mentioned.

In some cases a peculiarity has been noted that the inguinal, and especially the supraclavicular glands, have enlarged at times some time before the gastric signs and symptoms became prominent. Lépine, of Lyons, claimed that he has diagnosed a cancer of the pylorus early by this means. The investigations of French physicians have of late thrown a great deal of doubt on the value of this sign. Eichhorst mentions that the superclavicular glands of the left side may be enlarged and carcinomatically degenerated.

In some cases the patient may become unexpectedly and suddenly comatose and die thus. This state is supposed to be an auto-intoxication due to absorption of toxic substances from the stomach contents. By adding a dilute solution of the chloride of iron to the urine a dark red color results. Dr. F. Groen, of Christiania, Norway, recently reported such a case, *Norsk Magazin for Laegevidenskaben*, No. 9, 1899, where a woman supposed to be suffering from hysteric somnolence was brought to the hospital, and dying a day after, the necropsy revealed an unsuspected cancer of the stomach. The urine contained neither sugar nor albumin. All the other organs were normal. The history of the case was incomplete before she came under observation.

THE TREATMENT OF LITHEMIA.

BY G. M. HILL, M. D., LECTURER ON ANATOMY AND CLINICAL ASSISTANT TO THE CHAIR OF PRACTICE IN HAHNEMANN MEDICAL COLLEGE.

The first step after securing a suggestive history is to request of the patient a sample of the urine. To secure this sample one of two methods is employed. Should the case be one which is not pronounced and we desire, by the aid of the microscope, to determine the presence of crystals of uric acid, the urine passed by the patient after the most active hours of the day is preserved. With most patients these hours are from four to six o'clock in the afternoon. The urine is then examined for the relative number and size of the crystals.

The other method, and one that will give us a rough estimate of the severity of the case, is to have the amount passed during twenty-four hours preserved in a glass jar. The jar is set aside and the amount of sediment noted. For clinical purposes this method is sufficient.

Should we find from the symptoms and urinary examination that the patient is a lithemic, our next step is most important, for we must decide to which class of lithemics the case belongs. A regulated diet being of the utmost importance, the nature of that diet depends entirely upon whether the case is one of the plethoric or asthenic type. The cases from the clinic to be spoken of later will serve to illustrate this point.

In general the three cardinal principles we follow in

the treatment of these patients relate to diet, exercise and the internal use of water. Exercise is prescribed in both classes; active in the case of a plethoric lithemic, but more moderate in the asthenic variety. We endeavor, in all cases, to combine it with pleasure.

Water is especially indicated in the asthenic type. We prescribe it in the form of cool sponge baths in the morning for their general tonic effect or hot baths are ordered to increase the action of the skin. When giving an increased amount of water internally to act as a solvent, the addition of an alkaline is of benefit. Lithiated potash, effervescent salts, given in teaspoonful doses three times daily, is of at least temporary benefit.

When a catarrhal condition of the gastro-intestinal tract is present a glass of hot water, one-half hour before meals with one to two glasses of cold water between the meals gives beneficial results. Patients will, at times, insist that it is impossible for them to drink more water. By suggesting the use of more salt with their food will often, by means of the accompanying thirst, accomplish this object.

To secure the best results from a given diet, a diet list should be given to each patient. The diet is then more closely adhered to, and we anticipate the frequent inquiry as to whether they may partake of this or that article of food. To write out a complete diet for each patient would be impossible. We therefore prepare our diet list in advance in the following manner, and have found this plan to work very satisfactorily. A piece of unruled paper is taken and upon it the varieties of food are written. Hektograph ink is used. First are placed the animal foods in the order of their comparative digestibility. Another list of the vegetables in the order of their comparative percentage of starch is made. The fruits are placed accordingly with their degree of acidity. The other columns contain the different forms in which milk may be given, the varieties of nuts, cereals, cheeses, fats and oils and the different beverages which may be used. Space is left vacant for any of the prepared foods we may wish to include. At the bottom of the page is written the key to be used, i. e., X means forbidden, —, take sparingly and +, take freely.

Our paper is now pressed upon the hektograph, and from fifty to one hundred copies are taken from the gelatine. We can now quickly prepare our diet lists by placing the symbols opposite the foods to be taken or to be restricted.

The following cases are taken from the subclinic record in Dr. Halbert's general medical clinic.

Case 1. Mr. H, age thirty-eight; weight 180 pounds; family history negative, except the fact that his father died during a second stroke of apoplexy; he complains of constipation with frequent bilious attacks, at which times he has severe headaches with considerable vertigo; the advent of damp weather is followed by rheumatic pains throughout the arms and legs; he says he is nervous, easily becomes despondent and sleeps poorly; he has a good appetite and partakes of a variety of foods, but is especially fond of meats which are eaten at each meal; his digestion is fair; he takes little exercise; alcohol and tobacco are both used to a moderate degree; his appearance is that of a full blooded, well nourished man; the face is inclined to flush easily and the complexion is tinged somewhat yellow.

The only important points discovered by the physical examination are rather accentuated heart sounds, a pulse of seventy-eight with an increased arterial tension. There is a fine tremor of the hands with increase of the patellar reflex. On examination of the urine it varied from the normal in being dark in color, the amount of urea twenty grams for the twenty-four hours with an excessive deposit of urates and uric acid crystals.

This case is one of the plethoric form of lithemics. His condition is brought about by over-nourishment, especially by an over-ingestion of foods rich in nitrogenous matter. Unless his condition is corrected the tendency will be toward the development of arterial sclerosis, cirrhosis of the liver, interstitial nephritis, and a general tendency to fibrous overgrowth.

Treatment. He feels that he can afford a bicycle, so we first insist that he ride to and from his place of business. Every morning he is directed to take a sponge bath followed by a brisk rub. Vichy water is to be freely taken. The correct diet list is given to him. We cut down first and foremost the amount of albuminous foods by forbidding the dark meats and allowing only milk, fish, oysters, eggs and fowl with white meat once a day. Preference is given to those vegetables growing above rather than below the ground. Fats and oils with the exception of a little butter and the yolks of eggs are cut off. No alcohol and little sugar are allowed.

As he seems to be worse after eating acid fruits he is given only those fruits that can be eaten from the hand

without sugar, thus excluding more acid berries. From the prominence of hepatic symptoms chelidonium tincture is prescribed, ten drops in hot water before meals, and he is to report in two weeks.

Case 2. Mrs. R., age thirty-one; weight 122 pounds. Her family history is good. This patient first appeared at the clinic two months ago. She came to us complaining of the fact "that she was just tired and nervous most of the time." Upon securing her history it was found she was suffering principally from a general lassitude with more or less frequent attacks of facial neuralgia. For years she had complained of a chronic catarrhal inflammation of both the gastro-intestinal and genito-urinary tracts. She caught cold very easily.

Inquiry as to her diet brought out the following points: she had little appetite, and it was an effort for her to eat at all. Her food consisted principally of vegetables and pastries; she did not care for meats and ate very little of the albuminoid foods. Water was seldom taken. To the eye she appeared thin, pale and decidedly anemic. Her hands presented the articular enlargements incident to chronic inflammatory rheumatism.

The physical examination at that time revealed nothing of any organic lesion, it simply confirmed what she had previously stated. An examination of the urine called attention at once to her poor assimilative powers. Excepting that there was a lesser quantity passed the urine showed similar characteristics to that of the case of the plethoric lithemic previously quoted, viz., an abundance of uric acid crystals. Yet what a difference we otherwise find between this asthenic lithemic and the plethoric form, and what a different diet is necessary.

It was important to realize that this woman was not suffering from an over-indulgence of proteids but from a faulty assimilation of that which was eaten. The albuminous foods are poorly taken care of in patients who take an excess of carbohydrates. To digest a large amount of the latter foods would seem to unfit the system for assimilating properly even a small amount of the former substance. This being the case, we arranged her diet list by at once lessening the amount, not of the nitrogenous foods but of the carbohydrates, especially those rich in starch, *i. e.*, the dried vegetables, and allowing free use of the green vegetables that are easily digested. Only by the increased use of animal foods were we able to overcome her evident

anemic condition. We gave preference to milk, eggs, sweet-breads and white meat of fowl with baked fish.

Her stomach was in fair condition, so we increased the amount of fats and oils by allowing plenty of butter and cream. We restricted the more acid fruits. She was not strong enough for the cool baths, but has taken seven glasses of water daily. She arranged to lessen the amount of her housework and afternoons takes a good walk. Her prescription has been *sepia* 6x six times daily. At present she is passing more urine, feels better in every respect and has made a gain of four pounds in weight.

She was despondent of relief at first, but we secured her interest and persistence in the line of treatment by having her collect the urine every few days in a glass jar and look for an increase in the amount passed and a decrease in the amount of sediment. She now declares she will persist until the urine in the preserving jar becomes clear of all characteristic deposit. Her determination will bring its reward.

REMEDIES IN DISEASES OF THE HEART.

BY H. V. HALBERT, M. D., PROFESSOR OF THEORY AND PRACTICE
IN HAHNEMANN MEDICAL COLLEGE.

Aconite. This is a very frequently indicated and yet a dangerous remedy unless it is used with the greatest care. Physiologically, it depresses the heart's action, and, while this is often a requirement, it should never be continued too long in physiological doses, unless extreme cardiac tension demands it. That it is of dynamic use in a great many cases we cannot deny. It is even more frequently indicated than the average physician would believe. We have been told that aconite is only useful in the beginning of a disease; that is certainly a fallacy which should not be entertained; if applicable at all it is called for whenever indicated, either at the initial or final stages of any disease.

Aconite is called for when the heart is overactive, when there is a tendency to rapid hypertrophy which leads too quickly to dilatation. Again, it is useful when there is cerebro-spinal depression and pronounced stimulation of the sympathetic system. It defines a condition in which the motor force is running away with the heart's action. Then, too, aconite is associated with a fever not of the intermittent but of the sthenic character; the respiration

is rapid but not attended with dyspnea. The mental symptoms relate to cerebral activity, with insomnia, anxiety, restlessness and pronounced apprehension or fear, as attendant characteristics. The circulation is decidedly disturbed, not, however, by toxic irritation, but as a result of vaso-motor constriction. All these pathological conditions must of necessity be considered when aconite is prescribed for any cardiac disease.

The pronounced symptoms are cardiac palpitation with great anxiety and restlessness, a full, hard, and bounding pulse, a sense of precordial constriction, dry surface with chill, thirst and temperature always relieved by perspiration, its symptoms being generally dependent upon exposure, colds and mental strain. The nerve cells are in a state of hysterical depletion.

Veratrum viride is another remedy which depresses the heart's action, and is often demanded in place of aconite, or following aconite. It, however, has not a similar physiological action. It produces a congestion at the base of the brain and the medulla; it affects the pneumogastric nucleus and therefore cuts off the inhibitory action of this important nerve. As a result, the cardiac action is even more excitable than under the aconite condition; the lungs are engorged; the arterial tension is high and the periphery and internal viscera are congested. Tonic and clonic spasms and considerable systemic prostration are attendant symptoms. The pulse is strong and rapid, while the respiration is labored and slow; congestion is an ever present symptom and the temperature is high.

Strychnia. Among the remedies which act as cardiac stimulants we naturally refer to strychnia first, not that strychnia is always the best, but it is perhaps the safest. It has been used for a long time in hypodermic form ($\frac{1}{8}$ to $\frac{1}{16}$ gr.) and with decided good results. Equal results are often obtained by the third and higher potencies. It is efficacious alike in toxic and neurotic depression, and may be associated with other remedies, purely for tonic effect; when we wish to sustain the heart in case of collapse, or the debility of any prolonged disease, it is the remedy par excellence. The after results are not bad if it is given with due caution.

Strychnia, from a homeopathic standpoint, pertains first to the nervous temperament; irritable and irascible dispositions generally call for it. The loss of sleep, overwork, digestive disturbances, and sedentary habits com-

bined with a general neurasthenia, create a weak and excitable heart for which it is indicated. It is not to be used so much in valvular disorders as it is for the erratic heart; when edema occurs it stimulates the heart until there is a better circulation through the kidneys and the liver, and hence renal and hepatic incompetency are corrected, which, in turn, relieve the heart.

Digitalis is a remedy which has had a long use and has often been misused. Its temporary effect is valuable; its reaction is dangerous. Given, as it generally is, in the form of an infusion, it gives immediate relief by its prompt diuretic action. The weak heart attended by dropsical effusion responds quickly to its action, but the danger from cardiac depression, when used in tincture form, should not be overlooked. Rheumatic affections and pericarditis seem to call for it. The dropsical condition is its chief symptom. Goodno speaks of it in relation to the gouty and dilated heart and suggests its use in potency form. In doses of three to five drops it may be continued for some time in cases of prolonged cardiac weakness.

As a symptomatic remedy, given in accordance with the homeopathic principle, it is most efficacious. First of all it has a gastric disturbance associated with the cardiac perversion, hence nausea and vomiting are present; the cold surfaces resemble the symptoms of camphor; the pulse is slow and irregular, showing cardiac arrhythmia; the cardiac action is increased by exertion, but the tension is diminished; there is always a feeling of precordial constriction with a sense of anxiety; cyanosis is generally present, indicative of cardiac hypertrophy; suffocation and extreme dyspnea attend the extreme cases; digitalis is also a remedy which corrects the perversions of the liver when they are associated with cardiac involvement.

Strophanthus resembles digitalis in its physiological action, but may be given with much greater safety; it may be used in organic diseases of the heart without unfortunate results. It is purely a heart stimulant and is generally given in five to ten drop doses, three or four times daily. No homeopathic provings of prominence have been given.

Crategus is another cardiac stimulant of recent use. It seems to have a beneficial action in cases of failing compensation and dilatation with extreme dyspnea. It has a powerful action upon the pneumogastric, correcting its inhibitory function when cardiac failure exists as a result of too much sympathetic stimulation. On the fatty heart

of old people it is a safe and sure remedy. It may be given in three to five drop doses of the tincture from three to four times daily; without doubt the first decimal potency will yield more lasting results.

Agaracine is a heart tonic, advised by Goodno, in cases of dilatation associated with emphysema of the lungs. It relates to the heart feebleness incident to infectious diseases. The first decimal potency is generally used. When chorea complicates the cardiac condition, as we frequently observe in young adults, it is always indicated. Then, too, it is valuable in disturbances of the alimentary canal which are often defined as nervous dyspepsia. Nausea and loss of appetite are constant symptoms.

Spartine sulphate affects the feeble heart when there are nervous antecedents. It is not a safe remedy in pronounced valvular lesions, though it may be used in conditions of myocardial degeneration. The climacteric and neurotic complications call for it. The first decimal is generally used, though by the old school one-half grain doses are used as often as every four hours. The larger doses are only warranted where the pulse is very feeble, 130 per minute, and there are advanced conditions of dropsy and atheroma of the arteries.

Cactus grand is a remedy which has had a long use in various cardiac conditions. Its efficacy is still questioned by many; it is most useful in extreme organic conditions when a "heart tonic" seems necessary; even then it is most efficacious in the minute dose repeated frequently. The principal symptom refers to a peculiar sense of constriction in which cardiac palpitation is generally attended by symptoms of lung engorgement; the feeling as if an iron hand compressed the chest is often described; it is peculiarly associated with asthmatic attacks in which the patient is generally relieved by coughing. Pain is an attendant symptom when cactus is called for and it frequently relieves attacks of angina. It has not sustained the reputation it held for a long time as a safe cardiac stimulant and hence is not used so frequently as in the past.

Convallaria is given purely as a heart stimulant when the lung action is weak and the dyspnea is pronounced. Its best action, as claimed by Hale, is upon the lung primarily and the heart secondarily. Its influence upon dropsical effusions and gastric perversions make it, however, a useful remedy in the average heart disease. So far the best results recorded are from the lower potency or tincture.

Valerinate of ammonia, in the second or third potencies, is one of our most useful remedies in cardiac complications which are mostly functional and of neurotic origin. In the erratic actions of the heart, when associated with hysterical or neurasthenic causes, it will often bring about a perfect functional activity. It will even overcome pain in such conditions and suppress neuralgic crises which are purely dependent upon nervous perversions. We find it also indicated in cases of exhaustion from excessive mental strain when the heart becomes irritable and weak. With this we associate *ignatia*, *nux vomica*, *valerinate of zinc*, *coffea* and *hyoscyamus*.

Lilium tigrinum is a remedy rarely thought of in cardiac diseases, and yet it is a very important one when associated with reflex uterine disturbances; it therefore has a greater affinity in its action for the female. Palpitation, attended by faintness, is its chief symptom and this comes invariably from uterine disturbance. A peculiar sense of suffocation or constriction, which comes on from reflex causes, is promptly relieved by this remedy. It is therefore a cardiac stimulant when such pathological conditions exist.

Spigelia always should be thought of when inflammatory action involves the heart; pain, therefore, is one of its constant symptoms and this is of neuralgic character; the pain radiates away from the heart either down the left arm or through to the spine. Acute rheumatic attacks generally call for *spigelia*, and therefore endocarditis is frequently the complication suggestive of this remedy. Violent palpitation with dyspnea and an irregular tremulous pulse action are characteristic symptoms; there is also a peculiar "purring" sensation over the heart region. Ciliary neuralgia and periodic bilious or sick headaches are associate symptoms.

Arsenicum is a cardiac remedy which would require volumes to properly illustrate its action. It refers particularly to that class of structural changes as a result of which there is a gradual myocardial degeneration; it is thus a remedy for the weak heart and extreme prostration always attends it; the general symptoms of arsenic also prevail; the restlessness and sudden sinking of vital forces are always present. The pulse is accelerated, irritable and small. The respiration is characteristic of a general debility, the patient is emaciated and weak and the heart's action is tumultuous and labored as a result of this debility.

Apis mellifica should not be overlooked in cardiac diseases. It relates to that extreme class of heart affections in which the functional depression is pronounced. As a result of this the blood circulation is not perfect, cyanosis is present, and edema or general anasarca exists; the kidneys are indolent and the urine is scanty, and at the same time the hepatic function is debilitated. The skin is pale and waxy and the whole body seems swollen from dropsical infiltration.

Naja and *lachesis* are remedies, which physiologically affect the pneumogastric and thereby depress the cardiac action. Hence they are used dynamically in cases of great cardiac depression when there is palpitation, with a slow and weak pulse. The same may be said of *crotalus horridus*, inasmuch as it represents adynamic conditions affecting the heart.

Lycopus has a decided influence upon the heart, particularly when there is any involvement of the sympathetic system. Its greatest benefit is observed in Basedow's disease. It is indicated particularly in conditions of tachycardia; rarely is it indicated in organic lesions. It is also useful in cardiac irritations in neurasthenic states. Associated with these direct symptoms we find marked gastrointestinal disturbance, diarrhea, polyuria, copious perspiration and a general emaciation. I generally prefer five drop doses of the tincture four times daily administered for a long time.

Kalmia latifolia at one time had a great reputation as a cardiac remedy. Its popularity has waned somewhat of late. It seems to be associated with acute inflammations in other parts of the body and pains which often change their location are characteristic. The muscles are sore to the touch, and the bruised feeling of arnica is constant. It is given in valvular affections with slow pulse with shifting precordial pains. It has some of the symptoms of cactus and the heart seems compressed by a constant sense of heaviness. It is also indicated when the heart is affected by acute albuminuria.

Clinical Society Transactions.

C. JOSEPH SWAN, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

FRANK R. LEEDS, M. D., RECORDING SECRETARY.

The regular monthly meeting was held in the college amphitheater Saturday evening, November 25, at 8:30 P. M.

REPORT OF THE SECTION ON MATERIA MEDICA.

CHAS. H. EVANS, M. D., CHAIRMAN.

LV. VERIFIED MATERIA MEDICA. CASES FROM PRACTICE. BY DR. C. F. BARKER. *Case 1.* MELILOTUS IN HEADACHE.—In the treatment of headache, one ought always to look for a cause, and if possible, remove the headache by eliminating the cause. Digestive derangements, uterine displacements, anemia, anomalies of refraction, decayed teeth, defective fillings, ear diseases, etc., all produce headaches. But the search for a cause is not always successful, though the homeopathic remedy often relieves. In the following case the cause was not discovered:

Case. A tall, blonde young woman, aged nineteen, has, for several years, had frequent, severe, nervous, congestive headaches—from two to four per month. These attacks are so severe that she must take to her bed until relieved, a matter of twenty-four hours or so. The pain is mostly in the temples and frontal region. It is a congested, full sensation, the face is flushed, and she feels stupid and drowsy and sometimes has much nausea. Very trivial things seem to provoke the attacks. Two competent oculists each fitted spectacles, assuring her that the cause would thus be removed. A dentist thought the cause was to be found in the teeth, so he removed and replaced fillings and made repairs. Many drugs and various forms of diet were tried. More out-of-door exercise and less application to study were ordered. None of these gave relief. Melilotus was prescribed. It was given in the 4x dilution and since taking this remedy, now six months, she has had but two attacks and both of these were very mild.

Case 2. HYDRASTIS IN ATONIC DYSPEPSIA.—In digestive disorders of a certain type, it has become my custom to rely very much upon hydrastis, and it seldom fails to give the desired relief. Persons who eat too much, or who take insufficient exercise (and their name is legion), also those who are accustomed to the use of stimulants, all of these, sooner or later, develop atonic dyspepsia. In such cases the liver is sluggish and the bowels are constipated. There is also, quite often, a dull aching pain in the stomach; the tongue is coated, generally yellow, and is flabby in appearance. Whenever I find such symptoms, especially if the dull, uncomfortable feeling in the stomach is relieved temporarily by eating, I feel sure that hydrastis will greatly benefit.

Case. German gentleman, age fifty eight; occupation, money lender; height, five feet ten inches; weight, 225 pounds. He takes very little exercise and is a hearty eater. His tongue is broad and flabby and is quite heavily coated; the breath is fetid; the bowels are generally constipated, the complexion sallow and his expression dull and discontented. He tells me that this has been about his usual condition for five years, and that he has taken many kinds of medicine to aid his digestion, but without any permanent relief. He thinks he has been gradually getting worse.

Treatment. He was ordered to drink three quarts of pure water daily, but to take very little fluid of any sort at meal time; hydrastis, in three minim doses four times daily, was prescribed, though ordinarily I find the 1x or the 2x quite as satisfactory.

Concerning the internal use of plenty of pure water in such a case, my own idea is this: It is better to thoroughly flush the whole system, thus incidentally washing the stomach quite constantly, than to simply fill and empty the stomach through a tube. Also, it is a well-known fact that many of these patients are not accustomed to the internal use of water as a beverage. Whether it was due to the hydrastis or to the water, this patient experienced the greatest relief almost at once, and the beneficial effects have continued for more than a year. He still continues to use the hydrastis with the greatest satisfaction whenever he deems it best, and tells me that it is the only medicine that has ever given him any permanent relief.

Case 3. NITRIC ACID IN INFANTILE MARASMUS.—The causes of infantile atrophy may be found enumerated in

any good text-book of children's diseases. The etiology, pathology, diagnosis and treatment are clearly set forth. It would seem likely then, that in a given case, one ought not long to be in doubt as to the proper course of treatment. So, theoretically, one would think that if the child dies, the physician can feel that his personal duty has been scientifically performed; and he ought, perhaps, to console himself with the reflection that the child in question was beyond the reach of medical science. Practically, however, one occasionally encounters a case that casts a doubt on such complacency. He then wonders whether, even in apparently hopeless cases, the element needed to effect a cure does not almost always exist, could it only be discovered. The following case, I think, illustrates my meaning.

Case. A male infant weighing eight pounds was born of healthy parents. At birth, it was plump and apparently normal. At the end of two weeks it weighed only six pounds. It cried very little, slept almost all of the time and did not appear hungry. The mother's milk was rich and plentiful, but the babe grew weaker and either could not, or would not, nurse very much. It appeared old and wrinkled. The mother continued to nurse the child, but two weeks after birth, diluted cream was added as a food, in alternation with the breast milk. The child, however, continued to lose steadily and, at the end of another two weeks, weighed but five pounds. It lay with its eyes closed, but would still swallow, and could be made to temporarily open its eyes if much disturbed.

At this time I had about given up hope, but in casting about for another remedy (silicea and arsenicum and some others had been tried) I decided to try nitric acid. The good effects of this remedy were noticeable in the first two days. The child gradually grew stronger and heavier, and quickly went on to a complete recovery. He is now five years old, and, I am told, is rugged and healthy. The mother continued to nurse him during the first year of his life. The cream was discontinued shortly after the nitric acid was prescribed.

My only reason for selecting this remedy was the great emaciation, and a strong suspicion I entertained of hereditary syphilis. The father denied ever having had the disease, but I remembered that some weeks previous to the birth of the child, he had asked me the

probable effect of "blood diseases" upon offsprings. It will be interesting to observe the condition of the child's permanent set of teeth.

Case 4. INGLUVIN IN THE NAUSEA OF PREGNANCY.—It has recently been my fortune to relieve two cases of the nausea of pregnancy with an agent known as ingluvin. One of these cases was so pronounced it seems worth recording. The patient, two years previously, was under my care for the same complaint, and it was a most intractable case. Nothing I did or could devise gave any relief, and she miscarried at the sixth month. During the first two months of her next pregnancy, she suffered with constant nausea and distress in the stomach, quite as severe as before. I tried some new remedies, without result, but finally ordered ingluvin, a remedy I had never before prescribed. Immediate improvement followed, and it continued right along. In former experiences with such cases, arsenicum and ipecac have been the remedies that have oftenest produced the best results.

Ingluvin is said to be prepared from the ventriculus callosus gallinaceous (the crop of poultry). If one reflects a moment, he may be excused if he smiles and says to himself, "Why, of course, that ought to digest anything."

LVI. THREE CASES VERIFYING TEREBINTH IN RENAL HOMEOPATHIC THERAPEUTICS. BY E. S. BAILEY, M. D.—My acquaintance with this drug began twenty years ago. The occasion was the presentation of a sailor at the Hahnemann College free clinic. The sailor was a finely proportioned, weather beaten, strong man, but came to the clinic in a bent and humbled attitude and in a voice choking with painful emotion and eyes wet with constant weeping. He had but one real symptom and that was bloody urine; with every micturition bright red blood would pass. The quantity was variable; sometimes it was but a trace and again large quantities would be voided. Prof. Hawkes elicited from him the history of having fallen while on a sailing vessel from quite a distance above to the deck, and though he did not suffer in any particular manner at the time the next voiding of the urine was noted as bloody; and when his ship arrived in Chicago he drifted from one free clinic to another, without relief, until he came to this one. I distinctly remember the man, the prescription of Prof. Hawkes and the after treatment. Prof. Hawkes could find only this one symptom—bloody urine—at times with great

tenesmus. Terebinthina 3x, on pellets, five pellets every three hours. The report at the next clinic, the week following, was that his urine ceased to be bloody and the tenesmus gone two days after taking the remedy and it did not return; the patient afterward receiving treatment for rheumatism, which was cured by rhus. With such profound impression on my student mind as the clinic made, I have observed this remedy for years and have frequently prescribed it for the following symptoms which to me are verified over and over and are reliable. Bloody urine, either from kidney or bladder, and probably as valuable if coming from the urethra accompanied by severe tenesmus. Tenesmus of the bladder, especially if accompanied with meteorism and pelvic peritonitis, tympanitis, especially in the iliac region, and violent stitching pain extending along the uterus. Cystitis with aggravations due to getting wet.

Permit me to cite another case, showing how the faith within me led me to a correct prescription and cure of my patient. A winter's night with melting snow on the sidewalks and a raw atmosphere, I was then associated in a professional way with Prof. G. A. Hall, the eminent surgeon of that date, a man perhaps forty years of age, a stationary engineer in a down town building had been obliged to stand all day in water in the engine room while repairs to a leaking boiler were being made. While the room was hot the water was cold, and early in the evening the desire to urinate was answered but he soon found himself unable to void even a drop of urine. An hour later strangury seized him. The pain grew rapidly worse. Jumping up from his chair, he rushed out of the door and without hat or coat and with slippers on his feet, he made his way as rapidly as possible across a vacant lot through the slush and arrived at the office with every feature of his face staring as in fright, a picture of despair. He rushed into the reception room and oblivious of the presence of others demanded in the name of humanity immediate attention and proceeded at once to disrobe. His story was told between groans and at the same time he used both hands to press as violently as possible over the bladder. He could not remember to have voided urine during the entire day and thought the tenesmus due to over distention of the bladder. In a short time I had prepared to pass a soft rubber catheter and collect the urine therefrom. A terrible pain seized him as the catheter passed the

sphincter into the bladder and he fell over into a condition of collapse, while to my surprise a clear stream of bright red blood was forced through the catheter covering the patient, the examining chair, the carpet for quite a distance, before it was directed into a receptacle. The quantity of blood voided was never known, nor did it afford much relief; and the fears of the patient were doubled when he realized his condition. To my knowledge not a drop of urine was voided except with the blood. The cries and moans of this strong man ring in my ears as I write this recollection. I commenced to give him terebinth 3x internally using the bottle from the desk for my supply, turning a quantity hurriedly into a half glass of hot water and giving two or three teaspoonfuls every ten minutes. I also applied towels taken from hot water to the vesical and lumbar region; later a liberal quantity of terebinth was used with the hot applications. Relief came in a gradual manner, but it came, and no other remedy was used; the patient returned to his work after three days but it was three months or more before he felt recovered. I attended this patient for some years and never knew him to have blood in the urine, except this memorable night.

Permit me to relate one other case by way of clinching the verification of the symptoms of bloody urine and the cure by using terebinthina.

The occasion was in the case of a woman having a uterine fibroid, had a year before had an eighteen pound ovarian tumor removed and was passing through the change of life. The fibroid was held to be responsible for the uterine hemorrhages, it being a guess that the climacteric had little to do with the hemorrhages. One night along toward the small hours of morning she wakened suddenly and screamed for help, describing her pain as though being scalded internally "like a hot coal of fire" and with great tenesmus. Trying to void the urine a hemorrhage followed, which she and the attending physician who had been hastily summoned, declared was of uterine origin. Old school treatment was followed for ten days, the patient noticing that the blood came after micturition or during the time of, and was not from the uterus. She informed her physician of her discovery, to which he replied that it could not be so. The husband applied to me for help, relating the symptoms, to which I replied, "If you have spirits of turpentine in the house, put five drops in one-third of a glass

of hot water, and give the patient a teaspoonful every half hour.

The verification came when the patient reported to me in person, saying: "I knew the hemorrhage came from the bladder because I placed a glass bottle immediately under the urethra and collected it together with the urine as it was voided, and after I fixed and took the terebinth I did not have any blood pass from the bladder. The hemorrhage ceased as soon as I began taking your remedy."

I could relate other cases that to my mind establish over and over again the usefulness of this drug in bladder cases. It is sufficient perhaps to say that tenesmus of the bladder and hemorrhage from the kidneys or bladder suggest to my mind this remedy, provided other characteristic symptoms are wanting. Phosphorus, hamamelis, apis mel. and merc. cor. have been used in cases where the hemorrhage was one of the group of characteristics and given wonderful satisfaction.

DISCUSSION: Dr. BARKER: Dr. Bailey has certainly given us a graphic picture of the action of terebinth. That turpentine taken in appreciable doses will produce "bloody urine" I have had several opportunities to observe. In fact, this drug is quite commonly given as a domestic remedy for worms, and some of the physicians here present may have been summoned to take care of the victims of this sort of treatment. I remember one case in particular in which a mother gave half a teaspoonful and got a most astonishing (to her) result, viz., her young child soon had pain in the bladder, blood in the urine and strangury of a severe type. I asked her why she gave it, and she said that a neighbor's children were accustomed to take teaspoonful doses of spirits of turpentine for worms and it never injured them.

Dr. LEEDS: I once saw a mixture of turpentine ℥ij, glycerin ℥ij and water ℥iv injected into the colon of a woman suffering from severe flatulency. The flatulency was certainly relieved, but owing to the amount of turpentine absorbed there followed a fine proving of terebinth. The patient complained of very severe pains in the back, and called her physician's attention to some very bloody urine which she had passed. Chemical examination of the specimen revealed albumin. Rest in bed, a dose of magnesium sulphate, heat to lumbar region, and milk diet produced normal urine.

LVII. VERIFICATION OF THE HOMEOPATHIC LAW; CASES.
 BY A. L. BLACKWOOD, M. D.—*Case 1.* LYCOPUS VIRGINICUS IN MITRAL INCOMPETENCY WITH FAILING COMPENSATION. Mrs. H., age sixty-nine, the mother of seven children, has had some form of heart trouble for many years. She complains of a cough which is nearly constant and is attended with expectoration of blood. Dyspnea is marked, rendering it impossible for her to lie down. There is cyanosis, and an edema which extends to above the knees. Her food distresses her. The bowels are constipated, the stool being hard and of a dark color. The urine is scanty, thick, muddy, and is passed with difficulty. Inspection gives evidence of poor circulation. The apex beat of the heart is weak and undulatory in character, with no definite point of intensity. The pulse is weak, small, rapid and irregular. The area of cardiac dullness is enlarged; there is heard a soft, blowing murmur which occurs with the mitral first sound. *Lycopus virginicus* in five drops of the tincture was given every three hours, and as a result the cough and bloody expectoration stopped; the edema, cyanosis and dyspnea disappeared; the pulse became full, soft and more regular; the appetite improved; the movements of the bowels became natural; the urine was secreted in greater quantities, and normal in color. After four weeks the patient considered herself well, and although the lesion was still present, compensation was perfect.

Case 2. SARSAPARILLA IN RENAL COLIC AND PASSAGE OF GRAVEL.—Mrs. R., aged thirty-three, has been afflicted for past three years with a severe pain in lumbar region which extends downward to the hypogastric region. The pain becomes worse at intervals, and of such severity that anodynes have to be used. At the time of these attacks the urine is scanty, slimy, turbid, and there is passed with every urination an amount of small gravel, some of which are as large as a small grain of wheat. At the close of each urination there comes such a paroxysm of pain as to cause her to scream, and to dread urination. Accompanying this pain there is a sensation of chilliness that starts at urethra and spreads upward all over the body. There is present an obstinate constipation which is accompanied with violent urging to urinate.

The patient is thin, dark complexion, with wrinkled face, and appears much older than she really is. *Sarsaparilla* 6x was given, the attacks became less frequent, the gravel less, the bowels more regular. She gained in flesh

and in three months was perfectly well. I saw this patient four months after her last visit and there had been no return.

Case 3. HYDRASTIS CANADENSIS IN GASTRIC AND BRONCHIAL CATARRH.—Mrs. K., age forty, states that she has suffered for the past five years from a general catarrhal condition of the head, stomach and bronchi. At the present time she has a distressing nausea, and vomiting, which is worse in the morning, and there is present a sensation of “gone-ness” in the epigastric region, but she has no desire for food. Cathartics are always used to move the bowels, and the stools are covered with mucus. She coughs and expectorates large quantities of thick tenacious mucus; she is not refreshed by sleep. Her back always feels tired and at times she has severe pain in lumbo-sacral region. A physical examination showed the heart to be normal, but there was present a bronchial catarrh and a tenderness in the epigastric region. Hydrastis canadensis, two drops of the tincture was given before each meal in an ounce of water.

After two weeks she reported that the nausea and vomiting had ceased; that the quantity expectorated was less and not so tenacious; and that the bowels were moving without assistance apart from the medicine given. The remedy was continued and at the end of four weeks she considered herself well in every particular. In connection with the remedy explicit directions were given as to her diet and the necessity of having stated times each day for an evacuation of the bowels.

Case 4. KALMIA LATIFOLIA IN CHRONIC RHEUMATISM.—Mr. D., age twenty-six, six months ago was taken with severe pain in the back and hips; it was of such severity that he was confined to his bed for several weeks, and has not been able to work since. During the attack hot applications were applied to the painful part, and while they would partially relieve the pain it would invade another joint, so that the rheumatism gradually passed from the back and hip, first to the knee, then to the ankle, and later to the foot. There is palpitation of the heart, and a pain about the heart that extends down the left arm and is accompanied with numbness and tingling. The appetite is good, but after his meals there is a formation of gas that disturbs the respiration. There is a throbbing frontal headache, and the eyes are stiff and sore on moving. His father has been a sufferer from chronic rheumatism for many years.

A physical examination showed roughness of the mitral valve of the heart with slight hypertrophy of the left ventricle.

Kalmia latifolia 3x was given for one week, with improvement, then continued in a higher potency at lengthened intervals, and after a period of four weeks he considered himself free from the rheumatism. *Kalmia latifolia* was selected here from the facts that when the applications were applied the pain moved to another point, that the rheumatism passed downward from the hips to the toes, and the pain from the heart down the left arm, and was attended by numbness and tingling.

Case 5. RUMEX CRISPUS IN TRACHEO-BRONCHIAL CATARRH.—Mrs. L., age thirty-six, has had a cough for the past year. One week ago she contracted a fresh cold that has aggravated it. She places her finger in the suprasternal fossa and states that that is the point where the tickling is located that causes the cough. There is no expectoration. The cough is produced or aggravated by any irregularity of the respiration such as is produced in laughing, inhaling cold air or by pressure on the trachea, and it is especially worse in the evening after retiring and it forces her to cover up her head with the bed clothing. The soreness and rawness extends but a short distance along the bronchi. The tickling that produces the cough is only partially relieved by coughing.

A physical examination showed the lungs and heart to be in a normal condition, apart from a slight roughness at the bifurcation of the trachea. *Rumex crispus* 3x four times a day relieved this woman of her cough within seven days.

XLVIII. VOLUNTEER PAPER. A CASE OF SPINA BIFIDA. BY CHARLES S. MACK, M. D., LA PORTE, IND.—This is the first child of its parents, though they have been married twelve years; the mother never was pregnant until with this child; she is thirty-eight years old, the father is thirty-nine; each of the parents is of strikingly fine physique. Since first recognition of pregnancy both parents have been very happy at the prospect of a child; throughout pregnancy the mother has been very comfortable. She has seemed perfectly well; the babe was carried to full term.

I was summoned a week ago this morning. I reached the house at 8 A. M.; pains had begun at 11 P. M.; waters had broken at 1 A. M.; the pains were not severe and

came at long and irregular intervals—several in an hour; os uteri admitted tip of finger; the woman had come here from her home, forty miles away, to be confined, and proposed telegraphing for her husband to come immediately. I told her I thought he would be in time if he did not come until the next day, that, of course, I could not be sure, but that I thought the child would not be born before the next day. So we telegraphed that he should come the next day. This being a primipara, at the age of thirty-eight, and the waters having broken so early, I anticipated a long and difficult labor. I said I should call again in the evening, but not before unless I heard from her. In the evening I found that the patient had had a comfortable day; pains had not been strong or frequent. Examination showed os uteri little changed from the state in which I had found it twelve hours before. Next morning I found the patient had slept pretty well, with only occasional pains; os uteri was hardly more dilated than it had been twenty-four hours before. At 1 o'clock that day I was summoned, and found patient with good, strong pains at short intervals. During a pain the os uteri was as large as a silver dollar or larger. I remained with patient until child was born at 3 P. M.—forty hours after the beginning of pains. She lay down only about half an hour before the child was born. I was surprised that at her age, with her first child, she got on so comfortably. When later I examined the child's head, I thought its condition accounted for the mother having suffered so little during delivery. She experienced no laceration of the perineum.

The child is male—not large; it was not weighed. I should guess its weight to be about seven pounds; the head presented with occiput to front and left; the tumor of the spina bifida is in the lumbar region; it is about the shape and size of half a baseball; over the top of the tumor for a space about as large as a silver quarter there is no skin. In the tumor can be distinctly felt the bony ridges formed by arrested laminæ which, completed, would have formed the arch closing the spinal canal. The lower extremities are perfectly formed, and circulation in them is perfect, but the child has no power over them; from birth there has been paraplegia; nor, if the nurse's report can be relied upon, is there control over the anal or over the vesical sphincter. There is a space of about half an inch between the adjacent borders of the parietal bones. This space connects the anterior with the posterior fontanelle. The

anterior point of the anterior fontanelle extends down farther than usual toward the root of the nose. These peculiarities of the skull conduced, I presume, to ease of labor. At the age of one week the child is plump, nursing well, sleeping well, and growing.

* * *

I saw the child again when it was twenty-three days old, and was suprised to find that it moved its legs freely, not, perhaps, as vigorously as a normal child, but still with considerable force.

* * *

I saw the child again when it was six weeks and a day old. Its condition seemed not materially different from that of date of last record; he had some power over legs, but was not strong in them. He has a bright, pretty face; the head is not abnormally large. His mother is about to return to her home, so that I may not see him again.

FERRUM IN UTERINE HEMORRHAGE.—Hemorrhage in weakly persons usually very pale but with fiery red face during the flow; incontinence of urine during the day with tenesmus of bladder; sharp pains with painful bearing down in vagina; menstrual flow delayed, frequently intermittent, and of irregular continuance—starts and stops and starts again without order or sequence; the flow is partly pale and watery and partly black and clotted; during the flow the head is apt to be hot and the feet cold; hammering headache beginning in occiput and extending along parietes to frontal ridge; patient greatly emaciated and exhausted; worse in afternoon and from motion.—*Hom. Journal of Obstetrics.*

IGNATIA IN EPILEPSY.—An Italian girl developed what seemed to be tetanic attacks following a severe fright, but finally took on the form of epileptic attacks, with severe convulsions and syncope, following immediately upon each menstrual cycle. The condition became aggravated until an attack would be precipitated by any occurrence tending to produce mental excitement. For a year before the physician who reports the case undertook treatment she had not used anything. He prescribed ignatia $\text{\textcircled{6}}$, three pellets every evening, and continued the treatment for two months, and during the next three years, at the end of which time she died of acute pulmonary tuberculosis, she had not had an attack.—*Horner.*

Editorial.

THE DIGESTIVE TRACT IN TUBERCULOSIS.

The care of the digestive tract in tubercular patients is the title of a very interesting paper in a recent number of the *Journal of Tuberculosis*. Reference is made first to the care which should be given to children who have tubercular inheritance or tendencies. The habit of irregular meals with children and the use of sweets is mentioned as the first danger liable to occur, thus entailing a weakened digestive system in childhood. Then again the habit of overfeeding or forced feeding, while of great value, should be watched carefully lest a catarrhal gastritis may be established. The injudicious use of alcohol is also commented upon and objection is made to it unless it seems to be indicated as a stimulant. It is a food only to a limited extent and if food benefit is to be appreciated by overstimulation then it should not be used. Creosote and its derivatives are censured whenever there is any symptomatic appearance of alimentary disturbance, it being a well established axiom that whatever disturbs digestion does not enhance the cure of any form of tuberculosis. The hypodermic use of any remedy which disturbs the stomach should only be resorted to in emergency and should be continued only until it is proven that the remedy, per se, is an intestinal irritant; then it should be abandoned entirely. In like manner caution is advised in the use of opium, camphor, iodine, or any of the standard remedies accepted as valuable agents in the treatment of this dread disease.

It seems that such advice as this is most commendable from the fact that in all treatment of tuberculosis we are liable to push our remedies too far; at all times we should regard the digestion with great care, for when this is once impaired little can be done to arrest the disease we seek to cure. It is a good rule in the administration of all remedies to be guided by the effect upon nutrition. These statements have decided reference to the stereotyped use of heroic medications of all kinds; the tendency in tubercular diseases is to forget the milder remedy and to seek a germicide without consideration for the alimentary canal. This certainly is not always correct in theory or right in practice. Our first effort in the treatment of tuberculosis is to maintain a perfect digestion and for that reason drugs must be used with caution.

H. V. H.

FREE DISPENSARIES AND PROPRIETARY MEDICINES.

The aim of the medical profession is to sustain the dignity and honor of the science of medicine. That the practice of medicine is based upon a scientific theory we do not hesitate to say. That our profession, as a whole, has contributed to the perfection of that science must not be denied. Through the countless trials of experience and the labors of pathological research the average physician of any standing has contributed to the physical welfare of humanity; and yet the general recompense does not yield more than an ordinary living; in many cases it is a poor existence at that. It goes without saying that the majority of physicians spend their life energies for the sake of their patients and give little care for their own financial future. This may be partly due to the fact that professional people are generally lax in business affairs; it is also due to the fact that the physician, more than any one else, is constantly placed in a position where charity makes the heaviest demands; continually within the vicinity of suffering and want, his sympathy is called upon to donate both service and money. And for all of this who is the recipient of more fault finding than the doctor?

If any one deserves a pension it is the doctor; if any one needs protection it is the physician; and yet the disintegration within the folds of the doctor's faithful followers is ever on the increase. Fads galore and "isms" of all kinds entertain and palliate human ills. A new "science" to day, or a new "pathy" to-morrow (not to mention the devotion given to the "divine" healing by some person whose character is in question) holds the attention and gets the suffrage of those who ought to know better. And all of this is permitted without preliminary education and without license. The physician must give years of hard study even to be called a physician, and then be obliged to submit to the mercy of the State board and the interchangeable laws which govern him. Not so with the "Christian Scientist." The scales fall from his eyes at night, he is converted and awakes in the morning a full fledged practitioner; and no one denies his rights. He is a privileged character permitted to seek and devour whomsoever he will.

These are some of the things our profession is obliged to contend with outside of our own ranks. Within we have other contentions. The free dispensary is certainly one of these. While it is a necessity for the clinical observation

of medical students, it may be carried beyond natural requirements. To help the deserving poor in this way is commendable, but it gives an opportunity for the undeserving and pretending poor. Nearly half of the people who take advantage of a free clinic are able to pay something for their medical service. They owe this much to their neighborhood doctor. Furthermore, it has been learned in the study of practical charities that it is not only necessary but best to make the indigent feel the obligation of giving something in return for charity, otherwise pauperism is made legitimate.

Every doctor is willing to do charity work when it is deserving; every doctor is also willing to do work at a discount when patients cannot afford to pay more. It is the inveterate "dead beat" whom every professional man shuns. Unfortunately this class, to a great extent, monopolize our free clinics; and worse than all, the stingy "well-to-do" are far too frequently found there. There are few clinics in the medical centers which are not overrun with patients while many an honest, faithful and capable doctor suffers accordingly.

The patent remedy man has always been abroad in the land, as the flaming posters and loud advertisements have proclaimed. People will take patent medicine even to their detriment. But of late we seem to have a different form of merchandise in this line known more particularly as proprietary medicine. In reality it is a cross between a genuine patent medicine and a respectable prescription. Whether or not they have the curing virtue, which is claimed, they are certainly sold on the wrong principle. For instance, a pharmacy nowadays, is not supposed to be of much account unless it has one or two "individual" or "private" prescriptions which are "sure things" for the names of certain ills. A physician sends his patient to the drug store with a prescription only to run the gauntlet of innumerable signs and posted suggestions as to this and that "cure-all," and still the physician is the friend and supporter of the pharmacy.

All of this is intended, no doubt, only for the sake of trade and without any intentional injury to the doctor. It is, however, gradually supplanting much of the physician's business. Does this mean that a physicians' union for self-support will be a natural outcome of such conditions? Is it another sign of the centralization tendency in the business world? Does it mean that only the specialist or

the doctor of prominence may keep his business, while the general practitioner, who has been so much to the family comfort, must yield to the advertised remedy? Is this encouraging to the medical student to devote himself to study and scientific acquirement when the professional work which belongs to a physician is to be divided with one who sells a "specific remedy?" These questions may be a little premature, but some day it will be necessary to answer them in some way. Everything which belittles the scientific education of the physician tends to degrade the profession. Worse than all, it may encourage the physician as a matter of self-defense to use palliating specifics instead of holding to the prescription in accordance with indicated symptoms. The pharmacist and the physician should work in unison, not alone from a business principle, but for the good of the cause as well. H. V. H.

ACUTE MALARIAL FEVER; CEDRON.—Mr. H., milkman, having to get up at three in the morning and to drive over town before breakfast—circumstances most favorable to malarial invasion—presented with an acute attack of ague, the characteristic of which was severe colicky or girdle pain in and around the abdomen. The symptom was so striking and severe as to overshadow the times of day of attack, these being irregular because of the previous use of quinine. Cedron was the only remedy which presented to mind. The second decimal solution was given for three days, since which time there has been no return of the chills or solar plexus pain, three weeks having lapsed since the prescription was made.—*Fisher in Medical Century.*

NEURASTHENIC VERTIGO.—Vertiginous sensations, more rarely distinct attacks of vertigo, belong to the most common manifestations of neurasthenia. The heightened instability of the nervous centers, so common to neurasthenia, may be looked upon as the basis of most of these manifestations. We may, in addition, find the common exciting causes, gastric disorder, toxic contents of the intestines, impoverished blood, aural disturbances, etc. In many instances the vertigo is distinctly of psychic origin. For instance the cases of morbid fears—the "phobias"—where in a crowded theater, a public square, or what not, the patient is suddenly seized with a sense of fear, usually attended by vertiginous sensations. This vertigo is mostly of the subjective type, and is doubtless of cortical origin.

Hospital Notes.

THE CHILDREN'S CLINIC.

SERVICE OF WM. O. FORBES, M. D.

Case 1. GENERAL TUBERCULOSIS.—Robert M. (colored), age two years and three months, was brought to our clinic June 16, 1899. The family history revealed the following: Father and mother are both living, but the mother has not been well since the birth of this child; three brothers and two sisters died before reaching the second year. The father's two brothers died of tuberculosis at the ages of twenty-two and twenty-eight years.

This little patient has always been well and strong until March, 1899, when he had an attack of bronchitis from which he never recovered. He has never had any of the children's diseases; was breast fed for one year, after which time he was allowed anything and everything.

He presented the following symptoms: A severe cough, loose in character, which his mother says was light and croupy at night; he was very restless and irritable, did not rest well at night and perspired profusely about the head when asleep; he did not walk after his sickness in March; appetite was poor, bowels were irregular, sometimes loose in character, at other times constipated; he complains of pain before stool; he also had a profuse muco-purulent discharge from the nose.

The physical examination revealed a general rachitic condition of the long bones with other symptoms of this disease. There was dullness over right lung, moist râles in left lung and some pain in the abdomen. The liver and spleen were enlarged and sensitive. Pulse, 130; temperature, 101°. There was a general enlargement of the superficial glands, and a marked scoliosis.

Tuberculosis was suspected, but we secured a specimen of sputum and deferred our diagnosis. Cal. phos. 6x q. i. d.; Tromer's cod-liver oil and hypophosphites, t. i. d., were prescribed.

He was returned to the clinic one week later, when a diagnosis of general tuberculosis was made (sputum analysis confirming our suspicions), and, as he seemed some better, the same prescriptions were continued.

On July 24 and 28, his condition was but little changed,

and after being in our clinic one and one-half months, he died August 1 as a result of tubercular meningitis.

The mother reluctantly agreed to a post-mortem, at which we found the following pathological conditions:

Brain. Abscess at base, half as large as one's fist, which contained pus and broken down tissue. The cortex was greatly congested; pia-mater, thickened, and about half a pint of yellowish fluid was found in the lateral ventricles. The cerebellum, medulla and cord were apparently healthy.

Cervical glands. The superficial and deep glands were enlarged, and when opened presented a caseous appearance.

Lungs. The right one showed spots of consolidation, varying from the size of a pea to that of an English walnut throughout. The left lung was completely broken down and contained about one pint of pus and caseous substance.

The mediastinal glands were extremely large throughout, and some of them contained pus.

Liver. There were spots on the under surface that discharged bile and caseous matter when opened.

Heart. The size and appearance were normal. The right auricle contained a growth about the size of a walnut, gelatinous in consistency and adherent to its walls.

The spleen was greatly enlarged and had caseous spots throughout.

Kidneys. The right kidney was diseased but the left one was normal.

The mesenteric glands were enlarged; spots of ulceration were found in the small intestine, and the accompanying glands were diseased.

Our early history being more or less incomplete made the autopsy doubly interesting. It does not seem possible for a child (particularly a rachitic) to live very long with so many organs diseased. Much has been written in recent years concerning the susceptibility, the mode of infection and the seat of the primary lesion of this disease in infancy and childhood. Between forty and fifty per cent of all cases in infancy occurs within the age of two years, and nearly sixty per cent within the age of three years. Susceptibility depends then to a great extent upon the child's surroundings during its first three years of life; the family history is also an important factor. If we confine any child to close quarters, as in city tenements, where the air is always impure, and expose that child to tuberculosis, he will contract it sooner or later despite his constitution, and

if the family history is negative so much the sooner will he succumb to the disease.

Milk has been blamed much by recent writers as being the principal medium of infection. It is true there was a time when tuberculosis reached the system through the medium of food to a great extent, but since boiling or sterilizing milk has become so general (even among the poor) the percentage of intestinal infection, as the primary lesion, has become greatly reduced. We now have a far greater number of primary lesions through the respiratory than the intestinal tract.

According to Still, out of 366 cases between six months and twelve years the lungs afforded the seat of primary infection for 210, the intestines 141, and the ear 15. Even at post-mortem it is not always easy to determine the seat of primary infection, and this is especially true of chronic cases. The various organs cannot be depended on, at all times, to settle this question, and we are obliged to rely on the evidence of the associate glands. If we have large, partially broken down, caseous glands of the mediastinum and only scattered foci through the mesenteric glands, and grayish yellow in character, we are obliged to attribute our primary lesion to the former.

Again, the lungs may be badly diseased and the surrounding glands but slightly enlarged, while the mesenteric glands are more broken down and present a condition of greater enlargement. In such cases we attribute our primary infection to the intestinal tract. That our infection may primarily be in the intestinal tract and we find the principal lesion in the lung, can be explained by the fact that disease attacks most severely the organ of least resistance.

The presence of rickets, the death of two uncles with tuberculosis, the diet during the first year of life, and the fact that the child had always been well to within four months of its death, would warrant us in expecting to find our primary lesion in the lungs. This question was not positively decided, however, until we found the mediastinal glands much larger than in any other part of the body; and also having undergone a greater degree of destruction.

Milk infection in children of this age is, I think, more the exception than the rule; however, in cases susceptible as this child was, sterilization should be insisted upon.

The brain lesion found after death was undoubtedly the

fatal stroke, and had developed within a few days prior to August 1.

Fresh air, proper ventilation and sterile milk in infancy is our only prophylactic in overcrowded tenements, and its inculcation will do much to lower the mortality among the poor.

XANTHOXYLLUM IN DYSMENORRHEA.—From the *North Am. Journal of Homeopathy*, we clip the following: The wife of a rich jeweler of Midnapore, suffered very great pain at each return of the monthly course. She had been suffering from the disease for the last six years. Her husband is a rich man, and spared neither money nor care to get her cured of dysmenorrhea. He placed her under the treatment of some allopaths of the town, but nothing could do away with the malady. On February 8, last, she had an attack of dysmenorrhea again. The pains appeared with more vehemence than before. Some allopathic physicians treated her for twelve days. She was becoming gradually worse. Being hopeless and dispirited, her husband came to me and earnestly requested me to take up the case. I went to see her on February 21, 1899. I employed *sepia*, *puls.*, *bell.*, and some other remedies in succession, but none of them would bring about any partial amelioration of the pains. The pains were so very intense that the patient cried aloud. For the last two nights she could not sleep for a single moment.

I at last administered *xanthoxyllum 1x*, which acted like a charm to remove all the distressing symptoms, and the patient slept soundly.

The following symptoms were notably marked:

Abdomen. Unbearable heat in the abdomen, as though something burned her internally; the whole of the abdomen was extremely sore to touch or pressure.

Stomach. Intense, excruciating heat and burning in the stomach; pain in the stomach was aggravated by any hot application; the burning in the stomach was so very great that the patient rolled on floor.

Female sexual organs. Pains were very agonizing; worse in the evening; the flow was very copious; profuse discharge of hot, dark, clotted blood; pressure downward, as if all the contents of abdomen would issue through the vulva.

The burning and heat were most prominently noticed in the patient. Three doses of *xanthoxyllum 1x* were sufficient to put a stop to all the agonizing symptoms.

Clinical Miscellany.

HYSTERICAL MASTOIDALGIA.—W. E. Green, M. D., of Little Rock, reports a case, which occurred in his own practice, of a girl sixteen years of age, emotional, but intellectually dull, otherwise in robust health, who suffered for several months with continual pain and tenderness, and the other usual symptoms incident to suppuration of the mastoid. Treatment by several physicians failed to relieve her until a radical mastoid operation was performed. No morbid changes were found, and the patient was immediately relieved. Within a month, however, the other side was the seat of pain, and for the sake of mental effect that was likewise operated upon and prompt relief followed. The doctor ascribes the whole condition to a mental hallucination.

C. G. F.

GENITAL TUBERCULOSIS is not a pathological curiosity, but a disease of practical importance. Tuberculosis of the vulva is very rare. Tuberculosis of the vagina is not so infrequent and is always secondary to tuberculosis affecting portions of the genital tract higher up.

TUBERCULAR ULCERATIONS in vulva and vagina may obtain considerable size. They are always shallow. Their margins are always irregular and sharply cut. Their margins are slightly raised above the general surface. They have a more or less granular appearance. The base of the ulcer is studded by a quantity of granulations, some are grayish and semi-transparent, others are of a bright yellow color, usually not exceeding millet seed in size. In these tubercular diseases, try guaiacol internally. I have had good results from the use of the valerianate of creosote.

E. S. B.

A **PATIENT**, after taking Fowler's solution for upward of a year, presented a general bronzing of the skin just like that of Addison's disease. On the suspension of the drug the coloration became sensibly less.—*Journ. Belge d'Homeopathie.*

PHYSIOLOGY NOT WANTED.—Some so-called "Christian Scientists" have appeared before the superintendent of

schools of Chicago and demanded that their children be not taught physiology, because it is "contrary to the fundamental tenet of their system—that there is no material body."

These fanatics are a harmless sect and an amusing people so long as they confine themselves to giving one another "absent treatments," but when they attempt to interfere in affairs of the world they are always successful in making large sized fools of themselves.

SANGUINARIA CANADENSIS AT THE MENOPAUSE.—Dr. P. E. Krichbaum: Sanguinaria at the menopause is often overlooked. For cases of chronic sick headache, which have long resisted all medication, this remedy has been known to achieve wonderful results. The headache is characteristic. Beginning in the occiput, the pain runs up over the head and settles over the right eye, but differing from the two drugs named, it is accompanied by decided nausea, distended veins, marked redness of the face, and is usually a daytime headache, decreasing as night advances. Quiet and rest soothe the distress in the head. Vomiting also relieves.—*Homeo. Journal of Obstetrics.*

ARTEMESIA AND EPILEPSY.—Dr. Moeser states that there are three varieties of artemesia.

Artemesia abrotanum, which is of so much service in frost bites and chilblains, has no influence upon epilepsy. The other two kinds have remarkable curative properties in this latter disease.

Artemesia vulgaris, administered as a tincture of the root in one or two drops, has cured epilepsy, following fright, in a parturient woman. It acts especially if the attacks come on at frequent repeated intervals. The other variety, *artemesia absinthium*, is more active than the *artemesia vulgaris*.—*Ibidem.*—*Pritchard in Hahnemannian.*

ARSENICUM.—Dr. Balfour, of Edinburgh, in his book on "The Senile Heart," says of arsenic: "Most excellent results, indeed, occasionally follow the prolonged use of almost infinitesimal doses. I well remember one old gentleman exceedingly sensitive to the action of infinitesimal doses, to whom gr. $\frac{1}{80}$ of arsenious acid was quite poisonous, but who could tolerate gr. $\frac{1}{160}$ without difficulty. After taking this minute dose for two or three weeks, and nothing else, for a dilated and hypertrophied heart beginning to fail, he said to me: 'I do not know what benefit

you expected from the treatment, but I know what I have received. I can go upstairs much easier than I used to do.'"—*Hahn. Monthly.*

GUAIACOL IN THE TREATMENT OF LUPUS.—Funck (*Monatshefte fuer praktische Dermatologie*, 1899, No. 5; *Klinisch-therapeutische Wochenschrift*, September 10) reports two cases of disseminated lupus vulgaris treated with applications of guaiacol. Both were in children three years old in whom the lupus had made its appearance immediately after an attack of measles. In the first case two months of penciling with pure guaiacol accomplished the entire disappearance of the lupus nodules, which were replaced by white scars. In the second case three months of the treatment were required. The applications were made twice a day. The author holds that guaiacol is indicated only in disseminated lupus, and that in other varieties it does no notable good. The treatment is painless and extremely simple.—*N. Y. Med. Journal.*

ASPARAGUS AS A DIURETIC.—Hare, in the *Therapeutic Gazette*, calls attention to the undoubted value of asparagus in renal insufficiency from a variety of causes. He quotes a case of liver cirrhosis in which ascites was pronounced and the amount of urine greatly decreased. Drachm doses of the fluid extract of asparagus was administered three times daily. In the next twenty-four hours the amount of urine rose from thirty-nine to sixty ounces for the next twelve days. The asparagus was not given again for twelve days and then the same results were obtained.

He speaks also of a case of mitral lesion in which digitalis and the bitartrate of potassium failed to produce any diuretic action, but asparagus relieved the kidney debility at once. He finds that cases of advanced atheroma with aortitis and fatty heart do not show any marked effect with this remedy.

The best fluid extract is made from the tops of the asparagus, though the root stalk is often used.

KALI BICHROMICUM IN RHEUMATISM.—Dr. T. Ord recommends this drug in general fleeting rheumatic pains, which shoot quickly from one part to the other (puls., phyto.); rheumatism alternating with gastric troubles, the one in the fall and the other in the spring, or rheumatism which appears regularly every year at a certain time; nightly

rheumatoid pains from tertiary syphilis; gonorrhoeal rheumatism, improved by warmth; rheumatic pains in the joints, especially in the wrist and smaller joints. Frequently there is a cracking of all the joints at the least movement; gouty rheumatism.

There may be pains in the loins on the left side; worse on standing, sitting, bending over, or on pressure. It acts best in male (puls. in females). The pains come quickly, and soon vanish; worse in hot weather (better ign.). Pressure causes pain, which shoots through the whole nerve.

Rheumatic and syphilitic periostitis, nodes on the periosteum, deep-seated bone pains, caries, necrosis and ulceration of the bones.—*Zeitschrift des Berliner Vereines Homöopathischer Aerzte*, Bd. xviii., Hft. 11, 1899 — *Pritchard in Hahnemannian*.

SEPIA IN DYSPEPSIA OF UTERINE DISEASES.—Dr. F. Cartier : We have in sepia a remarkable remedy for the dyspepsia of uterine and utero-vaginal affections. The characteristic indications are : Profuse and permanent leucorrhœa, which may be vaginal and whitish, or uterine and watery, staining the linen greatly, which apparently is due to a hypersecretion of the uterine glands. In both varieties of leucorrhœa, the thick and yellow as well as the clear, thin and watery, sepia is indicated. This leucorrhœa, on account of its profuseness, brings about a characteristic dyspepsia, with drawing sensations in the stomach and a sort of heaviness of the organ as though it would fall from its normal position. The vision is weak, and the least exertion causes headache. These three symptoms are characteristic of sepia.

Helonias dioica is a great analogue of sepia in leucorrhœa and presents very pronounced backache of uterine origin, with heaviness in the thighs and a "sensation of a uterus." *Helonias* is useful to stimulate the appetite in women with uterine affections, in the first dec. dil., and sepia in the sixth to the thirtieth dec. trituration.—*Homeo. Journal of Obstetrics*.

ZINCUM CYANATUM IN PETIT MAL.—Dr. Oscar Hansen was consulted with regard to a young girl of twelve years, who for one and a half years had been epileptic. Her arms would twitch, and she would drop what she had in her hands. At the same time her head would fall backward and her eyes turn upward. These attacks occurred

most frequently when she would sit still and read, lasted one minute, and consciousness was lost for this period. Several attacks daily. During the seizures her face was pale. Her memory was good. Her urine was normal and often contained a great deal of urates. Her functions were regular. Wine aggravated her condition. Zinc. cyanatum 2x was administered, five grains, three times a day. The attacks decreased in frequency, and in less than three months the twitching in the arms had disappeared, and that of the head still less. In four months more there were only a few twitches of the head, and without loss of consciousness in the morning, and as two months' further use of this drug did not improve matters, and as it was noted that the twitching disappeared during movement, and especially in the open air, puls. nigric. 3c was given, three drops, three times a day, and in one month more she was wholly restored to health.—*Pritchard, in Hahnemannian.*

PETROSELINUM IN DYSURIA FROM PROSTATIC ENLARGEMENT.—Dr. ———, an anonymous correspondent of the *Leipziger Populare Zeitschrift fuer Homœopathie*, Nos. 15–16, 1899, was consulted by a planter well along in life with a hypertrophic prostate, who complained of frequent urging to urinate, every half to three-quarters of an hour, with burning pains in the bladder and urethra. No albuminuria. Canth., sulph., cann. ind. were without result, and on account of the suddenness of the urging to urinate, with violent and burning pains before and during urination, petroselinum 4x was given, three drops in water every hour. In a few days his pains had disappeared and the tenesmus had decreased in severity. His prostatic trouble remained uninfluenced. (Siefert, in all his indications for petroselinum, speaks of the *urgent suddenness of the desire to urinate* as characteristic.) It has an elective action upon the urinary tract affecting the mucous membrane; there is frequent desire to urinate, caused by a tickling sensation behind the navicular fossa. The urethral orifice is agglutinated by mucus; a milky discharge. In blenorrea there is a sudden desire to urinate which is pressing. In cystitis there is a violent urging to micturate which is felt suddenly. In children with spasm of the bladder the tenesmus is experienced suddenly.—*Pritchard, in Hahnemannian.*

THE USE OF MIKANIA GUACO IN MEDICINE.—*Mikania guaco* has proved itself to be a most valuable remedy in

cases of spinal irritation, more especially in those in which the patient is of a robust condition, of an excitable nature, and inclined to congestion and hemorrhoids, and having in addition the following symptoms: Feeling of weakness in the lumbo-sacral region, accompanied with pains in the upper portion of the vertebral column, of a drawing, aching, or sticking character (very severe in their intensity), with pains in the extremities, without them being paretic, the parts affected being very sensitive to the touch. It has also proved itself a great remedy in paralysis from pressure on the brain or spinal marrow, commonly known by the name of apoplectic paralysis. It is very useful in those cases in which there is redness of the face, a violent headache, and paralysis of the tongue. It is most effective when extravasation has brought on paralysis of the extremities or of the tongue, *mikania guaco* being one of the best (if not the best) remedies for this condition. The drug is of great service in the treatment of both acute and chronic paralysis resulting from extravasations of blood; it is of little value in exudations. A peculiarity also of the drug is that the paralysis of the lower extremities is speedily cured by its action, but that cases of paralysis of the upper extremities are only occasionally cured by it. The paralysis may be confined either to the right or left side of the body. In conclusion, *mikania guaco* is a very reliable remedy in spinal and cerebro-spinal irritation.—*Homeopathic World*.

CHRONIC MALARIAL INFECTION; RHUS TOX.—Mrs. H., brunette, twenty-eight years old. Resident of Arkansas all her life. Repeated attacks of malarial fever in childhood, but free from them for several years until last summer. In June of 1898 there occurred a three weeks attack of intermittent, "cured" by quinine and kept subdued by this drug until the winter set in. Promptly with the coming of warm weather this year there was a return of the chills. As promptly was more quinine given, with the usual suppressing result. Every twenty-one days from May until July was there an outbreak. Finally the case fell into my hands, there being at this time a daily paroxysm, occurring irregularly, from 6 o'clock in the morning until 9 or 10 o'clock at night. The patient was considerably reduced in flesh, was always tired and feeble, suffered severe lumbar pains and leg ache continually, was insomnic, had undeveloped hydroa, was nervous as a witch, cross as a bear

and otherwise miserable. Rhus tox. seemed to best cover the indications, the most characteristic of which were the nightly restlessness and intense lumbar and femoral aching. The thirtieth dilution was given for a week with excellent results. The fevers became lighter, the nightly restlessness quickly disappeared, the lumbar pains subsided slowly but surely, the tongue cleaned off promptly, the appetite returned until the patient was soon eating voraciously and within ten days from the first visit she was calling at the office. There have been two feeble attempts at a return of the paroxysms, the first more pronounced than the last, rhus promptly controlling both. The patient continues to gain in flesh, is performing her household and social functions and for the first time in eighteen months feels that she is recovered and her former self.—*Fisher in Medical Century.*

TREATMENT OF PULMONARY TUBERCULOSIS BY INHALATIONS.—The treatment of diseased conditions affecting the pulmonary mucous membrane by the use of inhalants is very alluring both to physician and patient. The claim is made that the medicinal agent, in suspension in a vapor, is carried directly to the part affected.

This is true. The medicinal agent is so carried, but it is well to inquire what office it performs when it reaches the part. There are but two things in the lungs to be accomplished. One of these is the destruction of the bacilli. If the inhalant can effect this, then the inhalant serves a useful purpose. But it may be confidently stated that no such result is accomplished. The bacilli are buried in the tissues, out of reach of vapors or other local agents. Anything that would destroy bacilli would destroy lung tissue. Hence, all thought that the patient is benefited in this manner must be abandoned.

If the medicinal agent used in the inhalant can stimulate the tissue cells so that their equation of resistance may be raised, and in this way bring about the destruction of the bacilli, then much is being accomplished. But it cannot be shown that any such result follows. If it did, then the introduction of the same agent into the circulation by any other means would have like effect, for any soluble substance once absorbed by the tissues of any part of the body is carried by the circulation to all parts. Opium can be injected locally, but it will exert its influ-

ence on the brain. Strychnine will seek the cord, wherever introduced. And so, any agent absorbed by the mucous membrane of the lungs will have no more specific local action than if the same agent, were introduced by hypodermic injection in the thigh.

The conclusion is forced upon us, therefore, that inhalants in pulmonary tuberculosis have no value as specific local agents. But this does not imply that their use is not beneficial. Favorable results follow their use. But these results are not due to the agent used; they are due to the systematic deep breathing exercise that the patient indulges in while making use of the inhalant. Pure air, and plenty of it, in the lungs is the great remedy for pulmonary phthisis. If the patient will not indulge in it without something of an objective character to offer extra inducement, then provide him with an inhaler, an inhalant, and admonish him that his very life depends upon the frequency and thoroughness of its use. He will be much benefited.—*Gatchell in Medical Era.* H. V. H.

Miscellaneous Items.

Dr. C. E. Fisher delivered a very entertaining lecture in the popular course at Hahnemann College November 17. The subject was the "Practical Side of Homeopathy." Unfortunately we have not as yet, received it for publication; Dr. C. E. Walton, president elect of the American Institute, also delivered a lecture at the college December 13; his subject was, "Why Study Homeopathy." It will appear in the January number of *THE CLINIQUE*. Both Dr. Fisher and Dr. Walton were entertained by the faculty at a dinner given at the Victoria December 14. The three addresses given in this popular course have excited much interest in the profession and no doubt helped the cause of our school. This will hereafter be an annual feature in the course at "Old Hahnemann."—An association has been formed in Boston to encourage the distribution of literature defining the principles of homeopathy. The subjects are well selected and the society has an aim similar to that of the English Homeopathic League. Particu-

lars and pamphlets may be obtained from F. M. Adams, Boston, Mass.—Dr. M. R. Barker will report for the bureau of neurology at the clinical society meeting December 23. Papers will also be read by Dr. C. T. Hood and Dr. H. V. Halbert.—We owe an apology to Dr. W. O. Forbes for omitting his name as chairman of the bureau of children's diseases in the report of the last transactions of the Clinical Society.—*The Pulse*, No. 1, Vol. VIII., comes to us in fine shape. The leading editorial defines the correct idea for a college journal.—We are pleased to note that Dr. W. E. Green, Little Rock, Ark., has returned from his European trip greatly improved in health.—The homeopaths of Columbus, Ohio, have recently established a homeopathic hospital. We shall yet find a hospital representative of our faith in every town of any size.—Dr. Frank Craft is arranging a trip to Paris next year for a party of fifty. Address 57 Bell Ave., Cleveland, Ohio.—Dr. M. C. Sinclair, a homeopathic practitioner of Grand Rapids, Mich., has been elected president of the Michigan State Examining Board.—Dr. Richard H. Street, recent interne in Hahnemann Hospital, has located at 83 Twentieth St., cor. Michigan Ave.—Dr. M. J. Brown, class of '82 of Salina, Kan., recently lost his youngest daughter after a two days' illness.—We are pained to report the sudden death of Dr. C. A. White, '97, of La Grange, Ind. The cause of his death was diphtheria incurred while attending a patient.—The same sad news reaches us in regard to Dr. Mary Leffingwell, who died of typhoid fever September 24, at Hartsville, Mass.—The Milwaukee Pulmonary Sanitarium is doing good work in the treatment of tuberculosis, under the charge of Dr. O. W. Carlson.—Prof. Hinsdale, Professor of Theory and Practice in the Homeopathic Department of Ann Arbor school, paid us a visit of inspection last week.—Dr. Chislett has gone south for a much needed rest.—Dr. Evans' paper read before the last Clinical Society meeting will appear in a later issue.—Dr. William M. Cook, '97, has taken Dr. C. A. White's practice at La Grange, Ind.

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