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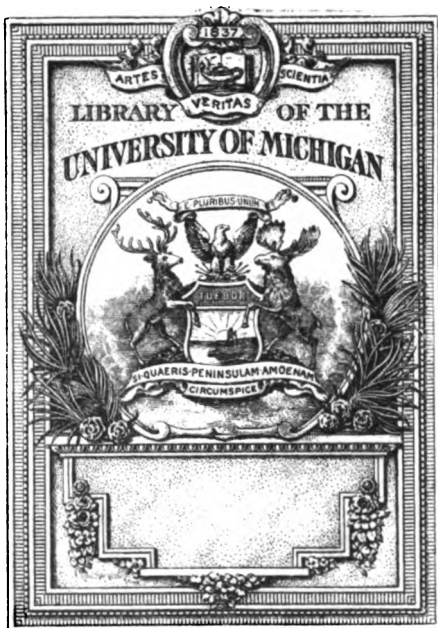
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The Clinique

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THE CLINIQUE.

A MONTHLY ABSTRACT OF THE CLINICS AND OF THE PROCEEDINGS
OF THE CLINICAL SOCIETY OF THE HARNEMANN
HOSPITAL OF CHICAGO
ETC., ETC.

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THE CLINIQUE.

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[No. 1.

Original Lectures.

WHY STUDY HOMEOPATHY?

AN ADDRESS BY C. E. WALTON, M. D., PRESIDENT OF THE AMERICAN INSTITUTE, DELIVERED IN THE COURSE OF POPULAR LECTURES AT HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO, DECEMBER 13, 1899.

It is with no small degree of diffidence that I appear before you to-night to elucidate a question that has been answered from the rostrum of this college every year for the last forty years; answered by men whose testimony cannot be surpassed, and whose eloquence can scarcely be equaled. Death has silenced the tongue of many an enthusiastic teacher, but the subject so dear to their hearts still lives. The last word has not yet been spoken for homeopathy, nor shall be till the last doubting Thomas hesitates to thrust his finger into the wounded side of Truth. I bespeak at your hands the kindly consideration usually extended to the invited singer, and hope to disarm the unfriendly criticism which ever stands ready to attack the voluntary performer.

I shall sing you no new song to-night, but shall tell you "the old, old story," set in a rhythm whose cadence shall be pleasant to your ears, and in a measure whose harmony shall appeal to your utmost responsiveness.

Why study homeopathy? Study it for the same reason that you would study any subject. Study it to uncover its weakness and to determine its strength. It has been of much worth to others, endeavor to make that worth your own. Men study that which will do them good, and help them to do good to others, or they study

that with which they have been done, and with which they will endeavor to do others. The purpose of study is primarily to learn what is yet not known, and secondarily to confirm what is already known. Study is distinctively utilitarian. It strives to master its subject and to determine its utility. The student of medicine is, presumably, seeking for that knowledge which shall best enable him to cure the sick, for that is to be the occupation of his life. To the neophyte several systems of medicine are presented, all of which, worthy of any claim to investigation, possess certain fundamental knowledge which is a common basis. This knowledge must be acquired by all, irrespective of schools or systems or tenets. The dogmas of medicine are what constitute the distinctive features of the various systems, hence the adherence to a dogma marks the distinction of the physician.

As a man dogmatizes so is he, or is supposed to be. The motives which determine the choice of a medical system are frequently conglomerate; hereditary bias, social distinction, greed of emolument, ease of acquirement; but these all sink into utter insignificance in comparison with the one supreme motive which should actuate every student—the desire to cure the sick. What method shall best enable me to restore the sick to health, is the chief question of every honest student of medicine. In seeking an answer one is bound to consider his own limitations, and these will be modified by natural talent, by power of application, by preliminary education. Not every one who wields the brush can become a great, or even a medium artist, but a good sign painter is a useful member of the community. Not every musician can lead an orchestra or compose an oratorio, but the best drum-beater in town is a man of some importance. Not every physician can apply the subtlest power of drugs to the correction of the obscure aberrations of the human organism, but the unfailling catcher of the restive tapeworm is certain of both urban and rural renown. Having determined that your limitations will justify something more than the crudest mechanics of medicine, let us see why you should study homeopathy.

You have been told who is the founder of homeopathy, but, as a beginner, you will care nothing for Samuel Hahnemann, and should not. You would know the workings of the system independent of its discoverer. The child whose head is struck by a falling stone cares

nothing for Newton and his law of falling bodies, but he soon learns to dodge, or employ the law for his own benefit. The savage is indifferent to the fame of Stevenson, but he soon learns to get out of the way of the machine driven by the expanding steam, or mounts the train for rapid transportation.

To study homeopathy because your parents desire you to may be an excuse for your doing so, but it is a very shallow reason for doing so. Hereditary medicine, hereditary religion, or hereditary politics, is not of a sort which rests upon a foundation destined to withstand the attacks of a virulent opposition, or which presages the certainty of a vigorous development.

Recognition of law and comprehension of principles are necessary for the mastery of any department of science, and each student of homeopathy must secure this for himself before he can have any hope of success. For a century homeopathy has been the exponent of a law of cure, of a law which may lead to the proper selection of any therapeutic remedy for internal administration, be its origin organic or inorganic. In the crucible of the healthy human being must each drug be tried before it can become amenable to the homeopathic law, for its disease-producing power measures the degree of its usefulness. To comprehend this law and the principles regulating its application is one reason you should study homeopathy. When you have done this, not a cure will be made that will not furnish you an additional reason for continuing its study. What homeopathy has done for others it will do for you. What others have done with homeopathy you can do; the law is for all who can apply it. It will change you from a guesser to a thinker, from a visionary to an oracle, from a romancer to a necromancer. What if it be true that two-thirds of all the sick will get well on nothing if they only have plenty of it. The true work of the physician lies with the other third, who not only need something, but need that something so administered that they will at least have a chance to recover. Homeopathy is especially applicable to this third. Any system of medicine ought to be successful with the self-recovering two-thirds.

You have been told over and over again that homeopathy furnishes a law for the selection of the remedy, that it teaches the use of a single remedy, and emphasizes the power of the minimum dose. In doing this it eman-

cipates its followers from the thralldom of empiricism, releases them from the bondage of polypharmacy, and brings them face to face with the fact that nature manifests her might as effectually, and much more frequently, in the gentle rain and balmy zephyr, as in the roaring cataract and destructive whirlwind. We tremble at the thundering avalanche or the lightning's vivid flash, and marvel at their destructive force; but the swish of the flowing river, and the glint of the rising sun proclaim a power beneficent which maketh none afraid and worketh for the good of all.

If you would know the power of the atom, study homeopathy. If you would know the physiology of the cell, study homeopathy. In the application of the medicinal atom to correct the sick physiology of the cell, homeopathy exhibits its wonderful efficiency. We do not need to know how a thing is done in order to appreciate the thing done. We can use the Roentgen rays without being able to explain their method of penetration, or to build a machine which can develop them. One can use the telephone without knowing the a b c of electricity. So can one practice homeopathy without knowing the method of its working. "Whereas I was blind, I now see," is the statement of one who knew what was done but not how it was done.

If you would know drugs, study homeopathy. It will teach their disease-producing power as no other system of medicine has yet undertaken. It will give you discriminating knowledge of the difference of action of drugs of the same family and of different families; a knowledge which determines the choice between a remedy homeopathic and one that is nonhomeopathic to the cases for which you would prescribe.

If you would know disease, study homeopathy, not with the expectation of bringing the case within the bounds of some pathological category, but with the hope of bringing it within the curative range of the proper remedy. An undetermined pathology leaves the prescriber floundering in the quicksand of doubt, but a correct symptomology plants him on the bedrock of certainty. I cannot forbear illustrating this statement in recounting of Hahnemann's famous achievement in foretelling the remedies for cholera without having seen a single case. Having the symptoms accurately described, he predicted the usefulness of cuprum, camphor and

veratrum alba. Their subsequent success in curing cholera cases justified the prediction, and shows what can be done with the knowledge of drug provings. No more brilliant example of the prophetic power of scientific knowledge has ever been furnished, though it was equaled by the French astronomer, Lavarrier, who, after studying the perturbations of Uranus concluded that they must be caused by the presence of a hitherto unseen planet. Calculating the location where this planet must be, he requested a distant astronomer, who possessed a more powerful glass, to scan a certain portion of the heavens at a certain time, and lo! Neptune was discovered within one degree of its estimated situation. The predictions made possible by the knowledge of physical laws were confirmed by subsequent observations, and these in turn established the reliability of the laws.

What can homeopathy do? This is a question which naturally comes to the lips of every investigator. As a great statesman once said, "We can judge of the future only by the past." So of homeopathy, we can judge of what it can do by what it has done. We shall not call in evidence her colleges, her hospitals, her asylums, her journals, her statistics, her societies, with all their splendid records, but we shall appeal to her therapeutics. The surgeon's knife is never wielded homeopathically; his remedies not only may be, but should be so used, and many a surgical victory has been secured through homeopathic remedies. When you have learned to make aconite take the place of the lancet; to make apis or arsenicum a substitute for the trocar; to make bryonia a rival of the aspirator; to make arnica or opium displace the trephine; to make hepar sulphur, or spongia, or bromine, or iodine, or kali-muriaticum supplant the tube, you have learned a little of the power of homeopathic remedies.

Some years ago a little son of a wealthy Cincinnati man was apparently dying of what was then known as membranous croup; both the attending physician and the eminent consultant said that all had been done but a tracheotomy, and they would not insist upon that, as the patient would not live through the night. As a last resort a homeopathic physician was called, who, with arsenicum and hepar sulphur and kali-bichromicum, cured the case. What those remedies did then, they can do now in a similar case, independently of intubation,

antitoxin or local germicides. The homeopathicity of a drug to a disease does not change with the name of the disease. The drug whose symptoms are similar to those of the disease will remove them as certainly now as fifty years ago, and will do so fifty years hence. The reign of a natural law is not limited by time. Once defined it explains all antecedent phenomena within the scope of its application and all subsequent phenomena. Liquids sought their level long before the law of gravitation was discovered, and will do so as long as there is a liquid to gravitate. Metals have always expanded under the action of heat, and always will do so as long as metals and heat exist. A law of cure has always been operative though the conditions for its application may be even now but partially understood.

I stood by the bedside of a beautiful boy whose life had been prolonged by intubation and the seemingly indicated remedy, but the rapid and faltering pulse, the prolonged expirations and clammy brow sweat betokened a speedy demise. The homeopathic picture of *carbo vegetabilis* gave a forlorn hope that through its agency the "reaper whose name is death" might yet stay his hand and sheath his "sickle keen." The early dawn showed that the trust had not been in vain. The breath came with more even rhythm, the heart throbs took a slower pace and a stronger stroke, the brow was dry, the lips less blue, and health returned at the beck of that inert (?) remedy. It is surprising how frequently irresistible is the inertia of the right remedy. Call this coincidence if you will, but you will learn sooner or later that homeopathy makes a specialty of such coincidences.

A young girl of fourteen had been the long time victim of a nightly epilepsy. No clew to the remedy was disclosed by her history, but a scurvy scalp with a foul odor pointed to *psorinum*. A single paroxysm, after a three days' intermission, and no subsequent return, is the present record of the case now some two months old. Would you have learned this outside of homeopathy?

An intermittent fever of several months' duration, thoroughly dosed with quinine, produced a patient with a 11 A. M. chill, insatiable thirst and a beaded tongue. This condition speedily yielded to *natrium muriaticum*. Surely this salt had not lost its therapeutic power though the thirtieth dilution had carried its substance far beyond the chemist's ken. Study homeopathy to learn of this power.

A constipation of many weeks' duration had resisted the violent assaults of many cathartics, but hung out the flag of "unconditional surrender" when stormed by the overwhelming force of opium 6x. Study homeopathy to learn of this force.

A child afflicted for months with "night terrors," where the terrifying dream was of "white rats in the bed," was relieved in a short time by stramonium, after having been medicated by many doctors of different schools, and old German proving furnished the characteristic which led to the choice of the right remedy.

A surgical case suffered excruciating attacks of pain in the rectum which only came on when the patient went to sleep. The well-known action of lachesis upon the rectum, with the general characteristic of "sleeping into an aggravation," led to its choice with speedy relief. Study homeopathy to learn some of these characteristics.

What other system of medicine will help you to select so surely the remedies which were successfully used in these cases? What nice discrimination is demanded in selecting remedies for the removal of pain which runs from occiput to frontal bone, from occiput to right or left eye, from frontal bone to occiput, or confines itself to occiput alone? Of pain, which is confined to one or the other side of the body, which is aggravated or ameliorated by damp or dry weather, by heat or cold, by day or night, by quiet or motion, by music or noise? Of conditions which have fever with, or without thirst, with or without sweat; of coldness of body which cannot endure covering, and of heat of body which must be covered? If homeopathy does this it must be worthy of consideration. If it requires that you must be cognizant of all the multitudinous symptoms of mind and body which indicate functional disease or organic change, it certainly will put you in touch with a vast number of diseased conditions.

"There is no royal road to learning," nor to homeopathy. Only by painstaking application, day in and day out, can a knowledge of its wondrous power be acquired. Think not to master its intricacies once for all, and then rest from laborious study. Eternal diligence is the price of success in the practice of homeopathy. Each drug has its peculiar sphere of action, and even drugs of the same family present their characteristic individuality. When one drug is indicated no other drug can do its work, and an improper choice means loss of time, even

if not something more. Aconite will not cure a belladonna case, nor will hyoscyamus take the place of stramonium. No substitution can be tolerated in the practice of the accurate prescriber. No sluggard in any school of practice can be a success, much less in the school of homeopathy, the most requiring of all systems.

The study of homeopathy will stimulate your observation and encourage your research. The solution of scarcely a scientific problem but will throw a valuable sidelight upon your medical studies, and homeopathy courts the illumination of any scientific source. The revelations of microscopy, of spectrum analysis, of bacteriology, have furnished not one single argument against the truth of homeopathy, and its principles have received from these sources much confirmation.

Think not that in studying homeopathy you are identifying yourself with the promulgations of a visionary. No higher testimonials of intellectual superiority have been given any man than have been given Samuel Hahnemann by even his bitterest opponents. A linguist, a chemist, a scholar, a thinker, you need not hesitate to follow the leadership of such an one on the score of unworthiness, or ignorant presumption. He served not alone his day and generation, but generations yet unborn. To recognize the workings of a natural law, such as he did, required the possession of a master mind; and to pay tribute to a master mind demands no apology.

That you may know what broad-minded men have said of homeopathy, even though their professional training has led them to affiliate with its opponents, let me quote a few opinions expressed many years ago when the rancor of opposition had lost none of the virulence which since may have been modified by time.

Dr. George Ralph, professor of the medical faculty in Tuebingen, said: "It is the duty of the physician to investigate homeopathy; the daily increasing number of its followers alone would justify a critical inquiry into it." Says Raine, in his "Institutes of Medicine:" "It is due to truth that the physiologist concede to the homeopath that his hypothetical views may be directed by an enlightened understanding of the properties and laws of healthy beings. Even his doctrines in pathology and therapeutics are a thousand fold better, more consistent, more rational, more conducive to health and to life, than any or all of the tenets of the chemical or physical schools."

In one of his clinical lectures, Liston, the great English surgeon, who testified on more than one occasion to the value of homeopathy, said: "I believe in the homeopathic doctrine to a certain extent, but I cannot, from inexperience on the subject, go to the length its advocates would wish. The medicines, in the cases we have been considering, were certainly given in much smaller doses than have ever hitherto been prescribed. The beneficial effects, as you witnessed, are unquestionable. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due inquiry and examination." (*Lancet*, April, 1836.)

Said Professor Brern, a celebrated Italian physician: "Homeopathy has its books, its journals, its chairs, its hospitals, clinical lectures, professors and most respectable communities to hear and appreciate. Having attained this rank, it by no means deserves contempt, but, on the contrary, a cool and impartial investigation, like all other systems of modern date. Let us always recollect that the greatest discoveries have given rise to the most violent controversies. Witness the examples of Harvey, Jenner, Galileo, Newton, Descartes, etc." If these opinions were correct when delivered more than twenty-five years ago, how much more correct are they now in the closing year of the nineteenth century which bears witness to the continual, aye, phenomenal growth of homeopathy and its adjuncts?

In an address on homeopathy in 1875, by Lucius D. Morse, M. D., of Memphis, Tenn., from which I have culled the foregoing quotations, he states on the authority of Dr. Ruddick: "That a prominent allopathic physician complained not long since, at a medical meeting in Chicago, that in a part of that city occupied by the wealthier citizens, the homeopaths had seventy-five per cent of the practice; in a neighboring ward, among the shops and cheap residences, they had fifty per cent; but in the neighborhood of the river, among the degraded and ignorant portion of the people, the practice was exclusively allopathic." I know not whether the proportion still exists, but if not, it must be due to the fact that the number of colleges in this city has not kept pace with the extraordinary growth of this great metropolis. Chicago may still be a missionary field; if so, strive to keep up that seventy-five per cent.

The strength of homeopathy lies in its materia medica,

and your strength will develop in proportion to your mastery of its wondrous capabilities. Have as many professional avocations as you may, but make the study of the materia medica your one professional vocation. In the homeopathic materia medica you have the Kimberley in which you can find therapeutic diamonds fit to ransom the kings of the earth. Uncut they appear as common stones, but polished under the energy of research, each facet reflects its marvelous beauty, and the attrition of each intellect but adds to its great value. Wherever there is a flaw grind it out, even at the sacrifice of its size; its worth will be only enhanced. Gather your treasures from Hahnemann and Jahr and Boeninghausen, Hempel, Hering, Lippe, Hale, Burt, Hoyne, Cowperthwaite, Allen, Dewey, Nash, Guersney and Farrington. Get a keynote here, a principle there, a comparison yonder; get wisdom from all, and with all get understanding, and it will not be a great while until you know why you are a homeopath, how you became a homeopath, and what you are a homeopath for.

Study homeopathy so as to determine for yourselves whether or not it be a species of quackery, whether its practitioners are knaves, and its followers people with feeble intellect.

Study the cures that are made and strive to imitate them; the nearer you imitate them the more you will appreciate the fact that it is not faith alone that cures infants, animals, and the insane; not faith alone that reduces the mortality of our foundlings, our epizoötics and our lunatics.

Pardon me if I task your patience to the extent of listening to a few cases illustrative of what homeopathy can do for the insane. I find them recounted by Dr. Cooley, of Plainfield, N. J., in one of the journals for 1899.

A lady of forty-five had suffered from several attacks of insanity. She had been taking three remedies in alternation during the day with an additional remedy at night. The case was peculiar in that she would be seized with irresistible inclination to talk, which came on at noon and continued two hours, and again at midnight for the same length of time. Stramonium was selected from among the remedies she was taking, and it cured her in a few days. This was six years ago, and she has had no return.

A clergyman, aged forty-five years, had been under old

school treatment, and was thought by his physicians to have paresis. He had taken \$34 worth of drugs in the past three months. He could not sleep even, under narcotics; was emaciated and so weak that he could scarcely speak and could walk about the house with great difficulty. The tongue was heavily coated, appetite gone. He suffered from pains running up the back into the head; was utterly depressed and helpless. The reflexes were exaggerated. He was extremely nervous and all his troubles were aggravated by noise. *Nux vomica* made a new man of him in eight weeks.

A man, age sixty, had melancholia sixteen years previously and was in the Middletown Asylum several months. Recently he was attacked with acute bronchitis. When the bronchitis abated the melancholia returned accompanied with an irresistible impulse to suicide. Respiration was rather labored with large mucous râles. A paroxysm of coughing was followed by a paroxysm of suicidal mania. Three powders of *hepar sulphur* cured the whole case in two weeks.

A woman, age forty-two, had been failing for a year. Black specks floating before her eyes for two years. Finally financial troubles affected her mind to such an extent the family physician sent her to Brookside. She was obstinate and faultfinding. Was sure she must go to the poorhouse, that her life was wrecked and she would never amount to anything again. A few powders of *aurum met.* cured the case in two weeks, the black specks also disappearing, and she returned home in six weeks.

A woman, age seventy-two, had been troubled with sleeplessness for a number of years and had taken codeine tablets every night. She had suffered with hepatitis for many months and finally her mind gave way. She slept little and talked constantly day and night, when awake, about hell and the bottomless pit. Was most wretched, complaining and moaning constantly that she did not want to go to hell, but God told her she must. She had many delusions about herself and her family. She was scarcely more than a skeleton and could sit up only ten minutes at a time without complete exhaustion. She had no teeth, and as she did not care for soups feeding was a difficult problem. Under *stramonium* she has gradually gained in flesh and strength, and her mind is completely restored. She is now able to sit up the greater part of the day, walk

out and takes drives of an hour. Duration of treatment nine months.

A woman, age thirty-eight, had been doing work as a missionary in North Carolina nursing the sick. A year ago she had bleeding piles and used ointment which stopped the bleeding, but her health failed and her mind became much confused, could not remember how to perform the simplest household duties. She was afraid she would be arrested and worried constantly about it. Her physician had given her belladonna the day before being admitted. The bleeding piles returned in a day or two, followed by coldness of arms and shoulders during the night with much perspiration. This was succeeded in a few days by severe chill, fever and sweat every other day with severe pain in the spleen. The chill came two hours earlier each time and was accompanied with thirst. Eupatorium perf. cured the whole case.

A man, age fifty, had been suffering from melancholia for a year. This was a second attack. The family history on both sides was full of insanity. He had suffered from asthma for a number of years, and especially during attacks of hay fever. Arsenicum was found to cover not only the mental symptoms, but the asthma as well. The latter was soon relieved and the mental condition improved gradually until now he is well and practicing his profession, that of a lawyer.

This is a short record, but could be swelled indefinitely with cases going to show that homeopathy is something more than a mere faith cure.

In the practice of medicine the individuality of the prescriber contributes largely to his success. It is the man behind the prescription that counts, but homeopathy must be behind the man. The target, the finder, the gunner's eye, must all be brought into conjunction, but behind the gunner must stand the law of explosives, the law of flotation, the law of navigation, or the gunner's skill must be a guess.

Would you become a homeopathic physician let us consider for a moment—What is a homeopathic physician? After an existence of fifty-five years the American Institute of Homeopathy, at its meeting in Atlantic City, June, 1899, declared by resolution that, in the language of its secretary, a homeopathic physician is "one who adds to his knowledge of medicine a special knowledge of therapeutics. All that pertains to the great

field of medical learning is his by tradition, by inheritance, by right."

Following an incubation of more than half a century it is fitting that there should be hatched a definition which exemplifies all the potentiality of the germinal spot deposited so many years ago. There is as much difference between a homeopath and a physician as there is between a Presbyterian and a Christian. We have seen homeopaths who were not physicians, and Presbyterians who were not Christians. We have seen physicians who were not homeopaths and Christians who were not Presbyterians. But a homeopathic physician is a composite of all that is good in homeopathy and all that is good in any practice of medicine. And a Presbyterian Christian is a composite of all that is good in Presbyterianism and all that is good in Christianity. This definition recognizes that a homeopathic physician is one who selects his remedies according to the law of similars, and his adjuvants according to the consensus of the best medical opinion of his age. What more would you expect him to be? How much less can he afford to be?

The modern homeopathic physician is a regular graduate of a legally incorporated college. He believes that the law expressed by "*similia similibus curantur*" furnishes the surest rule for the selection of drugs in the application to the relief of disease; that the only way to learn the action of drugs upon the human organism is to administer them to persons in health; that the effect of any drug is best observed by administering it singly; that in disease the least amount of a drug necessary to produce the wished for result is the rational dose. He believes that the adaptation of possible means to possible ends is not inappropriate in the practice of scientific medicine, and that the exclusive use of a high dilution, or tincture dosage, is not essentially characteristic of scientific methods. If he knows less of medicine than his allopathic brother he is but a poor physician, and if he knows not more he is but a very poor homeopath. The more of allopathy he knows the better a homeopath he is; and the more of homeopathy he knows, the less of allopathy he will practice.

Much has been heard in the last seventy or eighty years about the "regular" and "irregular" physician. The first prescribes without any rule (except that of limitation), and is consequently "regular;" the second tries to

prescribe only by rule, and hence is conspicuously "irregular." At the present day we are not infrequently treated to the paradox of the allopath prescribing by the rule of both homeopathic selection and dose, and he is the irregular; while the homeopath, with his large doses of drugs furnished by the manufacturing chemists, lays himself quite liable to the charge of being regular. Does this mean that the homeopathic lamb is preparing to rise up within the allopathic lion, after the manner of a post-historic millennial scheme, or is the Kilkenny cat style of amalgamation working out another example of the "survival of the fittest?"

Do you find the subject of "dose" a stumbling block? Apply to it the same discrimination you make in employing any force. You can drive a tack with a piledriver, but what a waste of force. You cannot drive a pile with a tack hammer, a senseless use of time and energy. There must be a wise adaptation of means to the desired end. The much talked of "minimum dose" may mean a gram or a milligram. A flash of sunlight will make a photograph, but it takes many sunbeams to make the giant oak. The whole realm of drug force is yours. The results obtained will mark your wise or injudicious employment of it, but remember well that in homeopathy a teaspoonful of the wrong remedy will not equal in power a drop of the right one, even though one be a tincture and the other a high dilution.

Scoff not at the power of the inconceivable dose. Can you weigh the amount of matter that carries the odor of musk, which has no apparent diminution of weight though giving off its effluvium for years? Can you measure the atoms which carry the infection of scarlet fever, or measles, or smallpox? Can you focus beneath your microscope the active principle contained in or associated with the deadly bacteria? An inconceivable fact is by no means an impossible fact. What is beyond the comprehension of one generation becomes the general knowledge of the next generation, hence the term "impossible" should be used with great hesitancy, as it may be only the measure of present ignorance.

Beyond the violet and the red are tints no eye hath yet beheld; beyond the octave, high and low, are sounds no ear hath heard; but the searching eye shall see, and the listening ear shall hear, and truths as yet unknown shall some time find their birth and mark the progress of the race.

I have tried to emphasize the point that the law and the provings are the principal reasons for studying homeopathy; another reason will be found in the cures you can make. When Dr. J. Compton Burnett, in the heat of controversy with an old school doctor who had never heard "even one good reason for being a homeopath," made the statement that he could furnish *fifty* reasons, his opponent challenged him to produce them. As a result he furnished the record of fifty cases cured, which, taken collectively, are sufficient, to quote the language of Dr. Burnett, "to convince a stone." If you have any doubt as to the reasonableness of this statement read them for yourself. The book can be procured at any pharmacy.

If you have any doubt as to the practical working of the law, as distinct from its possible theoretical value, let me recount the following case reported by Dr. C. Hering, which I find in one of the recent "Homeopathic Pamphlet Series."

The case is that of a wealthy European whose attending physicians disagreed over his disease, whereupon he resolved to consult several physicians and to take their treatment if any course was perfectly agreed upon by three. He consulted many, keeping an exact account of every consultation in a book for the purpose, resembling a ledger in large folio. But he did not succeed in finding any two who agreed respecting his case. Accordingly he did not follow any advice, but remained without treatment. The number of physicians he consulted was 477, and the number of prescriptions was 832, containing in all 1,097 remedies. Dr. Hering persuaded him to try homeopathy, urging him that he could name not three, but thirty-three physicians who would be of one opinion. The invalid undertook the trial. A description of the disease was sent to thirty-three homeopathic practitioners. A *louis d'or* was enclosed in each letter, and the physician was urged to name the remedies indicated. Twenty-two of the physicians agreed respecting the case—out of over two hundred medicines, *twenty-two fixed upon the same remedy*. Continuing in the patient's own words, from a letter to Dr. Hering, "One could not expect more. The physician nearest me has got me under his care and my health is improving from day to day." (Tract 33, English Homeopathic League.)

A similar case occurred in this country about ten

years ago. Twelve of the leading physicians of each school were sent a description of a case with an urgent request to name the remedies indicated, inclosing the usual consultation fee, with the result that no two of the allopaths prescribed alike; in fact, each sent a widely different prescription from the others, while all the homeopaths, without an exception, prescribed the same remedy.

When you have really studied homeopathy and have learned to apply its principles you will more keenly appreciate the feelings of those who, in the beginning of the new century so near at hand, would raise in the Capitol City of our country a loving testimonial to its illustrious founder, and I cannot more appropriately finish this address than by answering the question, "*Why build him a monument?*"

Why build any one a monument? What is a monument? What good do monuments do? Answer these questions and you have answered the question which is before us.

In all ages men have delighted to commemorate in enduring structures the great deeds and lofty sentiments of distinguished persons. Pyramid and obelisk and sphinx bespeak the power and worth of Egypt's mighty dead. Cathedral, tomb and statue perpetuate the memory of Europe's illustrious leaders. Temple, shrine and abbey hallow the memory of the world's devoutest ecclesiastics. Shaft and urn and quadrega remind us of famous warriors, philosophers and statesmen.

The human mind forgets, the monument reminds. All history is a reminder, hence a monument of the ages. We need to be reminded. Death, with relentless hand, sweeps into the insatiable grave the transient form of man, and each succeeding generation would have to spell out anew a repetition of life's problems, which had long ago been solved, were not the reminders left as a rich heritage to the race. Repetition is not progress, and forgetfulness is the grave of all advancement. The main-spring to intellectual activity is the memory and comprehension of what has already been achieved, and development depends upon a former evolution.

For nearly nineteen centuries the utilitarian has asked, "Why break the costly box when poverty calls for food?" And the answer comes to us now, as then, "Trouble not the woman, she is doing a good thing; her annointment is for my burial." Devotion recognized a God where cupid-

ity saw only a man. A good thing is done when thought is stimulated and investigation fostered, when devotion leads to action and prepares for burial that which shall be a resurrection.

When it was proposed to erect the shaft which now stands upon Bunker Hill, the chronic objector asked: "What good will the monument do?" What good indeed? When it could not fail to awaken in the minds of all beholders sentiments of patriotism akin to those which actuated the patriots who gave their lives for our perpetuity as a nation. To succor the poor is good. To relieve the sick is good. To comfort the down-trodden is good. But equally good is it to foster the thoughts that raise man above the plane of a mere physical creature.

The body in which we are encased needs most thoughtful care, but that which is encased needs no less consideration and it is to that end we should hail with joyous greeting everything that tends to embellish the soul. Music, poetry, art, science, philosophy, learning, are all good in so far as they stimulate soul growth, and the highest good is that which promotes the surest success, the most permanent welfare, the greatest happiness. We listen to a symphony, and our souls are taught to vibrate with the very being of the composer. A great poem stirs our inmost self with the lofty imagination of the poet. A marvelous painting compels our admiration of the beautiful.

We stand before a statue of Michael Angelo and our emotions are stirred to harmonize with those of the great sculptor. In this way we honor the doer by recognizing the things done.

Around the name of Washington clusters the sentiment of liberty.

Around the name of Lincoln clings the ideas of emancipation.

Around the name of Luther hovers the thought of reformation.

Around the name of Hahnemann we find the conceptions of liberty of thought, emancipation from doubt, reformation in medical practice.

In building a monument to Hahnemann we are doing honor not only to him but to ourselves. We seek not to deify a man, but to pay tribute to his greatness as a scholar and a philosopher. We seek to bear testimony

in a substantial manner to our belief in the value of his law of cure. He taught the difference between a law and a coincidence; between a knowledge and a guess. He brought to a high degree of perfection the power of the thinking habit and his attainments stand as a constant incentive to the highest mental activity. We would honor not only the doer, but the doing; and hope to perpetuate his example as an appeal to all investigators.

In subscribing to a system of philosophy, and inculcating its precepts, we show our esteem for the philosopher and establish a tribute more enduring than monumental brass. But symbols seem to be one of mankind's established needs. Wherever a cross is raised, there stands a monument to the crucified Christ. His worshipers, thus reminded of his death, look beyond the mere emblem, strengthen their faith in his teachings and consecrate themselves anew to the adoration of his precepts. To adore a man, or his image, is an idolatry; the worship for which they stand is a religion.

In applying the doctrine of symbolism to Samuel Hahnemann we do but recognize a universal need. He stands for a superior medical truth. We seek to stimulate the recognition of that truth. The elements of a martyr were in his personality. We strive to incite a reverence for these elements. A father in medicine, we acknowledge his paternity. A wise counselor in practice, we acknowledge his counselings. A pastmaster as a remedial prover—we subscribe our faith in his provings. A lawgiver in therapeutics, we recognize his law.

That this is not an estimate of the man biased by the influence of discipleship, listen to what is said of him by Sir John Forbes, physician in ordinary to the Queen of England:

"No careful observer of his actions or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine as ingenious as many that preceded it, and destined, probably, to be the remote if not the immediate cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself." Hahnemann was undoubtedly a man of genius and a scholar; a man of indefatigable industry, of undaunted energy. In the history of medicine his

name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice."

Again, John Syre Bristow, M. D., in an address before the British Medical Association, said: "That he had learning and ability and the power of reasoning is abundantly clear. He saw through the prevalent therapeutic absurdities and impostures of the day; he laughed to scorn the complicated and loathsome nostrums which even at that time disgraced the pharmacopeias; and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems which then and theretofore prevailed."

After such encomiums from men of a different school of practice, may not the followers of Hahnemann with fitting propriety attest their admiration of the man, and their recognition of his work, by a deed of loving remembrance ?

Then pour the molten bronze, and hew the granite block, and rear the stately structure that shall remind us of what has been. Let our thoughts be truly seed-thoughts, their fruition, truth's grand harvest, and the world shall be our debtor, and immortality our reward. Let art pay a tribute to philosophy, let curiosity lead to knowledge, and many will *run* to worship who formerly *stood* to scoff.

*VENTROFIXATION OF THE UTERUS.**

BY E. STILLMAN BAILEY, M. D., SENIOR PROFESSOR OF GYNECOLOGY IN HAHNEMANN MEDICAL COLLEGE, OF CHICAGO.

In the courteous note from our president asking the contribution of this paper for this evening I noticed that the time limit was put at fifteen minutes, and so I realize the necessity for the condensation of a genuinely interesting and practical subject into a very small space of time.

My first general proposition is that a certain proportion of the cases of persistent uterine retropose and retroflexion are remedied only by some mechanical methods. One of these methods is the fixing of the fundus of the uterus to the peritoneal portion of the anterior abdominal wall by one or more sutures, and thus favor the adhesive form of inflammation, causing the peritoneal envelope of each part to thoroughly unite and to form a new support and one calculated to do away with the symptoms of the uterine displacement, and at the same time to create no immediate or remote obstacle to the proper physiological action of the organ itself or to its adnexa.

This has always seemed to me a good deal to ask of any one operative measure, but in the line of experience one part of this general proposition is very satisfactorily accomplished in the records of my own operative cases, and I am not fortunate enough to be able to present any evidence as to the second part of the proposition, whether the fixation creates a new menace to the welfare of the patient in a subsequent conception, gestation and delivery.

My list of operations for ventrofixation now numbers twenty-nine, and so far I have nothing but words of praise for the after effects so far as I am able to trace each case, save those I shall mention in this report. I know the experiences of others have been greater than my own, but perhaps the same ground work of experience may be what others desire to hear from me, rather than the reiteration of the text-book description of the technique and causes for operating. Then, too, the greatest service any gynecologist can render his specialty is to truthfully and accurately record his experiences.

*Read before the Homeopathic Medical Society, of Chicago.

My first case, March 5, 1895, was to me the worst one. I was practically forced to do the operation on a patient whom I considered a very poor surgical risk and whose claim for the operation was based on the fact that a prominent gynecologist, who had treated her for twelve years, had positively refused to treat her longer or to consent to have an operation performed by another. "Your case is a hopeless one," said he. "The uterus is very small, it is badly adherent by peritoneal bands and the retroflexion is so pronounced as to create the inability for development or recovery."

"All the more reason then," she said, "why I should continue to apply for relief," and she became my patient for one year before I operated. The patient was unmarried and was thirty-four years old; she was unusually strong and active as a girl, delighting in fast and furious horse-back riding. She was often called upon to break horses to ride. It was on one of these occasions, during a menstrual period, that she was thrown from the saddle and sustained severe injuries, one of the results of the accident being that the uterus was badly retroverted and a pelvic inflammation was established.

For the following years she suffered dysmenorrhea, gradual failure of strength, inability to walk; when once she had walked miles without fatigue, she now rode in a buggy if the distance to go was farther than a block. Severe nervous symptoms, hysterical crying and paroxysms developed, nutrition was very poor and her strength was very little. She had had all forms of drug and local treatments and was none the better. A year after my first acquaintance, she said, "I am no good living, life is one constant misery, I am in so much pain, I would count it a comfort to die in undergoing an operation that promised any relief, so please do it."

I agreed to operate, and shortly after did a ventrofixation, following the Kelley method. I encountered all the difficulties of circumscribed pelvic peritonitis, chronic and with dense adhesions, a rough and pustular skin eruption and an acute flexion of the uterus that made it difficult to reduce. I used a newly prepared catgut suture. A New York man sent out a lot of this suture material, making extravagant claims for its strength and its perfect sterility. It caused suppuration in every case where it was used. My patient did poorly under the anesthetic and vomited almost constantly for the three

days following the operation. Then melancholy seized her and she went into the depths of despond, mentally.

Little remains to be said. Six weeks after the operation, in spite of the complications, she began to walk. In three months she had gained over thirty pounds in flesh, the dysmenorrhea had practically gone, the skin eruption had cleared up, the constipation became very much better, the hysteria disappeared, and she walked twenty blocks after dinner each day, rain or shine. She improved in every way, and four years have now elapsed and the fundus is anterior and stays there. She attributes the recovery as I have simply outlined it, to the surgical operation of ventrofixation of the uterus. She was restored to an excellent degree of health after thirteen years of invalidism.

The operation I have selected and performed, with very slight modification, is known as Dr. Harvard Kelley's operation of ventrofixation. It is the direct median fixation in very moderate anteversion. The uterus that has been habitually out of place is thus made to remain in place, restoring, as it does, in very many instances the normal circulation that was once badly interfered with, relief of pressure symptoms, both on the intestines and vessica with their natural outlets and the freeing of the patient from distressing backaches and bearing down pressure symptoms.

This operation has been modified by many operators, and no less than fifteen others have been described as possibly accomplishing the same results. Some of them are excellent, and some are mere mental phantasms of the surgical enthusiasm for personal nomenclature.

My second case, following in a few weeks, amounted to a perfect failure. The patient had been married for several years and barren; had been infected and had suffered from pelvic peritonitis and great exudates. She had a retroflexed uterus, and was persuaded by my first case to insist on my doing a ventrofixation. I attempted to do as I had in the former case, but encountered this difficulty: The uterus resembled an infantile organ; it was not only small, but it was bound by adhesions, the cellular tissue exudates at the cervical end of the uterus being so dense that it was with the utmost difficulty that it could be raised sufficiently high so as to introduce the sutures at all. In this case I used a fine silk. At an examination ten days after operating the fundus was found

back in its former position in the pelvis, innocent of having been recently removed therefrom. I had little confidence of the success of the operation at the time of making it, expressing the wish that the patient might get out of the room before the silk sutures tore out. The tension was great when tied, and the probabilities are that the organ was soon rid of its fastenings.

This is one of the presenting difficulties in this particular form of fixation. It has been met with a second time, but the operation of putting in the sutures was abandoned.

My third case was that of a miss, whose occupation was clerking in a fashionable store. Her hours were not so very long, nor the work very heavy, but the uterus had come to sag early in the day's work, and at night it was dislocated downward so that it was prolapsed to the second degree.

It was a movable organ and gave her great distress by pressing so continually on the bladder. Some days it was like asking for a day off, so much of the time was consumed in the efforts to void a few drops of urine and to get rid of the tenesmus. The operation was performed to rid this girl of the vesical distress, and so far it was a success, but there was three months afterward such an elongation of the peritoneal attachments at the site of the incision, no fundus to be felt through the parietes of the abdomen, and there was a prolapsus of at least to the first degree, but no vesical complications. The patient was not cured of her displacement, and suffered from it when fatigued and at the menstrual time. Success in this case was marked in only a slight degree six months and a year after the operation.

My fourth case was sent by Dr. Hartsell, of Rensselaer, Ind., and, in the abstract, is briefly thus: Mrs. —, age about thirty years, mother of five children. For the past two years she has had a backache that has rendered her days and nights miserable from the unending pain. At the menstrual time the pain was very severe, amounting at times to paroxysms approaching or actually going into the unconscious stage. Examinations revealed a pelvic condition of retroposed uterus and a cystic ovary. September 15 I operated, performing the following operations in order: (1) Curettement of the uterus; (2) repair of the badly lacerated cervix; (3) perineorrhaphy for both torn and relaxed outlet; (4) abdominal section for removal

of the right Fallopian tube and right ovary; and (5) a ventrofixation.

The patient said on the second day after the operation, that her backache had gone entirely and that she is feeling as well as she ever did. A letter two months after the operation affirms this.

In this case I used the kangaroo tendon prepared by Marcy.

Case 5. A young lady, aged twenty-six years, was operated on twelve weeks ago, for a persistent retroverted uterus. It was anchored in the backward displacement probably six years ago when she overworked in her duties World's Fair year. At any rate repeated endeavors by excellent physicians had failed to reposit the uterus or to get it out of its bed of adhesions by any of the methods employed.

In the operation, to free it of its adhesions a strip a half inch wide and well across the fundus was practically denuded of its peritoneum. The flexion was marked from its long position even when freed and brought into position in the abdominal wound. The kangaroo tendon was used as the suture material.

I have examined this case within a week and find the fundus fixed anteriorly as when left at the operation. The patient says she has had three months of being absolutely free from her old pain and the dysmenorrhea has been cured also, at least three periods have been normal.

Case 6. Miss S., aged thirty years. This patient had more of a history than I need repeat in this paper. The operation performed upon her was a double ovariectomy and salpingotomy. The condition being cystic ovaries and salpingitis with the occlusion of the fimbriæ, the amputation requiring the sacrifice of a large section of the broad ligament and the prolapsus being persistent, a ventrofixation followed at the finish of the amputations.

In this case the persistent backache disappeared entirely while the removal of diseased tubes and ovaries relieved a mind distressed. The patient feels relieved of the "overhanging something," the fears and forebodings, as well as the sense of awful weight and pressure within the pelvis.

In the summary: 1. Nine of my cases have been for ventrofixation only, that is, no other operation was contemplated or needed. 2. Ten have been in connection with the removal of some portions of the adnexia. 3.

Seven have been where the ligamentous support and adnexia have been very largely removed.

My convictions regarding the operation of ventrofixation are : 1. That the risk to life is reduced to a minimum, and the chances in favor of the cure of the patient are enhanced to the maximum.

2. The chances of the results of the operation interfering with the normal gestation and delivery at term must be considered as a rather small percentage; viz., so far as I can trace my own cases, ten are still unmarried, and in the nineteen I have not heard of any conception having taken place except in one patient now four months advanced and so far no signs have been noted of any interference with gestation. In fact so far "its the easiest of the five" gestations.

3. Had all these operations waited on the possibilities of conception chronic invalidism would have resulted in the larger number of my cases--about twenty-four.

4. In the point of personal prejudice I deem it the one attended with the best results of any, of my work in the pelvis.

5. Its limitations are apparent to me (1) when the uterus is found to be almost an infantile organ, (2) when the adhesions about the cervix and body prevent the free forward and upward lifting of the organ, (3) when the complication of fibroids are noted, (4) when the womb is overlarge (hyperplastic).

6. My cases in point of numbers and variety of data do not establish anything worthy of any expression of opinion, save in my own way; as such I cordially commend it as a curative measure when indicated. In the answers to questions rised in the discussion following, I would say that the operation is the last resort after everything else fails, hence we have nothing to do with talking about normal positions being interfered with.

My own cases, as I stated, are very few; yet in making up a grand average of all cases of this one kind operation, at least twenty-two are known to be successful from one month to four years after operating.

It is hardly just to rake up all the isolated cases of ventrofixation and give the averages without at the same time being equally just in stating what operation was employed. Dr. Martin wrote some time ago that an operation at the hands of any one operator really had no

standing until the operator had performed it over 100 times. The operator doing the last one better than any other one, giving the truer standard of the work itself when familiarity lends a knack whereby the patient gains in the results obtained.

CACTUS GRANDIFLORUS.

BY DR. CHAS. H. EVANS, ASSOCIATE PROFESSOR OF MATERIA MEDICA IN HAHNEMANN MEDICAL COLLEGE, OF CHICAGO.

With one, or at most two exceptions, the cactus family is native to the western hemisphere, and in greatest number, variety and development exists southward from the southwestern United States through Mexico into northern South America, although dwarfed varieties occur further north and south from this belt. All kinds of cacti thrive best in otherwise barren, sandy, alkali and lava soils, and usually upon elevated plateaux or mesa lands, regions in which rain is so unusual as to be almost unknown and where surface water is never seen. As moisture is, however, absolutely necessary to enable these remarkable plants to exist, nature has provided a thick mat of cellular tissue which is able to store up, from the light, misty rains and the damp night atmosphere, sufficient moisture to last them through many months of torrid heat and continuous drouth. Furthermore, they possess a thick, dense, leathery epidermis which does not permit of the evaporation of water and other vital fluids contained in such plants. In their native countries they are often the only vegetation that dots the desert plain, and they lend variety and color to what otherwise would be a dreary waste. They assume many and often grotesque forms, some being globular and varying in size from that of a marble to that of a melon (melocactus), or even to the size of a washtub (echinocactus), or developing into huge bosses (mammillaria); sometimes rising in tall, fluted, dull green columns to a height of forty feet or more (organ cactus), or sending out branches which are nearly parallel with the trunk from which they spring (candalabra cactus). All of the foregoing, as well as many other varieties, are sometimes seen standing alone and without neighbors, sometimes occurring in groups or arranged in seried ranks.

Other varieties have creeping, snakelike forms, which

extend themselves laterally over bushes or small trees, and, interlacing with them, form an impassable barrier to man and animals. The entire surface of all the different kinds of cactaceæ (and there are nearly a thousand species) is covered with innumerable hard prickles, thorns and spines of varying size and rigidity, that deeply wound the flesh of any one incautiously touching them. The flowers, which are often of great beauty, develop in the most diversified situations on the plant, and usually on a barbed stalk; they are remarkably brilliant in hue and their prevailing colors are scarlet, red, yellow and orange, which, in many instances, are associated in the same flower.

The species of cactus in which we are most interested for its usefulness in the field of medicine is the one known by the name of *cactus grandiflorus*, a title which has been bestowed upon it on account of the size of its blossoms, as its pure white flower, when in full bloom, has the circumference of a medium sized saucer. This cactus is native upon the slopes of the Andes, and exhibits the peculiarity of blooming only during the hours of darkness, commencing to open its milk-white petals after the sun has set, and attaining its full size by midnight or later, but withering and perishing before sunrise, a single night witnessing its beauty and inhaling its perfume. It is, therefore, appropriately called "queen of the night."

This variety of *cereus* was first introduced as a medical agent by Dr. Rocco Rubini, an Italian homeopathic physician residing in the city of Naples, who, with his wife, in 1864 made exhaustive provings upon their own healthy bodies, the method that homeopathy demands for the acquirement of drug knowledge. Since then further provings have been made by Lembke, Clark, Hencke, Burt and other homeopaths, but these are only of interest from the fact that while they amply confirmed the original provings they added but little that was new to the record.

A large manufacturing laboratory in St. Louis has, during a number of years past, issued a proprietary article, labeled "cactina pills" and publish quantities of testimonial literature from physicians of the other school of medicine confirmatory of the advertised uses of this drug in cardiac disease as per the printed recommendations of the before mentioned laboratory.

But in all this widely circulated matter, no mention is made as to the origin or the method by which the virtues of *cactus*, unknown before, were ascertained.

Whether the manufacturers are aware of these facts or no, or whether the cactus is mingled with digitalis, adonis, strychnia, strophanthus, etc., I am unable to say.

A different variety of cactus may be employed by this firm, for the *cereus bonplandii* has also received a proving at the hands of the homeopaths, though an exceedingly meager one, and was empirically prescribed for cardiac disease by the late Dr. Hale upon some of the general proven indications of the *grandiflorus*.

The essential influence of *cactus grandiflorus* consists in the production of cardiac disorder and intense hyperemia in various organs of the body. The head soon becomes greatly congested and suffers with a tensive pain of such severity that it feels as if the skull would burst. This sense of pressure on all parts of the head gives a sensation as if the head were tightly bound around with a bandage or cord, and is associated with giddiness, faintness and a staggering gait. This bursting tension is also experienced in other localities, viz., the pharynx, upper, middle or lower thorax, heart, hypochondria, pelvis, uterus, etc., and at times even the whole body feels as if it were enclosed by ropes or was bound in a wire cage. Associated with the cephalic congestion there is bright redness and bloated tensive swelling of the face. In consequence of this arterial strain hemorrhages occur from any of the outlets of the body. The foregoing as well as the other symptoms caused by this plant show that its energy is chiefly expended upon the circulatory system and that disturbances which are instituted in various organs arise in consequence of disorder in the vascular apparatus. The provings direct attention to the fact that the heart is made to become the seat of pain and irregular movements, and that it also experiences a feeling of restraint as if it were being closely confined by an iron band or held in the clutch of a fist and struggled to burst its bonds, which is attended in most instances by tumultuous throbbing.

A variety of this symptom consisted in a feeling as if the heart were so tightly constricted that it actually ceased beating for half a minute or more.

An intermittent action of the heart was sometimes present, at one time pulsating strong and rapidly, and then beat weak and slow, or it became small, quick and irregular. Fluttering palpitations often took place at night even when the prover was lying quiet in bed. Emotions

or other excitement caused a recurrence of violent palpitation. Lying on the back seemed to favor a return of strong throbbing of the heart. Going up-stairs also caused an attack of palpitation, and changing position in bed also produced the same thing. Sometimes the pulse was small and wiry, and there was necessity for labored inspiration. Occasionally there were attacks of pain in the region of the heart of such acuteness and intensity as to force the person to cry out.

All these and many other cardiac symptoms were more or less continuous day and night; had a tendency to return in paroxysms and were attended in greater or lesser degrees with anxiety, a sense of suffocation, a difficult respiration, red or cyanotic face, general coldness of the body and limbs, or a cold, clammy sweat moistening the entire surface.

In this brief résumé of the changes wrought by cactus in the vascular system, a close resemblance is seen to exist between an artificial disease and the most serious natural diseases to which the heart is liable. It is suggestive of functional and of such organic disorders as valvular insufficiency, hypertrophy with or without dilatation, pericarditis, endocarditis, angina pectoris, etc., etc. The attendant hyperemias and hemorrhages from various organs result from the cardiac disorder; the cough, dry or moist, the bronchial catarrh, with free secretion of mucus, the dyspnea, the edematously swollen hands, feet and legs, the urinary and possibly the intestinal and uterine disorders are dependent upon and result from the cardiac derangement instituted by the experimental use of this plant. The uterus partakes of the same tensive pain experienced in the head and thorax, which sensation may also involve the diaphragm and produce a girdle of pain around the waist. In addition to the diseased condition of the heart and as if to make the toxic imitation almost identical with the real, cactus has instituted quite a number of rheumatic symptoms so that the chain of events becomes complete from the articular disease to the cardiac involvement. It is not claimed that the use of this drug will restore the integrity of distorted valves or cause the various stenoses to disappear, or that it will afford permanent relief in all instances or even in a majority of them; but when the foregoing symptoms present themselves in a patient and there are no prominent indications for other drugs the administration of cactus in a large

proportion of cases will be followed by prompt relief wholly or in part. This has been my experience and that of my collaborators who employ this agent, and the narration of clinical cases on my part would only be a repetition of the pathogenesis I have just brought before you.

CARDIAC HYPERTROPHY.

BY A. L. BLACKWOOD, M. D., PROFESSOR OF THEORY AND PRACTICE IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Cardiac hypertrophy is a conservative process established as a result of interference with or defect in the vascular system. It is characterized by a thickening of the walls of the heart, with or without enlargement of its cavities, and is due to prolonged overwork. Among the causes are interference with the circulation of the blood through the small arteries, due to certain toxic agents, as the result of Bright's disease, syphilis, gout or lead poisoning, obliteration, narrowing or inelasticity of the walls of the blood vessels, as found in the aged, general arterial sclerosis, hydremic plethora, and narrowing of the aorta, whether from congenital or other causes. Emphysema and pleuritic effusion are the principal pulmonary causes. Any defect in the circulation of the blood in the heart that demands an extra effort on the part of the heart muscle is sure to be attended by more or less hypertrophy. The form known as the "primary idiopathic" is dependent on prolonged physical exertion. Neuroses, tea, coffee and alcohol are all responsible for a percentage of these cases.

The hypertrophy may be general or partial. While any part of the heart may be hypertrophied, the left ventricle is more frequently involved than the right, and the right auricle more frequently than the left, this being in proportion to their physiological importance. The shape of the hypertrophied organ is dependent on the part or parts involved. So long as compensation is perfect there are no symptoms, but the patient early recognizes that the fine adjustments between the circulation and the condition imposed on it are easily disturbed from slight emotion or exercise. The pulse is full, strong and of high tension. A dry, irritating cough is often complained of. The pronounced cerebral circulation may give rise to headache, tinnitus aurium, carotid pulsation, flashes of light before the eyes and flushed face. The physical signs vary according to the part of the heart involved.

Inspection shows the force and cardiac area to be increased and the apex beat to be lower than normal and to the left. When the right side is more involved there is epigastric pulsation and the apex beat, while to the left is not lowered to the same extent as is found when the left side is involved. To palpation there is bulging of the precordial region and the pulse is full and forcible. Percussion shows the area of flatness to be increased both vertically and transversely. Auscultation is not reliable, as the heart sounds are modified more by the condition of the myocardium than by the hypertrophy. If the hypertrophy is well advanced and the heart muscle is in a normal condition the first sound will be dull, prolonged and booming. Should the muscles be below par the first sound may be hardly noticeable, and the intensity of the second sound depends on the arterial tension. The cardinal points in the diagnosis are the displacement of the apex beat to the left, the heaving, forcible impulse and the increased area of cardiac dullness. This last symptom must not be confounded with pericardial effusions, aneurism, mediastinal growths, displacement of the heart, left-sided pleurisy, phthisis and cirrhosis of the lungs.

Cardiac hypertrophy, unlike tumor formation, is a perfect reproduction of the original tissue, having the same function, and it occurs only when the muscle is healthy and properly nourished. The hypertrophy is not in itself dangerous, the danger being in the subsequent dilatation which is slowly brought about owing to changes in the coronary arteries or a general malnutrition.

The treatment of cardiac hypertrophy resolves itself into the maintenance of a necessary hypertrophy. If the cause of the hypertrophy is amenable to treatment it should be removed. Such cases are usually due to over-exertion, or have nervous or toxic origin. Hygiene and dietetics are especially useful in this class of cases. All the functions of the body should be kept in as perfect a condition as possible. The diet should be carefully regulated as to quantity and quality, as overeating is especially injurious, and the less liquid taken the better, so long as the normal physiological conditions are met. If the patient is in the habit of using tea, coffee or liquor their action on the heart should be studied carefully, and if they are found to be injurious they should be dropped from the bill of fare. The patient should avoid being

fatigued. Gentle exercise is the best method of keeping up the normal muscular tone and vigor. Violent exercise should not be allowed under any circumstance. The cutaneous circulation should be stimulated either by the flesh brush or by the cold sponge bath followed by thorough friction. The mental condition of the patient should be as cheerful as possible; they should have plenty of sleep, and have but a light meal before retiring. Woolen clothing should be worn next to the skin the year around. In spite of the regulation of the patient's habits there are decided symptoms pointing to a gradual loss of compensation. Absolute rest in bed must be insisted on, that the work of the heart may be diminished and allowed to regain its disturbed compensation. To this class of patients, when there is ground for it, a favorable opinion, confidently expressed, is often of benefit.

The homeopathic *materia medica* is rich in remedies any one of which may be called to our assistance in this disease, but the following are those I have used with a degree of success :

Aconite is indicated when there is palpitation with marked anxiety and restlessness, in robust, strong, full-blooded individuals. There is glistening of the eyes and injection of the conjunctiva.

Adonis vernalis has recently assisted in establishing a compensatory hypertrophy in two cases, one of aortic stenosis and the other of mitral regurgitation. The symptoms were edema of the lower extremities, great dyspnea, scanty urine and irregular pulse.

Arsenicum alb. is of service when the muscular structure of the heart is involved. There is palpitation of the heart and general anasarca ; the pulse is small and irregular. The characteristic restlessness, anxiety, prostration, thirst and nightly aggravations are present. This remedy has also been of service in those cases that develop as the result of mountain climbing.

Arnica montana has not been of much service in hypertrophy of the heart, but in cases where the heart has been put upon a strain that it had not been prepared for, such as violent running, bicycling, etc., it is of service. There is distress in the cardiac region, with a slow pulse while at rest, which becomes rapid on motion.

Convallaria majus is indicated when the right side of the heart is involved, as the result of obstruction to the pulmonary circulation. The heart's action is weak ; there

is great dyspnea with faintness and palpitation of the heart.

Cactus grandiflorus has been so frequently verified that it needs only to be mentioned. There is hypertrophy with dilatation, the patient is pulseless and extremely exhausted, cannot lie down, has sensation of constriction about the heart as if an iron band prevented its normal movement, acute pains and painful stitches in the heart with obstruction to the respiration.

Collensonia canadensis was found useful in one case where the heart was greatly hypertrophied and there was palpitation and pain. This remedy controlled the difficulty, the guiding symptom being the hemorrhoids and constipation.

Crategus is a remedy I have used several times with success, especially where there was a failure of the normal action of the heart; but I am unable to define its action with certainty.

Digitalis is a valuable but much abused remedy. Its characteristic, to my mind, is an extremely slow pulse becoming accelerated and irregular on the patient assuming a sitting posture or on the least movement. There is edema about the ankles, dyspnea and cyanosis. He feels that the heart would stop if he moved.

Iodide of arsenic has been of great service in maintaining compensation in the aged. There is palpitation of the heart with hypertrophy, and tightness across the chest. An examination of the arteries shows that you are dealing with an arterial as well as a cardiac degeneration.

In *kalmia latifolia* there are paroxysms of pain about the heart with dyspnea and febrile excitement; there is endocarditis with wandering rheumatic pains in the region of the heart, extending down the left arm, and palpitation which is worse while the patient is lying on the left side, but relieved by lying on the back.

Lycopus virginicus has been of service in several cases of failing compensatory hypertrophy. One case especially was that of a man seventy years old who was addicted to the use of tobacco and had used a great deal of alcohol. There was an endocardial murmur, and rapid dilatation of the heart was taking place. A cough with hemoptysis was present, and the heart's action was quick, irregular and feeble.

Naja tripudians has rendered valuable service when

there was present an annoying sympathetic cough with exaggerated heart action. The heart is increased in size and there are organic changes of the valves. There is dyspnea and prostration with marked pain about the heart and general anasarca.

Spartine sulphate has been of special service in hysterical subjects with a neurotic history, when the heart muscle appears to be undergoing degeneration and compensation is failing.

Veratrum viride has many of the symptoms of aconite but here there is less disturbance of the nervous system and more of the arterial, as indicated by the more forcible action of the heart, the strong pulse and greater congestion of the head and chest.

ON THE USE OF SUGAR AS AN OXYTONIC.

BY FRANK H. PRITCHARD, M. D., MONROEVILLE, OHIO.

Several years ago Dr. Bossi, a lecturer on obstetrics and gynecology at the University of Geneva, Italy, recommended the use of sugar in uterine inertia. At that time I tried it in one case, where it seemed to render prompt and satisfactory service. Since then I have employed it now and then with results which were in the main satisfactory, yet such is the force of habit that one turns so readily to the older and oft trusted quinine as an ebolic. This we know to be safe, which cannot be said of ergot.

Recently Dr. A. Payer has experimented in a number of cases with sugar at the obstetrical clinic of Gratz, Austria. He has employed it in thirty-four parturient women, which he divides into five groups.

The first group comprises seven cases of uterine inactivity toward the end of the stage of expulsion. Here thirty grams—one ounce, practically—of sugar given in one hundred and fifty grams—five ounces—of water (the dose which Bossi used, and which may be repeated as often as necessary), was followed not only by a considerable increase of uterine contractions, but also by a rapid ending of the labors. This ebolic action was manifest in five cases from fifteen to thirty minutes after the remedy was taken. One woman who vomited it when it was administered in a dose of fifty grams in two hundred grams of water, noted quite an augmentation of the con-

tractions in an hour, when the child was born. Finally, in one case of rachitic malformation of the pelvis, in spite of increase of the force of the pains, the forceps were required.

In the second group, where in twelve cases the sugar was employed at an early stage of labor, in three an increase of expelling power was noted only three to six hours after ingestion of thirty grams of the sugar; in the others the effect was doubtful.

The third division is represented by six women, who were affected with deficient force of the pains from the beginning of labor and who were at various stages of labor. Here the drug undoubtedly rendered the strength of the pains greater in thirty minutes to an hour, but the child was only expelled after much time had elapsed, and once with the aid of forceps; and in another, fetal hydrocephalus, after craniotomy.

In the third group, comprising three cases of false pains, where nothing indicated the actual commencement of labor, he noticed after ingestion of the sugar the appearance of quite energetic uterine contractions, which, however, did not lead to termination of labor.

Finally, he had six cases of women, who were about to be confined, take sugar in large doses, even up to one hundred and twenty grams, but in whom labor had not actually commenced. In all these, in five to fifteen hours after taking it, very powerful pains set in and labor rapidly was terminated.

Hence it appears from these observations that sugar is actually an ecbolic, especially at the period of expulsion, when it is particularly indicated. It may be also given at the beginning to expedite and influence labor favorably. The ease with which sugar may be obtained, and the absence of those dangers attending the use of ergot, render it worthy of trial in these conditions. Let us hear from others on this matter.

Clinical Society Transactions.

C. JOSEPH SWAN, M. D., PRESIDENT.
ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.
FRANK R. LEEDS, M. D., SECRETARY.

The regular monthly meeting was held in the college amphitheater December 24, at 8:30 P. M.

REPORT OF THE SECTION ON DISEASES OF THE NERVOUS SYSTEM.

M. R. BARKER, M. D., CHAIRMAN.

LIX. HYSTERO-EPILEPSY. By C. T. HOOD, M. D.—
To write a paper for discussion, in a society like this, upon a subject about which there is no dispute as to its existence is comparatively an easy task for one engaged in active work. But to attempt to write a learned treatise upon a subject the very existence of which is disputed is altogether another undertaking. But as this evening has been devoted to the consideration of epilepsy, a much neglected subject, and as hystero-epilepsy, so-called and so classed and treated in the text-books, belongs somewhere and is thought by many to belong to the subject of epilepsy, I will attempt to bring out a few practical points in its consideration.

Does the name hystero-epilepsy cover the condition under consideration? Is it a dual disease, one-half hysteria, one-half epilepsy? In some way does the condition we call hysteria and that which we call epilepsy mingle together and give us a new disease? Superficially looked at this would seem to be the case. That we have a disease which is a combination of the two neuroses, hysteria and epilepsy, varying in proportion in different cases, not epilepsy, not hysteria, but both; that both these poorly understood neuroses may exist in the same individual must be admitted, but the convulsive attacks remain distinct. This point I wish to particularly emphasize.

The convulsive attacks of hystero-epilepsy present only the external manifestations of epilepsy, or there are external attacks resembling epilepsy. We think that all the cases of hystero-epilepsy are one of two general kinds.

First, epilepsy is the primary disease, and upon this becomes, in time, grafted hysteria, hysteria being the result first of the lowered vitality of the higher centers; and, second puberty, fright, marriage, or some other emotional cause. This variety of so-called hystero-epilepsy is common. In fact, I have seen but few, if any, other forms of the disease, and think that they are rare. The second general variety of so-called hystero-epilepsy is hysteria with epilepsy added. In these two general forms of the disease the history of hysteria goes its own way, showing itself by the general manifestations of hysteria, while the epilepsy pursues its course indifferent of the existence of the symptoms of hysteria.

I presume should any of the doctors present to-night be asked to give the symptoms of hystero-epilepsy he would give the symptoms as usually given in the text-books; but the facts are that but few general practitioners are intimate with the symptoms of hystero-epilepsy, or at least with the differential clinical points. As a rule, the so-called hystero-epileptic attack begins by a sudden shriek, accompanied by extreme pallor, with either real or apparent loss of consciousness, a fall—but this fall is not so sudden as in true epilepsy—distortions of the features, followed immediately by tonic convulsions. I wish to call attention to this point as we go along. In true epilepsy the fall is usually followed by a moment, or a few seconds of quiet, before the tonic contractions begin. In hystero-epilepsy the tonic contractions usually involve all or nearly all the voluntary muscles. Note the hand. The thumbs are drawn across the palm and the fingers firmly flexed upon it, while in true epilepsy one thumb may be flexed across the palm when the epilepsy is the result of a cortical lesion, but both thumbs are never drawn across the hand. Should they be, which would be a rare case, the fingers are not flexed as in hystero-epilepsy. There may be frothing at the mouth, and even blood, but the blood does not come from biting the tongue, as in true epilepsy, but from biting the lips. The true epileptic never swallows until the attack has passed, but the hystero-epileptic always swallows. He may resist the swallowing for a time if his attention has been previously called to it, but he will always swallow before the attack is passed.

Now comes a very important clinical point. In true epilepsy the tonic contractions are followed by clonic

contractions, more or less severe, while in hystero-epilepsy the tonic contractions are followed by a general relaxation of all or almost all the contracted muscles. In true epilepsy the tonic contractions are followed by the clonic contractions, and then the patient either regains consciousness, or, what is usually the case, the clonic contractions gradually relax and the patient passes into a coma, stupor, or deep sleep, to be followed in a longer or shorter time by awakening to consciousness. In hystero-epilepsy the tonic contractions are followed by relaxation, then coma, stupor, or deep sleep, to be followed by contortions of all kinds from simple contortions of the arms and legs, to the most extreme contortions imaginable. These contortions are followed by a period of delirium, accompanied by sobs, tears, laughter, voluptuous remarks, anger, or some expression of emotion.

The form of the disease which we have been considering is of course the grand mal of epilepsy, as there are no petit mal attacks of hystero-epilepsy, no so-called epileptic vertigo in hystero-epilepsy. No difficulty can be experienced in differentiating the petit mal attacks of true epilepsy from hystero-epilepsy. The aura of hystero-epilepsy is also of much longer duration than that of true epilepsy. It is long enough to allow the patient time enough to reach a place of safety before the fall occurs. Then, too, the hystero-epileptic attacks can often be aborted or cut short by pressure upon the ovary, which is never the case in true epilepsy. The thermometer is also of service to us in making a diagnosis of hystero-epilepsy. In true epilepsy the convulsive movements are accompanied and followed by a rise in temperature of from one to four degrees Fahrenheit, while in hystero-epilepsy the tonic contractions may be accompanied by a slight increase in temperature, but this is seldom attained.

In status epilepticus the temperature will run high, from 103° to 106° Fahrenheit, while a patient may have many hystero-epileptic attacks extending over several hours, or even days, with little or no increase in temperature. In true epilepsy the urine and feces are often passed during the unconscious stage, while in hystero-epilepsy this never occurs. The duration of a true epileptic attack rarely exists for more than a few moments, while the hystero-epileptic attack may last for hours. Hystero-epilepsy, then, we should consider the high or highest grade of hysteria.

Etiology. We cannot at this time enter into the subject of the etiology of hysteria in general, but must confine ourselves to the etiology of the higher grade, or hystero-epilepsy. I do not believe that it is possible to develop the state we call hysteria in every individual, but that there must be an unstable condition of the nervous system. Given this unstable condition of the nervous system and an emotional cause, then you have all the elements necessary to induce hysteria. Given this unstable condition plus an emotional element, with the remembrance of having seen or read of an epileptic attack, and you have all the elements necessary to produce hystero-epilepsy. In a word, hystero-epilepsy is emotional.

Pathology. That no pathological anatomy exists in hystero-epilepsy all writers agree, but that at least a pathological condition exists during the attack we must believe. What that pathological condition is can be but a matter of conjecture. I believe that it is due to an irregular action of the vasomotor nerves within the brain and cord, resulting in an anemia of the higher centers controlling the lower, and a hyperemia of the lower centers resulting in an overproduction of motor impulses which with the lowered will power produces the contractions.

The prognosis is bad. The first and most important indication for treatment in hystero-epilepsy is the removal of the patient from home and friends to a place where they may have firm but kind attention. Too much stress cannot be placed upon this point. I do not believe that there is any use in attempting to treat these cases at home.

The second indication for treatment is to restore the will power, and this is the only practical thing there is to do. How to accomplish this is, however, a very difficult problem. Most writers claim that the best results have been obtained by the rest cure, which includes putting the patient to bed, absolute quiet, forced feeding, massage, electricity, cold and hot douches, and tonic remedies, with such drugs as may be indicated. Surgical work has been advised, and is repeatedly done for these cases and often with good results, and sometimes with no apparent results. That all sources of local irritation should be removed all agree. But too much must not be expected from the surgical work. Before I understood suggestive therapeutics I had fair success in the treatment of this class of cases. Of late years the rest cure is supplemented by suggestive therapeutics and the results

have been better. Everything done for the patient has a suggestion connected with it. One important point in the treatment of these cases is the question of sleep. Many of them claim that they do not sleep when they do, while others sleep but little. Sleep must be obtained, and if the indicated remedy fails to produce it other drugs in physiological doses must be used. And here is where the danger lies. Do not under any circumstances whatever write a prescription for a hypnotic for these cases. The bromides in combination with belladonna have given me best results. But it is a grave question with me whether all that may be done for these unfortunate patients that yield good results is not the result of suggestion.

LX. REPORT OF TWO CASES OF EPILEPSY CURED BY EYE TREATMENT. BY C. J. SWAN, M. D.—In the July number of *THE CLINIQUE*, of 1894, I published an article entitled "Is Epilepsy Ever a Result of Eye Strain?" At that time the journals were flooded with literature upon this subject, and my article was more of a review of current publications than a clinical paper, and contains conclusions drawn from such reports rather than from my own clinical observation.

I inferred from those reports which I had reason to believe authentic and from my own knowledge of the possible results of eye strain that a certain proportion of epileptic cases resulted from eye strain, and could be cured by the relief of the eye symptoms. Since the publication of that paper I have had no reason to alter my conclusions.

Linnel, in his recent work entitled "Eye Symptoms as an Aid to General Diagnosis," quoting Park Lewis, says: "To fail to recognize the reflex nature of these cases is to shut our eyes in the only direction in which we may confidently look for relief. The fact that all epilepsies have not a reflex origin, or the equally palpable truth that muscular insufficiencies and other nerve strains exist without causing disturbances either epileptic or otherwise is no argument against the conclusion that I have drawn, and only leads to a plea for more careful differentiation of symptoms and their probable cause, in diagnosis, and a greater hesitancy in resorting to bromides or any palliative measures which may be of doubtful efficacy in the one set of cases, and must be of positive injury in another more complicated and less easy to diagnose epileptic group."

It is well known that eye strain is caused either by errors of fixation or errors of focus.

In normal eyes parallelism of the visual axis is always present without conscious effort. Clearness of vision requires that the rays of light which form the image upon the retina shall be accurately focused.

When it happens, as it does in certain forms of refractive error, that this focus is not accurate the ciliary muscle is constantly at work during all the waking hours laboring to make perfect the focus of the rays of light and to make vision distinct. In order to avoid diplopia the image formed by these rays of light must fall upon exactly corresponding parts of each retina. When one external muscle is slightly weaker than its opponent constant effort must be maintained by the weaker muscle to insure parallelism. Possibly it has never occurred to most of us that the eye is the only organ of special sense which is in constant and unremitting use except during the hours of sleep, and that it is not inconsistent with physiological principles to advance the view that any excess of nervous expenditure in any one organ over the normal amount which should be furnished is done at the expense of the great central nerve of force, the brain, or at the expense of other organs. When we think of this and consider the motor nerves of the eye it seems to be a very logical conclusion that eye strain might produce an epileptic convulsion.

In ophthalmology it has become an established fact that headache, mental, physical and nervous fatigue, amounting even to confusion and inability to think, may be dependent upon eye strain and I believe in a certain class of cases inclined to neurasthenia may eventually result in epileptic spasms.

That mental and physical fatigue, accompanied by nervous disturbances, may be due to refractive error or imperfect muscular co-ordination is easily demonstrated by the promptness with which such phenomena disappear when the refraction is corrected by glasses or the muscular balance is restored by prisms or operation.

A final argument in support of the influence of eye strain in epilepsy is afforded by the fact that visual auree precede an attack in a large number of cases. Gower says "A visual warning is twice as frequent as all the other special sense auræ together.

"It may be a sudden loss of sight but is more frequently

a visual sensation, a flash of light or sparks or flashes of color. Usually many colors are seen, red and blue most frequently. It may be an elaborate sensation, a vague, beautiful vision or a definite image of some object."

An auræ either sensory or motor gives us information of the functional region of the brain where the fit has its origin and such visual auræ as enumerated indicate that in many cases the visual center is the locality where the discharge begins.

The following two cases are offered as further evidence:

Case 1. Mrs. F., aged forty-one, married twenty years, no children. A large healthy looking woman living in affluent circumstances, having a taste for literature, but decidedly lacking genius in that direction. In endeavoring to obtain her clinical history I could never arrive at anything very definite. Being unacquainted with her family physician I was only able to get a vague suggestion of various pelvic troubles and never was able to determine whether these were imaginary or real. She was referred by another patient for eye examination for the purpose of having reading glasses fitted. While making the examination I was startled to see her eyes close, a stiffening of all the muscles which lasted maybe half a minute followed by total relaxation and apparent unconsciousness, lasting perhaps another half minute. While I was busy rushing about the office for restoratives she recovered and reassured me by saying that she often had those little fainting spells, sometimes two or three per week; had been attacked a few nights before at a dinner party. I finished the examination, finding $2\frac{1}{2}^{\circ}$ of exophoria. At the time I was undecided whether to call the attack petit mal or hysteria. I did not succeed in finding any of the stigmata of hysteria, but determined to take the latter disorder into consideration in the treatment. I told her that I had found the cause of her fainting spells and could certainly cure them. I ordered exercises for the weaker muscles, which were continued for a month without improvement, then ordered prisms for constant wear, but these hurt her eyes and made matters worse. I finally resorted to graduated tenotomy of the external rectus. The operation was quite successful in restoring parallelism. The operation was made five years ago. For the following two years I kept her under observation and there was not a single return of her

attacks. Whether this was epilepsy or hysteria and whether the cure was suggestion, operation or coincidence I leave my friends, the neurologists, to determine.

My second case is fortunately more clear-cut.

Case 2. Ellen A., Swedish servant girl, twenty-one years old; of healthy appearance, good family, and personal history so far as could be learned. Had suffered from headache as long as she could remember, and ever since childhood she had had a regular epileptic fit about once in eight weeks. In these fits she would fall to the floor, have convulsions, froth at the mouth, bite her tongue, etc. The last attack before I saw her came on while she was carrying a tray of dishes, serving the table where she was employed; she fell, spilling and smashing everything. Dr. M. R. Barker referred the case to me for examination of the eyes; I found hypermetropia 2 D., astigmatism $2\frac{1}{2}$ D. and esophoria 8° . I gave a glass combining the correction of the refractive error with a prism correcting the error of fixation, which glass she is still wearing so far as I know. The examination was made three years ago. Dr. Barker kept track of her for two years, during which time she had one attack one year after the glasses were given.

LXI. THE TREATMENT OF EPILEPSY. BY H. V. HALBERT, M. D.—In the treatment of this dread disease we are handicapped at its very outset by its apparent incurability. For this reason little has been said or done to encourage any systematic treatment. So violent are the symptoms, and so revolting is the disease, that both patients and friends are prone to seek heroic results rather than to pursue any patient scientific measure. It may, therefore, be said that epilepsy has never had half a chance to be cured. Possibly we may yet be obliged to admit that in general it is incurable, but our scientific reputation should receive no honor unless we perseveringly make the attempt. Too much attention is now being given to the study of diagnosis, and too little to the relief of disease. The ability to name a disease is not to be compared with the ability to cure it, and some day, the laity, if not the profession, will realize this.

So far as medical literature is concerned, little has been said favorable to any treatment other than the use of bromides. Authors of prominence, in the neurological field, have given years of study to the etiological and

pathological features, without making the slightest suggestion as to the treatment beyond the palliating effects of bromides. In other words, about as little remedial comfort has been offered to this class of sufferers as is given to the insane patients, except to place them behind the bars of restraint. The fact exists that suppression has been the only aim in this unfortunate disease. It is astonishing to realize that with all the advance in medical knowledge no champion of systematic and moderate internal medication has been recognized or received a deserving attention. Even some of the best men in our own school are so bewildered and overcome by the severity of epileptic symptoms that they transgress the theory of our practice and prescribe the bromides. Not long ago a prominent homeopath, in a homeopathic society, made the audacious statement that "Nothing, not even a homeopathic remedy had been found to relieve this disease." If this is a sample of our therapeutic efforts, we might as well fold our hands, in other serious diseases, and admit a failure, without even an honest trial.

So far as I am concerned, I object decidedly to the bromide practice, and fully believe we may expect much from true homeopathic medication. Furthermore, I am able to show, from my record book, many cures which I surely ascribe to the homeopathic remedy, supplemented by whatever adjuvant treatment may have been found necessary. That there are a great many hopeless cases, wherein cortex pathological changes and extreme signs of stigmata exist, I do not deny. This much we must admit may be said of almost any disease. While I may be able to report some perfect cures, I am free to confess to many failures as I must also admit in other diseases. Like other physicians, I report only the cures, for the sake, however, of encouragement in this line of work.

In addition, or, rather in place of the remedy, we must recognize the adjuvant treatment in the consideration of this disease. Without any disregard for the indicated remedy, we must remember that often a perverted function corrected, or a reflex disturbance removed, may eliminate the predisposing cause of the convulsion and allow a natural recovery. At all times we must permit a cure without a remedy, if possible. This is a feature too often overlooked. Then again, we must differentiate the different forms of epilepsy. There is a class, no

doubt, when the osseous structure is depressed, or when traumatism is the chief etiological factor, that surgical procedure is best. The only doubt to my mind is whether the operative result will not, by cicatricial increase, cause a greater cortex disturbance than previously existed.

Further than this we must admit that a certain class of these cases have such pronounced symptoms of epileptic stigmata, or the seizures have existed so long, that the brain disturbance has become so profound as to preclude the possibility of any cure. The following cases are quoted in brief :

Case 1. POST-HEMIPLEGIC EPILEPSY; ACONITE.—Ernest D., age eight years, was sent to my clinic three years ago, through the kindness of Dr. Shears. He had suffered with typical grand mal epileptic seizures for three or four years; they occurred frequently, as often as twenty times in twenty-four hours; when at his best no day passed without two or three convulsions; the child's mental culture was impaired; his general health was debilitated, and, more than all, he suffered with a pronounced left hemiplegia. He was not able to walk, his speech was greatly impaired, and he was almost helpless.

The physical examination revealed also a very rapid, irritable heart's action, with a rapid, small and irregular pulse. This led me to believe that at some time a cerebral clot had caused the hemiplegic condition, though no history of rheumatic or endocardial involvement was evident. The child had a pronounced expression of anxiety; he was irritable and restless, and was disturbed by the slightest noise. Previous to a seizure, these symptoms were pronounced : The surfaces were dry and susceptible to the slightest cold; he complained of numbness in the left arm, and drawing tearing pains in all the joints.

Aconite was decided upon, and the third potency was given. In the course of a few weeks much improvement was observed. Encouraged by this the remedy was continued for another month. His next report was even more encouraging, and the remedy was still continued. I did not see him again for several months, but then I was surprised to see him walking naturally, and using his left arm perfectly. Not knowing exactly what to do I continued the remedy. In two months more he was still improving. Since that time he has had other intercur-

rent remedies for whatever symptoms were indicated, but aconite has been the mainstay. Last week the father brought the child to me and I was astonished to see a boy in perfect physical health, using his limb and arm as if they had never suffered paralysis, and, above all, with a history of no convulsions for more than six months. If this does not point to a cure I do not know what would.

We learn from this that aconite is not alone a temporary remedy to be abandoned when acute symptoms subside, it is called for in any disease, whenever and so long as its chief symptoms are indicated.

Case 2. Mrs. R., aged thirty-five, had suffered with epilepsy for ten years. The seizures were not extreme, though they were typical. Her symptoms were identical with those in the first case, though there was no hemiplegia. Aconite was given to her in the third potency, and continued for a long time. At the end of two years she reports almost a complete cure.

Case 3. Miss M., age twenty-six, suffered with hysterio-epilepsy of the most pronounced form. She had become a perfect invalid and was gradually developing a condition of melancholia. Fear was a constant symptom, and, more than all, it was a fear of certain definite things which she was sure would happen if she did not observe the greatest care. She was given aconite in the third potency systematically, and is now, in two years' time, perfectly well.

These three cases are illustrative of the action of aconite on the mental brain, and show that when this irritation is relieved the convulsions disappear. It should also be remembered in cases where fear predominates. That it will show many favorable results in similar cases of epilepsy, I have not the slightest doubt. The trouble is that we expect too much from it after the first few doses.

Case 4. REFLEX EPILEPSY; BELLADONNA.—Mr. S., a young man, sixteen years old, was sent to me about a year ago. His seizures occurred every morning and were quite severe. His face bore the evidences of a pronounced acne; he was constipated, suffered with spermatorrhea, and was decidedly despondent. It was observed that his fits occurred every morning when the bladder was full of urine; if he could wake in time to relieve himself they did not occur. Examination revealed a small and

irritable urethra, an enlarged prostate, and tight rectal sphincters. Sounds were systematically used to dilate the urethra; rectal dilators relieved the sphincters and a suppository of rhatany and hamamelis was inserted into the rectum every other night to overcome the prostatic trouble; his diet was restricted and in a few months these complicating troubles had disappeared and he was much improved.

Belladonna was decided upon for these reasons: There was a sense of congestion about the head, the face was constantly flushed, with a feeling of heat and a throbbing headache; during sleep he is suddenly startled, often jumping out of bed, with twitching of the muscles. He grinds his teeth during sleep, and is troubled with pains which come suddenly and disappear just as quickly. The convulsions are very violent and distort the body. The two hundredth potency was used morning and night. The spells have gradually decreased in violence and frequency and he is improving wonderfully. I expect a cure. There is no more reason to doubt it than in any other disease where the remedy is so clearly indicated.

Case 5. AGARACINE.—Miss S., a young lady twenty-four years of age, suffered with peculiar attacks of epilepsy in which the convulsive feature was most pronounced. The loss of consciousness was not complete, but she seemed to be in a state of trance and though she was aware of everything which happened, she had no control over her speech, or any of her actions. The aura was distinct so that she could reach a place of safety when the spells came on; she would froth at the mouth and bite the tongue and then a profound tonic spasm would ensue; this would last for five minutes or longer, and would be followed by a most peculiar state of clonic spasms; the abdominal muscles appeared to be the most irritated and she suffered such severe paroxysms that it was almost impossible to hold her in bed. The abdomen would contract with such severity that the spasm could not be overcome by firm pressure with the hand. Then would follow a pronounced dyspnea, the eructation of gases, and often vomiting, together with a distressing hic-cough. Other violent muscular twitchings would appear, particularly the facial muscles, severe pains in the spine and a general tendency to muscular pains all over the body were pronounced. There was a neurotic family history, particularly on the father's side, and her seizures had existed since childhood.

After a long course of treatment she had gradually grown worse. I could not relieve her in any way until, finally, I gave her the third potency of agaracine. The improvement has been more than was expected; she has less spasms and they are not nearly so severe. After several months' treatment we can see that she is surely progressing toward a cure. This remedy I have used for a long time and with great success where choreic symptoms complicated the epileptic attack, and particularly when the abdominal muscles were involved. It also relates to gastric perversions, in which violent retching or vomiting attend the seizures. If the above case is carefully studied, it will be seen that a perfect picture of agaracus is presented. I prefer the more active principle as found in agaracine.

Case 5. CICUTA VIROSA.—Mr. R., a young man twenty-three years old, had been a very close student and was afflicted with severe attacks of epilepsy during his junior year in college. The attacks increased in frequency and severity until they occurred as often as every day.

The loss of consciousness was profound and would last for an hour or more; previous to a seizure he would have spells of weeping and moaning; following this, vertigo would be so extreme that he would fall to the floor long before unconsciousness appeared. During the spasm his teeth would be clinched, and all the signs of lockjaw were evident. The jerkings were confined mostly to the arms and limbs, while the body seemed to be at perfect rest, and they were the most pronounced I ever saw in any case. After the convulsion, he experienced an unusual exhaustion, causing him to remain in bed for two or three days.

I gave him *cicuta virosa*, in tincture tablets, six times daily, for several months. He gradually improved and then he was given the third potency for six months longer. He rarely has a spell now; he has resumed his studies and seems in perfect health. The indications for this remedy are observed in the premonitory mental symptoms which take the place of the aura, culminating as they do in a pronounced vertigo and followed by the characteristic seizure in which the spasms are confined entirely to the limbs and particularly to the arms. The next important symptom, when this remedy is called for, is the extreme loss of consciousness and the exhaustion after the spells. I have used this in many cases with

uniform good results, when it was clearly indicated. I have not succeeded in every case, to be sure, but in sufficient to warrant encouragement in the use of the remedy.

Verbena hastata is a remedy which I would like to call to the attention of the profession, inasmuch as it has been to me a very valuable remedy in the treatment of epilepsy. Unfortunately we do not know much about the physiological action, nor has there been any perfect homeopathic proving. I have given it in the tincture form, five to fifteen drops, four times daily, and I have the records of several cases actually cured. Never have I seen any bad effects as a result of this extreme dosage. I believe we shall find in this a remedy worthy of our future investigation so far as this disease is concerned.

Solanum carolinense (horse nettle) is another remedy which has given me encouragement, particularly in the extreme and long standing cases. It is given generally in five to ten drops of the tincture, four to six times daily. I have several cases which have been greatly relieved by this remedy.

Many other remedies might be mentioned for the sake of future study. *Enanthe* has been used with varying degrees of success; to me it has yielded few favorable results. Hydrobromate of hyoscyamine and the sulphate of duboisine have recently given me much encouragement and I shall study their action in future cases with much interest. I give them in the third and sixth potencies, the same as I would administer other homeopathic remedies. Some day I hope to give some favorable clinical reports after a more extended practical experience with these remedies.

LXII. DIAGNOSES AND TREATMENT OF JACKSONIAN EPILEPSY. BY M. R. BARKER, M. D.—The study of Jacksonian epilepsy plunges one at once into the study of cerebral localization, a subject in which the mass of the profession have delved only superficially, owing in many cases to the recent development of the subject and in others the hesitancy to spend valuable time in a subject so intricate and uncertain; though there are in it many established facts, there is also in it much that is unknown and possibly unknowable, while other conditions fairly established are subject to change. While the subject itself is considered of great importance by the profession, the subject which must enter into an intelligent discussion of it are

little understood, hence dull to many. Profession and laity are terror-stricken at any condition bearing the name epilepsy, and the history of the disease shows that they have not assumed this position without reason. Some of this trepidation may be dispersed, however, by the statement that Jacksonian epilepsy is not epilepsy at all, but a condition the results of which simulate epilepsy; the etiology of the two diseases being wide apart, and their treatment usually very different. Our first definite knowledge of this condition was given us by Hughlings Jackson, for whom the disease was named. He discovered that there was always a local nervous disturbance preceding the general epileptiform convulsion. He demonstrated that the cortical center controlling the part first disturbed was the seat of irritation and from this the irritation was conveyed to the adjoining centers and from them to the whole cortical area, hence followed the general convulsion. The conclusions of Jackson have been confirmed by many observers since his time, and what was once the Jacksonian theory has become the Jacksonian law. It is obvious then if we are to cure *this* disease, we must remove the irritating cause, whatever it may be, from the cortical cell. To do this either surgery or medicine may be the agents of choice, according to the nature of the etiological factor. Should surgery be indicated, a knowledge of cerebral localization is paramount. The observations of the results of disease and injury of the human brain, together with the studies of Ferrier, Horsley and others on the brains of lower animals, have established two important facts; first, that certain portions of the cortical area are endowed with special functions; second, that certain cortical areas receiving impulses over certain sensory neural strands and which control the movements of certain parts of the body are definitely located in the cortical area and mapped on the surface of the brain. It is now well known that the cortical centers controlling the movements of the body are located in the precentral and postcentral lobes of the brain adjoining the fissure of Rolando.

These areas are subdivided into smaller areas and each of these associated with certain muscular movements. Let us now suppose an illustrative case with the following symptoms: There are, first, convulsive movements of the thumb of the left hand; this is followed by convulsive movements of the wrist and arm of the same side;

then follows a general epileptiform convulsion. According to the Jacksonian law, what has happened? There has been an irritation of the cortical motor cells of the right side of the brain controlling the thumb of the left hand; this irritation caused the primary convulsive movements of the thumb and was conveyed to the adjoining wrist, elbow and shoulder centers and they, in turn, were convulsed, from whence the irritation became diffused over the whole cortical area and a general epileptiform convulsion followed. When the irritating cause originates within the brain, it may be a tumor, hemorrhage with clot which is not completely absorbed and becomes encysted, cysts, adhesions, etc., etc. When such conditions exist and surgery is to be the remedial agent, the question arises, is the irritated center within surgical bounds? In other words, can the offending agent be removed surgically without causing greater hazard to the patient than the disease causes? This suggests the query, is there a well defined line on the skull beyond which it is written "thou shalt not go?" Certainly not. Circumstances must control.

But there are safety bounds beyond which it is unsafe and dangerous to go. It may be stated roughly that operations upon any of the cortical centers below a line drawn along the fissure of Sylvius to the superior angle of the occipital bone would be attended with extra hazard. Many observations have been made with the view of locating points on the external skull corresponding with these known cortical centers, for the purpose of guiding the surgeon in his work. A few of the most important of these follow. The nasion or root of nose, occiput, vertex or point midway between nasion and occiput, outer canthus of eye, lower angle of malar bone, and superior angle of occipital bone. A line drawn from nasion to occiput passes longitudinally over the great longitudinal fissure of brain; a line drawn from outer canthus of eye to superior angle of occipital bone passes longitudinally over the fissure of Sylvius; a line drawn from the inferior angle of malar bone to vertex passes longitudinally over the fissure of Rolando. These lines may be depended upon, and a string is all that is needed with which to locate them. If a portion of the brain is to be operated upon for the purpose of removing an irritating body which has had its origin within the brain, a large osteo-cutaneous flap should be reflected; the base of the flap directed toward

the blood supply and as wide as possible. The scalp flap may be much wider at the base than the bone flap, for reason that the base of the bone flap should be broken when reflected, thus preserving the external periosteum and its blood supply to the bone flap after it is replaced; some of the bone fibers will bend without breaking and help hold the bone flap in place after being replaced. Scalp wounds bleed profusely, hence before making the incision the operative field should be circumscribed with a row of mass stitches outside the line of incision, each stitch extending through the scalp and tied as placed; this renders the operation practically bloodless. A flap of the dura mater is carefully reflected. If possible the arachnoid should be seized with forceps and drawn as far as possible out of the wound and incised, the edges held apart like the mouth of a sack. This prevents the escape of cerebro-spinal fluid, which in many of these cases may be very annoying. The lesion is now sought for and if a gross one is easily found and should be removed with as little disturbance to brain tissue as possible and all hemorrhage attending the removal stopped. If the lesion is not a gross one, but a diseased condition of the cell and not conspicuous, it might be difficult to locate the center with which we wish to deal. In such cases a proper electrode applied to the parts will materially aid in locating the center sought. In these cases it is permissible to remove the diseased center. We have thus far spoken only of epileptiform convulsions caused by an irritation originating within the brain tissue. While we have no definite data upon this point, we believe a majority of these cases are produced by external causes, such as violence to the skull, producing depression on the brain of the external and internal plates or of the internal plate alone. Also causing spicula of bone to be lodged in the brain tissue and hemorrhage. From whatever source the irritation, the Jacksonian law should be applied in surgical procedure. In these cases mistakes are liable to be made by having the attention directed to the gross lesion of the skull rather than to the irritated cortical center. While the gross lesion may be all important and often is, it is not always so. We must sometimes disregard the gross lesion totally and proceed at a point remote from it. To illustrate, we will suppose a case: A. received an injury on the left side of the head causing some depression of the skull at point of injury; following this he has epileptiform

convulsions, the thumb of the same side of the injury being convulsed, then adjacent parts, then the whole body. In this case the gross lesion must be disregarded so far as being a guide to the operation is concerned; our procedure must be directed to the thumb center on the opposite side of the head from the gross lesion of the skull. If the irritation to the cortical center is due to depressed bone, the portion depressed should be removed. It sometimes happens that local paralysis follows a convulsion, the part paralyzed being the part that was first convulsed; this is due to the exhaustion of the nerve center controlling that part. When this happens the paralysis is a guide to the operation.

Operations for the cure of Jacksonian epilepsy should be regarded with favor, provided the lesion is located definitely within surgical limits and the habit has not been too long established. In such cases the results are more doubtful. When the lesion cannot be definitely located, operations upon the cortical area have properly fallen into disfavor if not disuse. There is little in our judgment that can be said concerning the medical treatment of Jacksonian epilepsy. The disease is usually surgical and requires surgical procedure for its removal. In cases of recent hemorrhage the iodides are of undoubted utility as absorbing agents, but after clot becomes encysted medical agents are useless.

DISCUSSION : Dr. HALBERT : The papers which have been read truly speak for themselves. We have learned of the surgical necessity, the benefit of remedies and the hope of the homeopathic theory, and above all, it has been emphasized that epilepsy should not be considered an incurable disease. For my part, I have been, in the past, disgusted with professional ability when so many able men throw up their hands and make no persevering attempt to cure this dread disease. If medical science means anything and if it has made any advancement it should certainly attack this disease. I know I have cured many cases, and, furthermore, I expect to cure more.

I enjoyed Dr. Hood's paper very much indeed, for the clear line of demarcation which he draws between hysteria and hystero-epilepsy. That epilepsy and hysteria are related and present a combination of symptoms we must admit, even though our ideas of the definite

pathology are not settled. As the doctor says, it is either epilepsy added to hysteria, or the latter complicating the former. In our differentiation for diagnosis and treatment we must carefully separate the one from the other. Surely a case of hysteria should not be managed the same as a case of epilepsy.

For my part I regard hysteria as a disease. It is not simply a manifestation of hysterical acts, such as we frequently attribute to the whims of a nervous patient. It is even something more than neurasthenia. In the latter disease we have the features of cell exhaustion, with all the peculiar features of nervous irritability added; but in hysteria proper there is a loss of cell inhibition as well. Thus, in a hysterical patient, the cells have no control over their individual fibers, and hence the simulation of convulsions, contractions and other peculiar phenomena. Even the anesthesia may be due to the fact that the sensory cell, in a state of exhaustion, cannot appreciate the sensory conduction. Hence, I believe it has been a great misfortune that hysteria has not been treated with more consideration and with more remedial hope. Such unfortunates deserve just as much medical attention as any other case, and when their nerve cells have been properly replenished with protoplasm they will get well.

For the sake of diagnosis I think we may always be safe when we make the loss of consciousness a true sign of epilepsy in distinction to hysteria. Then again, we must realize that in epilepsy there is a sudden discharge of motor force, due to prolonged irritation; therefore, in epilepsy we have an irritation to contend with, while in hysteria it is cell exhaustion.

So far as the treatment of epilepsy is concerned I would simply reiterate what I have said in my paper. I believe thoroughly in systematic medication in accordance with the homeopathic law. Bromides I do not believe in and will not give. I prefer that my patients become insane in a more natural method. My results justify me so far in continuing in my course. So far as surgery is concerned, I believe it may be employed in well marked cases when it is possible to remove something or correct something which is abnormal to the cranium or brain tissue. The trouble is there is a danger of a greater irritation as the result of the operation. Invariably the patient is relieved for awhile, but wait for later results. In Jacksonian epilepsy it would seem to be

more truly indicated. Too often surgical operations are performed without definite focal lesions existing.

We must remember that all cases of epilepsy are not due to direct brain lesions. If we stop to consider the great sensory fiber tracts which carry to the brain so many afferent conductions, and distributed as they are, to the motor brain by the extensive ramifications, it is not surprising that reflex irritation has so much to do in the creation of this disease. This factor should be considered in the treatment of every case for it is this class of cases one must cure.

DR. SHEARS: Possibly the greatest value of the excellent papers we have heard to-night is the encouragement they give to the physician, the hope they hold out that epilepsy may be cured. Once let the dictum that a disease is incurable be accepted and all possibility of progress of advancement ceases. When cancer (carcinoma) was considered a constitutional disease, hereditary and incurable, the educated physician gave it little study and attention, except in a palliative way, and the treatment of the malady was largely in the hands of the quack and imposter, but once the incubus of the dictum of incurability was lifted, and the study of the disease again became prevalent among educated physicians and a larger number of cases are now cured. So will it be with epilepsy, I trust.

The study of brain localization, the theories of Hughlings Jackson, and the operations of the progressive surgeons have demonstrated beyond doubt that Jacksonian epilepsy is due to a localized brain lesion, that this brain lesion may be determined, accurately located, and that in a certain number of cases curative results will follow the removal of the irritation of the local center.

In the treatment of this disease surgery and medicine go hand in hand, and the medical man who refuses to aid the surgeon, and the surgeon who derides the help of the neurologist makes a serious mistake.

I am impressed more and more as my experience and observation widen that there is a larger percentage of cases of epilepsy due to local brain lesion than is generally believed. Irritation of the brain from extruded blood, the pressure of depressed bone, the pressure of cysts, tumors and exostoses, together with those changes in brain structure that result from traumatism, are more potent factors than irritation in distant organs. These

latter conditions may produce epilepsy and their treatment should not be neglected, but do not let any illusory theories of ovarian, rectal, bladder irritation or eye strain, prevent a thorough consideration of all the possibilities in the case. I should like to say something more regarding the value of surgery in these difficulties, but recognize that the bureau to-night is the neurological bureau, and will therefore let my remarks be more suggestive than definite.

Dr. HOOD: The subject of epilepsy is one of great interest to me and one upon which I have spent a great deal of time and study. I have been very much interested this evening in the papers that have been read. Dr. Halbert's cases were good, although I think perhaps he is a little premature in reporting these cases. I have apparently cured cases of epilepsy with bell., cham., nux., lyco., bry., and many other remedies. Too much time has been spent in the past in the studying of epilepsy as a disease and not enough time given to the study of the individual cases. Every case of epilepsy is a law unto itself. No two can be treated exactly alike, and each must be studied by itself. Every case of epilepsy to my mind presents an auto-intoxication. In other words, every case of epilepsy has a faulty elimination and an accumulation of waste matters within the body.

You will all remember, when your notice has been called to it, the peculiar odor about an epileptic during an attack. This odor is due to the accumulation of effete matter within the body. I am satisfied that too little attention has been paid in the past to this faulty elimination. Many writers, though, suggest the probability of an accumulation of uric acid in the system as a possible cause of epilepsy, and have even gone so far as to forbid their epileptic cases eating meat, only to find that the attack would occur whether they ate meat or not. This goes to prove that the faulty elimination is not confined to uric acid.

Many cases are called epilepsy which are not true epilepsy. Many of them are hysteria, many of them are simply convulsions and many cases reported cured were not epilepsy. Perhaps some that have apparently been cured in my own hands were of this class.

There is one point that I wish to call attention to, suggested by Dr. Skiles' question. When epilepsy occurs after fifty years of age, ninety per cent or more of the

cases are due to organic changes in the brain. Dr. Swan's paper on "Eye Strain" was very interesting. A number of years ago, after reading Dr. Ranney's book on "Eye Strain as a Cause of Epilepsy," I made a series of experiments covering over sixty cases. In but a very small per cent was any permanent good obtained. Suggestive therapeutics has been very beneficial in the treatment of epilepsy. I think every physician who undertakes the treatment of a case of epilepsy should first impress upon the patient and friends the necessity of a careful, systematic and long continued course of treatment, as Dr. Halbert recommends.

In regard to the surgical treatment, the so-called Jacksonian epilepsies are not surgical cases, and many times after the surgical work has been done the fit habit remains, and something must be done to break it up. In this case, as well as in the cases of true epilepsy where the convulsive attacks occur very frequently, I resort to the use of the bromides—the bromides in combination with belladonna. I believe that there is a right and a wrong way to give the bromides. That they will limit the number of attacks, all will admit; but they usually are given in increasing doses. I usually give from ten to twenty grains of the bromide of potash, with a sixteenth of a grain of the extract of belladonna, dissolved in a half or two-thirds of a glass of water, either hot or cold; this is taken usually at night, particularly if the fit occurs at night. It may be repeated in the morning if the attacks are occurring once or more daily.

As soon as I have the attacks under control, then I begin to decrease the dose and select my remedy as best I can, but paying special attention to the eliminating organs, particularly the kidneys, the bowels and the skin.

Editorial.

THE POLICY OF THE CLINIQUE.

At the beginning of our twenty-first volume it is perhaps worthy of consideration to outline the future purpose of this journal. The present editor was called to the responsible position of conducting THE CLINIQUE during the middle of the term so suddenly interrupted by the death of the founder, Dr. R. Ludlam. The plan already formulated and pursued has been carried out as well as possible. The theory that the journal is a clinical exponent has been maintained, the idea of a newspaper policy has not for a moment been considered, and, to the best of our ability, the standard and reputation in that respect we shall aim to keep up.

The problem which now confronts us concerns the best interests of the profession of our school. The need of a journal which shall reflect actual experience in medicine and surgery cannot be denied. The day for long-winded articles or essays has certainly passed and what is desired for the busy practitioner is the short and practical article which shall explain and reveal the advance in our science. This we promise, with the assurance of our best effort, shall be faithfully carried out. The medical journal of to-day, to a great extent, supplants the text-book and the larger works of reference. The physician who is busy must have the aid of condensed compilations and more than all the actual experience of those who are in the midst of active practice. The questions of exact pathology and the theory of practice must give way to the records which illustrate procedure and experience. In the shortest space and with the fewest words we must learn from others through the means of our press.

It may therefore be stated that our future aim will be more in the line of condensation and the publication of original articles which are purely clinical. To this will be added all that may be gathered from other journals for the sake of the enlightenment of those who may read. To further this end the support of the profession is asked; not only the subscription but the clinical contribution is desired. So much of valuable experience is never seen in print, because the active practitioner does not consider

it worth while, and yet we all owe a duty to the profession in this respect. The ethics of our calling demand that we should contribute our knowledge and experience for the sake of helping our professional brethren. Our columns are therefore open to the clinical writings of all who seek to give as well as receive instruction. The record of cases cured, the use of a particular remedy and the general management of any disease affords the greatest interest to our readers.

While *THE CLINIQUE* gives the proceedings of our clinical society and the records of our college and hospital, it will at the same time include the writings of the best known men in our school. It is hoped that all who are interested may be both willing and inclined to help in the good work in showing the success of our school of practice.

H. V. H.

THE BUSINESS SIDE OF THE CLINIQUE.

The management of *THE CLINIQUE* feels like congratulating itself upon the success in maintaining and increasing its standard of worth. For twenty years the journal has been regularly published, containing purely original and clinical material. The business department of *THE CLINIQUE* necessary to its existence, has to do with the subscribers and advertisers. Few readers, unless experienced, stop to consider the relation and interdependence of the reader and advertiser. Many medical journals are published purely for profit, and this comes mainly from the advertising pages. Journals published by individuals or business houses have less care in the selection of their advertising matter, as their profit comes mostly from this department, and their own advertisements appearing in many places in the journal are adequate return for their investment. In looking over any number of journals from month to month one cannot but be struck by the tricks of the trade. The securing of new advertisements depends upon the circulation, and it is to the publisher's advantage to increase this circulation. To do this some one edition in the year is made especially large, and this number multiplied by twelve is supposed to represent the annual circulation. Another method, and one especially adopted by the trade journals, is to send free copies to a large mailing list without regard to subscribers, making up on the increased advertising list. Another method, and one recently in use, is to send several copies of the journal

to the same subscriber. Still another method of securing preferred space to advertisers is to interleave the pages of the journal, or to publish reading notices or original articles, which are frauds on the face of them; or to hide the covers with some glaring headline advertisements. In this day of many medical journals and busy practitioners, the index of a medical journal is of importance. Any magazine is worth its price if, in any one article in any one number, it gives him ideas which help him in his work, and by glancing at the index the articles of interest can be noted, read and marked for further reference. In a majority of the cheap journals the index is buried in the advertising pages, and can be found with difficulty, if at all. THE CLINIQUE could not call attention to these various matters if it did not feel itself free from such faults. Our front cover is free from advertisements, and the index is the most prominent feature. Its advertisements are, nearly as possible, clean, and of firms and articles that can be recommended. The support of THE CLINIQUE is enhanced when its readers refer to the advertising matter as having been seen on its pages. Many journals could not be issued without the support of their advertisements, but THE CLINIQUE started with none and would probably continue to be issued without reference to its advertising pages, and yet we are glad to have their support, as well as that of the subscribers, whose remittances are as great a necessity and always welcome. With the combined support of the subscribers and advertisers, THE CLINIQUE will continue to furnish all, and more than all that it agrees, and to the medical student it is worth the price asked for it.

C. G. F.

Hospital Notes.

TYPICAL CASES. BY W. J. HAWKES, M. D. *Case 1. SEQUELÆ FROM INTERMITTENT FEVER.*—This was contracted while nursing soldiers in the South, and was complicated by excessive abuse of quinine. The case was that of a mulatto, male, aged thirty years. Four weeks have elapsed since he was discharged; he has been growing weaker rather than stronger since. "Bilious looking" would be the common way of naming his present appearance and feelings. The natural sallow color of his skin is exaggerated; whites of eyes yellowish; poor appetite; coated tongue; constipation; renal pain, aggravated by undue retention of urine, and relieved by emptying the bladder; red sand in the urine; dyspepsia, characterized by oppression and sense of satiety and "fullness up to the throat" after having eaten but a little; weakness and hopelessness; aggravation of all symptoms, especially the weakness, in the latter part of the afternoon and early evening, between 4 and 8 o'clock; liver torpid, stools dry and clay colored, showing lack of bile.

There is no mistaking the character of this man's trouble, nor is there any doubt in my mind as to his remedy, lycopodium. The symptoms which unmistakably characterize this medicine above all others, and which may always be relied upon to benefit such a patient, are: Marked aggravation, especially of the patient's general feeling of illness, between 4 and 8 P. M.; pain in renal region, aggravated by retaining the urine after desire to urinate, and relief after passing urine; red sand in vessel; windy dyspepsia, with sensation of fullness and satiety after having eaten but a little. These symptoms are about equally valuable. If I should express a preference, it would be for the urinary symptoms and the period of aggravation.

The patient reported to the class weekly, a prompt and continuous improvement from the second day after taking the medicine, and in three weeks was well.

Case 2. Male, aged forty years. He has been ailing for two years or more, but during past few months has been very ill. Condition is dropsy and icterus owing to imperfect and perverted action of kidneys and liver. Symptoms: Yellowish sclerotica, puffing under the eyes;

dropsy of abdomen so great he cannot reach his shoes to lace them; all his peculiar symptoms are almost identical with those of the previous patient, especially those which I pointed out as characteristic, viz., "4 to 8 P. M. aggravation; pain in region of kidneys, aggravated by retaining and relieved by passing urine; sense of fullness and satiety after eating but little; red sand in urine," etc.

While the conditions are different and the case much more grave than with the former patient, and while we cannot hope for so complete and speedy a recovery, yet this powerful and uniformly reliable remedy being so clearly indicated, we can predict confidently that he will be greatly benefited from its action.

The results in this case were even more remarkable than in the former. On reporting at the end of the week he said he was "fifty per cent better," and he looked it. The change for the better was truly remarkable. As in the other case, so with this one, improvement continued uninterrupted until at the end of four weeks he regarded himself well, and we saw him no more.

Case 3. Male, aged about thirty years; neuralgic headache. Has been afflicted with more or less severity during seven or eight years, but has suffered continuously for the past few months. Pain usually centers over right eye, and is at times unbearable. Patient has tried many doctors and every advertised headache nostrum without appreciable benefit, and comes to this clinic as a last resort. The most persistent and peculiar symptoms are: First, "Pain gradually increases from early in the morning (from 4 to 5 o'clock) until about noon, when it reaches its greatest intensity, and from that time gradually decreases until sunset, when it nearly or altogether disappears, to reappear next morning." Second, "Always begins over one or the other eye, and extends over the whole or part of the head."

Of the many remedies for neuralgic headache, stannum is the only one which has exactly these symptoms, and of it they are therefore characteristic. Sanguinaria has headache beginning in the morning and increasing until evening, when it then diminishes or entirely disappears; and the pain usually settles or centers over one eye, mostly the right eye, but it invariably begins in the occiput or base of the brain, and spreads thence over the head to one or other eye. The stannum pain takes dia-

metrically the opposite course. There being no other notable symptoms in this case, the patient claiming to be otherwise well, the obvious remedy is stannum.

Under the influence of this remedy the patient reported a steady improvement each week, so that at the end of four weeks he reported himself well, having been two weeks entirely free from pain.

In each of these three cases but two doses of medicine were given, the rule being that so long as improvement continues, medicine is to be discontinued. They were watched with great interest by the whole class of the college, so that there was "a cloud of witnesses." Not one of the patients gave promise of recovery without medicine, hence each case must be regarded as confirming the value of the "guiding symptoms" or "characteristics" emphasized.

Book Reviews.

All Books for review should be sent to the editor of THE CLINIQUE, 70 State St., Chicago.

COMPEND OF THE PRACTICE OF MEDICINE. BY DANIEL E. HUGHES, M. D. Sixth edition. Published by P. Blakiston's Son & Co., Philadelphia. Price, \$2.25.

This is one of the most convenient and perfect quiz compends on practice, and will be of great service to the student as well as the practitioner. The subject matter is well arranged and covers sufficient in etiology, pathology and treatment to help the busy physician. It has been thoroughly revised and is in every way up to date.

H.

TEXT-BOOK OF THE PRACTICE OF MEDICINE. By JAMES M. ANDERS, M. D., Professor of Practice in the Medico-Chirurgical College of Philadelphia; third edition; completely illustrated. Published by W. B. Saunders, Philadelphia.

This is one of the most complete and perfect text-books on practice and it is very useful for the student as it is condensed and published in one volume. It is already a standard text-book accepted by most all of the colleges, which speaks well for the publication.

H.

BOTANICAL MATERIA MEDICA AND PHARMACOLOGY. BY S. H. AURAND, M. D. Published by P. H. Mallen & Co., 144 Wabash Ave., Chicago. Price, \$2.50.

Dr. Aurand is a lecturer upon this subject in the Chicago Homeopathic College, and he has given us a very practical and useful book on this subject. It has reference to more than one hundred

vegetable drugs, and the compilation is so systematically arranged that it is a very convenient book for both practitioner and student. It gives the useful formulas for the preparation of the tinctures and potencies and the physiological dose, as well as the therapeutic action. It will be a very valuable addition to the library of every physician. H.

ESSENTIALS OF HOMEOPATHIC MATERIA MEDICA AND HOMEOPATHIC PHARMACY. By W. A. DEWEY, M. D., Professor Materia Medica in the Homeopathic Department of Materia Medica in the University of Michigan. Published by Boericke & Tafel.

Any book published by Dr. Dewey is sure to be up to the mark and particularly in materia medica. This is an unusually clever work and will be accepted by every enthusiastic student of homeopathic practice. H.

REPERTORY OF THE URINARY ORGANS AND PROSTATE GLANDS. By A. R. MORGAN, M. D. Published by Boericke & Tafel, Philadelphia. Price, \$3.

This is a very carefully arranged book of 300 pages, covering completely the symptomatology of the diseases mentioned. It is a handy reference book for the leading symptoms desired by the active practitioner, and is so arranged that a clear picture of the disease and the leading symptoms may be obtained very quickly. The author is a very careful student on this subject, and he has given us the pure homeopathic symptoms for our guidance in practice. H.

POCKET BOOK OF MEDICAL PRACTICE BY SPECIAL AUTHORS. Edited by CHAS. GATCHELL, M. D., Professor of Diseases of the Chest and Physical Diagnosis in the Chicago Homeopathic Medical College. Published by the Era Co., Chicago.

This is a very convenient and valuable pocket book on medical practice. It covers every important subject in a concise and accurate manner. It has already reached a large sale and the present edition will soon give place to another. Dr. Gatchell is too well known as an author and publisher to need any further commendation. The book should be in the hands of every homeopathic practitioner.

BACTERIOLOGY IN MEDICINE AND SURGERY. A practical Manual for Physicians, Health Officers and Students. By WM. HALLOCK PARK, M. D., Associate Professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College, and Assistant Director of the Research Bacteriological Laboratories of The Department of Health, City of New York. Assisted by A. R. Guerard, M. D., Assistant Bacteriologist, Department of Health, City of New York. Illustrated with eighty-seven engravings and two color plates. Lea Brothers & Co., New York and Philadelphia.

This book fills an actual want. The text-books on bacteriology deal for the most part with the technique of that difficult science. The parts which the various germs play in the causation of disease is given but little space. The part of the life history of these minute plants, which is of interest to the practicing physician, is given in such a manner as to be of little use or is omitted altogether. In this work all the essential facts of bacteriology are given. Moreover all those facts which have a practical bearing on medicine and surgery

are given with unusual fullness. So also with bacteriological diagnosis. It is treated both from the standpoint of the microscopist and the physician. Serum therapy, antitoxine and immunizing serums are all treated at length. The work is written by men who are interested in bacteriology by the practical demands for diagnosis and research which naturally come to the department of health of a large city and which come to every man in private practice only in a smaller way. It should prove an excellent text-book in schools. It will prove of great interest to those medical men whose medical training did not include a course in bacteriology. W. H. W.

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY. By **ELBERT W. ROCKWOOD, B. S., M. D.**, Professor of Chemistry and Toxicology in the University of Iowa. Illustrated with one colored plate and three plates of microscopic preparations. $5\frac{3}{8} \times 7\frac{3}{8}$ inches. Pages viii, 204. Extra cloth, \$1 net. The F. A. Davis Co., publishers, 914-916 Cherry St., Philadelphia.

The most striking characteristics of the manual are clearness and simplicity.

The logical arrangement of topics gives, at a glance, the scope of the work; then each topic is discussed with sufficient thoroughness to prepare the student for the experiments which follow. These are described step by step with such accuracy and precision that they must thoroughly impress upon the mind of the student the chemico-physiological changes which are taking place within the body. Another marked characteristic is that both method and apparatus are so simple that a laboratory may be improvised almost anywhere. The manual is an aid to teacher and student alike. M. J. M.

THE BEE LINE THERAPIA AND REPERTORY. By **STACEY JONES, M. D.** Second edition. Boericke and Tafel.

The excellence of the bookmakers' art so long upheld by the above mentioned firm shows no decline in the present venture, for paper, type, presswork and binding are all that could be desired.

Just why the word Bee Line was chosen for the title is not so clear, as this compilation differs in no respect from all other repertories of this kind.

This little work is more ambitious than any of its fellows, for in addition to the index of symptoms and their remedies characteristic of a repertory, there are included under the various rubrics recommendations of an entirely different and empiric character. These suggestions, designated by quotation marks, have evidently been gleaned at one time and another from medical periodicals and personal remarks of fervid believers in panaceas, whose zeal far outruns their discretion.

If the statement recorded on page 11 were true, there would be no occasion for repertories or *materia medica* or indeed any kind of medical literature; the account of this wonderful catholicon runs as follows: "Acetanilide, Antiseptic, striking contrast to the certainties of similia and the proven drug."

Happily, however, while there is much to censure there is also much to praise. All that portion of the repertory devoted to homeopathic therapeutics, i. e., the index of symptoms and diseases is good and is what we should expect in a book of this kind. There has been no pocket repertory (exclusively so) since the publication of Bryant; and that was so many, many years ago that mention of a large num-

ber of the later proven remedies is absent from its pages. The field for a work of this character lies open to the laborer and the opportunity is ripe for his hand. A beginning having been made in the publication under discussion it is sincerely to be hoped that the next edition will be an expurgated and an enlarged one as well, for there is much to be added along the line of symptom index to make it a ready reference book. For such a work we prophesy a welcome and a cordial approval from the practitioner, a manual *sans peur et sans reproche*.
C. H. E.

Clinical Miscellany.

IODINE is recommended by Dr. W. T. Laird in pneumonia, especially in the second and third stages, when there is tardy resolution and deficient vital reaction, with hectic fever, severe chills, excessive variations of temperature and profuse sweats. He recommends a solution of ten drops of the tincture in three ounces of water, a dessertspoonful every one to three hours.—*Pacific Coast Journal of Homeopathy*.

CHIMAPHILA.—Without prince's pine I would be at a loss to know how to treat certain chronic affections of the urinary tract. For this purpose I prefer the infusion to any alcoholic preparation. The indications for which I administer it are those which accompany a lax and a tonic state of the parts involved, viz., dull pain, often of a drawing dragging character, extending from the loins to the prostate portion of the urethra, with scanty urine loaded with mucus or muco-pus. Blood may be voided also. The heavier the discharge of mucus or muco-pus, the better the agents appear to act. Acute inflammatory symptoms should be absent, and the infusion may be freely administered.—*Eclectic Med. Journal*.

THE PULSE AS A SIGN OF NEURASTHENIA.—Erben (*Wein. Klin. Woch.*) has studied this condition especially, and has discovered the following peculiarity: If the patient is made to stoop, the pulse rate, instead of being quickened, as is normally the case after every movement of the body, suddenly slows down for three or four beats, and then gradually recovers or exceeds its original frequency. The stooping usually causes slight temporary cyanosis. This Erben attributes, not to the rise of the

blood pressure, but to stimulation of the vagus by the increased vensity of the blood. Bending the head backward as far as possible also gives rise to the phenomenon, which is not elicited when the nervous system is healthy.—*Eclectic Med. Journal.*

STRONTIUM LACTATE IN THE TREATMENT OF RENAL DISEASE.—Dr. S. Bronowski (*Wiener medicinische Presse*, 1899, No. 5; *Centralblatt fuer innere Medicin*, November 4) finds by experiments on animals that strontium lactate causes a general lowering of the blood pressure. If more than a grain for each kilogramme of the animal's weight is given, renal irritation is induced. The diuretic action depends, not on a direct influence of the drug on the renal epithelia, but in all probability on dilatation of the blood vessels of the kidney, which in turn is dependent on the renal nerves. Clinically, diuresis occurs in the majority of cases, with diminution of the amount of albumin in the urine, so that the drug works favorably in many cases of Bright's disease that are not too far advanced.
H. V. H.

Miscellaneous Items.

Dr. W. T. Laird, of Watertown, N. Y., died October 3, 1899. He was one of the brightest homeopathic physicians in Western New York.—Dr. G. M. O'Leary, recent interne in Hahnemann College, has located at Huntington, Ind.—Bound copies of *THE CLINIQUE* for the year 1899 may be obtained of the Business Manager, Dr. C. Gurnee Fellows, 70 State St., for the return of the twelve numbers and fifty cents for binding or by remitting \$2.50.—Dr. John Rogatz, '99, has located at Scottville, Mich.—Dr. A. R. Furgeson, '99, has located at Manistee, Mich.—Dr. H. A. Noyes, of Pittsfield, Mass., has been elected to the medical staff of the House of Mercy, as oculist and aurist.—Dr. A. C. Hall, '89, at Grand Crossing has erected a fine private hospital for his own cases.—The Bureau of Bacteriology and Microscopical Pathology will report at the next meeting of the Clinical Society the last Saturday in January, Dr. W. H. Wilson, chairman.—Halsey Bros. Co. have com-

bined with Gross & Delbridge of this city, and with Taylor & Myers, St. Paul, to form one large Homeopathic Pharmacy Co. Dr. Gross retires, while Mr. John B. Delbridge remains with the firm and will conduct the retail business at corner of Wabash Ave. and Washington Sts. The location of the firm for wholesale business will be at corner of La Salle and Kinzie Sts.—The Chicago Homeopathic College has instituted a course of popular lectures. The first was delivered by Dr. W. G. Willard and Dr. D. A. Foot, of Omaha, gave the second; the third will be given by Hon. Robert C. Chapman; subject, "Legal Obligations of the Physician."—Drs. Cobb and Smith have been under the weather, but each have now returned to their practice.—Dr. Cora O. Howerth has been very ill with appendicitis but is now recovering.—Dr. A. E. Comstock, '99, has located at St. Paul, Minn., and is associated with Dr. Briggs.—Dr. S. B. Montique is now at Petoskey, Mich.—Dr. C. E. Fisher is again in Havana, Cuba. He may remain there for a few months.—Dr. Charles W. Haywood, who has been assistant physician in Dr. Givens' Sanitarium at Stamford, Conn., has accepted a position on the staff of Dr. Walters' Sanitarium, Walters Park, Pa.—Dr. J. T. Leland, '99, has located at 7855 Normal Ave.—As we go to press we learn of the serious illness and probable death of Dr. W. W. Stafford, who had gone to Denver for his health. It is indeed sad to record such news, for his genial nature made him a favorite with all professional associates.—Dr. Alison W. Clokey, of Louisville, Ky., died of acute gastritis in the early part of December.—Dr. W. E. Mansur is located at Marshall, Mo.—Dr. Chislett has returned from his month's vacation in the South.—Dr. Dwight J. Roberts, of Lagrange, Ill., has been successfully contending with an epidemic of typhoid fever.

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Original Lectures.

THE PRACTICAL SIDE OF HOMEOPATHY.

ADDRESS BY CHARLES EDMUND FISHER, M. D., CHICAGO, ILL., EX-PRESIDENT AMERICAN INSTITUTE OF HOMEOPATHY, EDITOR MEDICAL CENTURY, DELIVERED IN THE COURSE OF POPULAR LECTURES AT HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO, NOVEMBER 17, 1899.

The practical side of any system of medicine lies in the direction of its abilities to cure disease, relieve suffering and prolong life; and unless a system of medicine offering itself for the consideration and patronage of the American people possesses this practical side it will receive scant courtesy and brief tenure at their hands. For Americans are a preëminently practical folk, possessed of practical ideas and ever ready to demand practical results in every department of life, therefore not likely to accept as a medical creed, upon which to rely in their hour of necessity, any method based upon theory only and incapable of demonstrating, to their complete satisfaction, accurately practical results from bedside effort.

If homeopathy presented no practical side it would soon disappear from the face of the earth, to be known as a ship that passed in the night. On the other hand, if it is able to sustain its principles by practical results it will be more and more generally accepted by the people until it eventually becomes the dominant system in this great country. In its fundamental law there is a striking corollary to other great laws—notably the law of natural selection, the rule of affinities and the law of gravitation—

the force of that fundamental law being so easy of proof that it is a matter of wonderment that it has not been fully accepted by the medical world long years ago.

"*Similia similibus curentur*" ought easily to appeal to the inquiring mind as a reasonable proposition. There can be nothing more simple in medical precept than that a drug or remedy should be capable of affecting in the healthy a tissue or organ it is capable of affecting in the sick. The newer system is built wholly upon its ability to relieve human suffering and cure disease through the application of remedies upon this simple idea. Should it not appeal to the intelligent layman, to say naught of the student of science and law, that a remedy which can set up an inflammation of the tissues of the eye should be one to be thought of in selecting a remedy for an eye whose tissues are inflamed or disordered? Should it not also appeal to the intelligent layman, and more especially to the student of medicine, that a remedy proven able to affect the tissues of a joint should be thought of by a physician when called upon to administer to a joint diseased? And should it not appeal to the inquiring mind of the intelligent layman, and more especially to him offering himself as a member of a great army of medical healers who spend their lives and energies in the interests of their fellowmen, that a drug capable of affecting the brain should be thought of in the selecting of a remedy for a disordered sensorium? Nothing can be more reasonable, more simple, more natural than this; yet it is a lamentable fact that the great majority of the medical profession give absolutely no heed to this sterling truth. The beliefs and prejudices of their Hippocratic fathers seem so deeply imburned that the suggestion that here may be found a golden grain of medical thought which might be of inestimable value to the world, if generally adopted and applied, for some inscrutable reason fails to invite their attention and falls on stony ground. Therefore, it is left to the homeopath to continue the cultivation of this fruitful germ, to keep up the missionizing of the homeopathic fathers, and to weary not in the commendable work of faithfully endeavoring to secure a more general adoption of the homeopathic maxim, that in the fullness of time it may come to be recognized as the one medical precept whose force cannot be nullified, whose value is capable of experimental and clinical demonstration, and whose bedside possibilities are well-nigh bound-

less. It lies with its friends to so prove and re-prove its practical side that those now blind to its virtues must see them; that those now deaf to its truths must hear them; that those who grope in the darkness of an honest unbelief may, under the powerful searchlight of our own strong dynamos, be brought to a full acceptance of the strength and power and healing goodness of a genuine homeopathy, whose ability to cure is limited only by the ability of its adherents to intelligently apply it.

From the very moment of the promulgation by Hahnemann of the law of similars homeopathy has shown itself possessed of a practical side, a power to cure the sick. Beginning with its earliest days it was brought into direct competition with the then dominant allopathic system, and also the expectant plan of treatment in a contest against pneumonia through a series of experiments conducted in Paris and Vienna, in all of which it demonstrated its superior possibilities. Treated allopathically the cases were grouped and treated *en masse*, or according to the pathology and diagnosis of the disease. Treated expectantly the ailment was allowed to run its course without medication of any kind, the restorative forces of a distressed nature being wholly relied upon. Treated homeopathically the patients were segregated and each treated according to his individualities—his physical, psychical and pathological environments alike entering into a consideration of his case. No two men are exactly alike, nor are any two cases of disease exactly alike. Nor should any two cases be treated exactly alike, though alike in nature and the same by name, unless, perchance, the symptomatological physiognomy of their course be in every way identical? The man is the patient; it is he who is ill, and it is he who should be treated.

In this belief in a careful segregating of all cases of disease for the purposes of treatment lies a mighty element of strength, an element availed of in its fulness by the homeopathic system only. What is one man's food is another's poison. Likewise, that which may cure one man may kill another. Through the system of experimentation styled "drug-proving" which Hahnemann instituted, and which was faithfully practiced by himself and colleagues, it was ascertained that while many drugs have

effects in common in none were the finer lines of action exactly alike. One drug produced an aggravation by day, another by night; in one the right side was affected first, in another the left; the drug-manifestations, in order of sequence, were from above downward with some, with others from below upward; under the action of various remedies all the drug-symptoms were worse when the patient was in the open air, with others they were all aggravated unless in a warm room; in individual cases eating, drinking, laughing, talking, exercise and the exhibition of emotion would drive the prover mad, while in counter instances like forces and conditions would bring relief. To every physician, in every school, who is a careful observer of physical and psυχical manifestations in individuals whose health is impaired these characteristics, and a thousand more, are presented in almost every ailment to which human flesh is heir. It is not always known just why they arise, nor is it always understood just why in the evolving of a drug-symptomatology the peculiarities described occur. But both are observed, nevertheless, almost every day and hour in medical practice; and it has been thoroughly proven by the painstaking homeopathic prescriber that the careful fitting of the similar acting remedy, according to its critical symptom possibilities, to the finer shading of the patient's symptomatology, including his pathology where understood, will insure more exact and lasting results than are to be obtained by less specific, hence more generalizing, attempts. This practical element of the homeopathic system should always be kept in mind and its value availed of as one of the greatest it can possibly possess.

The *similia-similibusness*, to coin a phrase, of the homeopathic precept is one in which there is generic strength of a positive character. It is hardly enough to suggest that in order to be useful in the treatment of disease remedies should have affinities for the organs or tissues for which they are to be prescribed. The affinity should go further than this. A law or rule is but half a law or rule which applies a drug to living structures on the principle of natural selection and expects the action of the remedy upon the structure affected to be antagonistic. The affinity should extend beyond this line; there must be an action like unto that of the disturbing influ-

ence if a neutralization not destructive in character is to be secured. Half-affinity and half-antagonism could but be expected to result in disaster, a result too often observed when remedies are carelessly selected, the affinity reaching but half way over the course ahead of the prescriber. Scientifically conducted experimentation upon healthy human beings has clearly demonstrated the force and truth of the precept which demands that remedies to have effects which shall be satisfactory in character in bedside work must be capable of producing effects like unto those which are attempted to be cured. The "why" of this precept is as yet unexplained. But the force of the law has been proven times without number, by men and women both conscientious and capable of observing disease conditions and curative influences. Belladonna relieves the headache of congestion, in which the arteries are full of blood and the tissues engorged, and no one will deny that belladonna produces exactly these conditions in the healthy. Ipecac relieves a counterpart of the nausea which it will produce, likewise tabacum, apormorphia, petroleum, and many other drugs. The strychnine contortions of the spinal nervous system are exactly like unto those which strychnia and nux vomica are known to cure, while the sores and bone softening of mercury are a perfect counterpart of the conditions which the various preparations of this metal are known most certainly to remove.

Illustration after illustration might be offered in support of the principle at stake, but it is not believed they are demanded. The force of the law is so easily capable of demonstration that it is required not to challenge but to invite the doubting Thomas to prove for himself that which every homeopathic physician has already proven, failing in which he has fallen short of the requirements of his calling—that he shall avail himself of all that is known of man for the relief and cure of human kind.

Touching for a minute upon the results of comparative tests in pneumonia made in the early days of homeopathic history the records are all to the credit of its practical side. Homeopathy's losses in Paris and Vienna, where the experiments were conducted, amounted to a fraction above six per cent; while those of the old school system aggregated the large mortality of twenty and

seven-tenths per cent. The expectant method did better than the latter but not as well as the homeopathic plan, its loss being nearly two more in every hundred treated, the result going to show that carefully selected individual treatments are capable of producing effects somewhat better than nature herself can secure, especially when below her usual power, while they are infinitely superior to those attained through a method of drugging erroneously styled "heroic" but which should be denominated "destructive," instead.

Adding a mite, the results in a personal experience in North Central Texas, whose changeableness of climate conduces to a prevalence of pneumonia in the winter months, are considered worth recording. Eighty-three cases were treated with but three fatalities. Sixty-one of the cases were of the catarrhal type, some of them very severe; the remaining twenty-two of the croupous form, whose death rate under drastic treatment is always high. Two of the recorded deaths occurred among the last-named class, one among the catarrhal cases, the subject already a sufferer from chronic asthma and cardiac dilatation. On every hand the old school lost their cases, the death-rate being severely high each winter, covering a period of years. Through the better results under homeopathy's care the new system was firmly implanted in the section referred to, among a people before unacquainted with its precepts and desirous only of securing results, no matter what the way.

The record just given is not unusual in homeopathic experience. It is about the record of every well-versed homeopathic physician throughout the length and breadth of the land. To us pneumonia is largely shorn of its terrors. A correct homeopathy knows no depressants and employs no stimulants. There is no see-sawing between extremes of vital tension, nor are the physical forces of the patient annihilated or maimed by a toxination with drugs that destroy. Acting in harmony with nature's best laws her strength is conserved, her forces are not battled down, she is given a chance. In pneumonia, as in all acute diseases, each case is led along gently, tractably, accurately, without medical coercion, the sole object in view being to assist nature as best we may while we make ourselves sure we do no harm.

With homeopathy it is not required to raze in order to save, it is not necessary to first tear down in order to

afterward build up. The patient is given individual consideration, his total symptomatology, including his pathology, being looked upon as essential to a correct understanding of the case in hand. The "sustaining of the strength" by whisky, the "supporting of the heart" by toxic alkaloids, the whipping of a tired circulation by drug-excitants is never required in the exhibition of a homeopathy worthy the name. If the inflammatory process is combated along the line of similia similibus curentur the heart and circulation take care of themselves. A stimulation that accelerates the cardiac center will invariably be followed by a corresponding depression, just as paralysis of spinal action succeeds upon the use of spinal toxics which primarily have the effect to apparently better the conditions, as superficially observed. It is the still, quiet waters which run most deeply. Likewise it is the subtle, non-demonstrative forces of a correct homeopathic medication which most surely stem the ebb in a destructive tide of inflammatory woe.

Not less striking, in fact even more so, are the collations in relation to a comparative combat with cholera which occurred while homeopathy was yet in swaddling clothes. Again Vienna was the seat of war. In that famed hospital city there were treated in separate wards, one conducted by the old-school and one by early homeopathic practitioners, almost a thousand cases. The disease was unusually malignant and the death-rate large under both methods. The conditions of treatment and management were the same except in internal medication, yet the result was strikingly in favor of the young homeopathic giant. Our loss numbered a trifle below thirty-three per cent, the old-school mortality mounting to a fraction above sixty-seven percent. In the city of the Austrian Royal Infirmary the effect was exceedingly gratifying, so eminent an authority as Balfour, of the old-school staff, proclaiming it beyond comprehension and volunteering the information to an English confrère that no young physician need hope to locate in Vienna and succeed unless versed in homeopathy's ways.

In the epidemic which devastated Europe in 1836 in twenty-one hospitals in France and Italy the old-school lost sixty-three per cent of their cases, while in the same epidemic the homeopathic profession lost but eleven per

cent of their patients in ten cholera hospitals in Germany, Italy and France.

Edinburgh and Leith duplicated the record in our favor, though by a less satisfactory showing, 235 cases yielding a death-rate of twenty-four per cent. But in the same cities, at the same time and under the same conditions, except as to internal treatment, the old-school loss attained the awful mortality in 531 cases, or more than eighty-five per cent, almost four deaths to homeopathy's one.

In 1849 the hospitals of Liverpool gave results not quite so strongly in our favor, but yet sufficiently gratifying to prove the superior value of the homeopathic method. The losses here under old-school treatment were a trifle above forty-six per cent, while under homeopathy they were less than twenty-five per cent.

In 1853 and 1854 Europe suffered a terrible visit from the Asiatic plague, cholera hospitals being required in almost all the larger cities. In those of Bavaria allopathy lost forty-eight and one-third per cent, homeopathy but six and three-quarters per cent. In Newcastle, England, the old-school loss was more than fifty per cent, the homeopathic mortality less than twenty per cent. In the Dundee hospital, under allopathy, the loss was sixty-one and four-fifth per cent; in Copenhagen, fifty-five and one-fifth per cent; in Stockholm, fifty-nine and three-fourth per cent, and in Leyden, The Hague, Delft, Rotterdam, Dordrecht, Gonda and Utrecht there were treated 3,923 cases, with 2,337 deaths, the rate averaging for the seven cities a trifle less than sixty per cent. These tabulations show that throughout all Europe the old-school loss stood uniformly at from fifty to eighty per cent, while those quoted from homeopathic wards and hospitals give to homeopathy the better record of saving full seventy-five per cent of those entrusted to her care.

At Wisney-Wolotschock, in Russia, at about the same time, a series of experiments were conducted in which allopathy, homeopathy and the expectant plans were tried, the result being that homeopathy lost twenty-one per cent of her cases, expectancy sixty-seven per cent and allopathy seventy-four per cent.

At Raab, in Hungary, the allopaths treated 1,501 cases, with 640 deaths, an average of forty-two and three-fourths per cent, while homeopathy treated 154 cases, with a loss of but six, a mortality of an even four per cent.

At Bordeaux the allopaths treated 104 cases, with seventy-two fatalities, a rate of sixty-nine per cent, while the homeopathic physicians of the town treated thirty-one cases, with a loss of six, a rate of nineteen per cent.

In London there died under allopathic care in 1854 an even forty-five per cent, while under homeopathic management the rate fell to seventeen per cent. The death rate in cases in which collapse has set in was sixty-nine per cent under old-school methods, while under the homeopathic way it was an even thirty per cent.

At Midnapore, in Bengal, of 120 cases treated homeopathically there were but sixteen deaths.

In our own country Cincinnati suffered a most destructive epidemic in 1849, in which through the heroic efforts of Pulte and Ehrmann, two faithful disciples of Hahnemann, homeopathy made a splendid record. These two homeopathic pioneers treated 1,116 cases with a loss of but thirty-five, a death rate of but four per cent. Homeopathy was firmly grounded through this splendid achievement in all that section, among the converts to the better way in medicine being the late and greatly lamented Holcombe, subsequently of New Orleans, who for more than forty years did noble battle in the cause of medical truth throughout the epidemic stricken regions of the Sunny South.

When there is taken into consideration the wide field covered by the figures recited, and when it is also considered that cholera has always been acknowledged one of the most deadly foes the human race has to meet, the remarkable achievements of homeopathy's men are exceedingly gratifying and sustaining, giving to the new system, as they do, a marvelously effective practical side, which deserves the recognition and commendation of every friend of suffering man and every disciple of the Æsculapian art.

Not less successful in yellow fever than in cholera, homeopathy has established a claim to virtue and strength in epidemic contest which all the prejudice and tyrannical opposition of an engrafted profession can never destroy. Individual treatments have been devised for individual diseases which may have been more or less successful in a limited field. But for homeopathy the claim is laid that it is a comprehensive method of treat-

ment, as capable in one condition of disease as in another, within the limits of reason, therefore it should be able to demonstrate its effectiveness in all the epidemics to which flesh is heir. This it has done. In that deadly scourge which devastates States, destroys the commercial life of metropolitan cities, paralyzes the industries of great arteries of traffic and populates cemeteries as certainly and swiftly as though deadly war were mowing down a community's favorite sons in batallion, the new system of treatment has proved its ability in a record which all the years to come cannot dethrone. As early as 1854, when our pioneers in the sun-kissed cities of our Southland fair numbered but half a score, the efficacy of homeopathy was being demonstrated to the satisfaction of a population who knew naught of its virtues and who cared naught but for results. Holcombe, Bailey, Belden, Mathieu and Angell—these sturdy pioneers and others with them fought the yellow foe as it had never been fought before. They held the cards and played them in the game of death against life to the dismay of the former and the saving of the latter, blazing a way for those to follow in the years now present and the years to come which leads to glory and away from the grave.

In 1853 Holcombe and Davis, at Natchez, Miss., treated 555 cases of typical yellow fever, all doubtful diagnoses being excluded, with a loss of thirty-three by death, a mortality rate of five and ninety-four one-hundredths. Dr. Holcombe, then young in homeopathy, treated 140 of the cases with nine deaths, Dr. Davis treating 415 with twenty-four deaths.

In 1878 the south suffered an especially destructive visitation of the pestilential scourge. States, cities and sections were stricken which had never been stricken before. Many years had passed since a marked epidemic had occurred, consequently the fuel for the fire was plentiful. Forty thousand cases were reported to the boards of health of the various cities and large towns which suffered, while perhaps half as many more were never placed on record because of the absence of authoritative organizations in the rural districts. Of the number legitimately recorded it was shown that 3,914 were treated by homeopathic physicians with a loss of but 261—a mortality rate of six and six-tenths per cent, while 36,000 cases were treated by allopathic physicians with a loss of an army of 4,000 souls—a mortality rate of eighteen and eight-tenths per cent.

It is worthy of note in this relation that in every instance the boards to whom reports had to be made were composed of old-school physicians, on two only of them all there being a single homeopathic member. Further than this, in every city scourged in which a board existed it was a finable offense to fail to report a case, and when reports were made the boards of health and various committees of relief immediately visited the cases reported and provided for their necessities, thus authenticating the records and leaving no room for error or falsification of returns. Not in all medical history have statistics been gathered under conditions so free from the possibilities of error, and never have collaborated data brought down the scale to the credit of homeopathy more emphatically. So overwhelming was the evidence in favor of the practical side of homeopathy--its treatment side--that it resulted in an official report to the congress of the United States on the result, this, in turn, securing the appointment of a homeopathic member upon its investigating committee and of two members from the homeopathic school upon the national board of health, afterward created.

An especially practical feature of the greatest credit to homeopathy in its combat with the yellow pestilence was developed by a study into the treatments employed. The old school was completely at sea. Chopin, President of the Louisiana State Board of Health, made a public appeal, through the medium of the Associated Press, for experimentation in various communities with different lines of treatment in order that in future epidemics it might be known what might be best to do. It was advised that in certain localities the calomel and oil treatment be systematically employed and reported upon, that capsicum and quinine be tested to the extreme in others, that orange-leaf tea and flaxseed poultices to the spine be tested fully, and that a comparison be instituted between hot drinks and hot packs and cold drinks and the Kibbee cold water-bed, upon which the inventor subsequently died while testing its virtues. The confession was honestly though humiliatingly made that the profession was helpless in treatment and knew not what to do.

While this deplorable confession was being heralded in the public prints the little band of homeopaths flying the banner of similia in the scourge stricken district were applying their remedies with almost unerring aim. Many of them had never seen a case of yellow fever before.

In the city in which my personal experience as a volunteer physician was gained not a member of our profession had ever been confronted with a case of the disease till then, and but for our law, our guide, our compass, our rudder, we would have been buffeted as helplessly in the terrible storm, and those entrusted to our care would have fared as badly as those who could do no better or knew no better than to subject themselves to the uncertain methods of the dominant school. That we saved twelve more lives per hundred than did they is due to the fact that homeopathy possessed an accurately practical side through the immutable law upon which it is founded—a law which serves us as well in times of deadly epidemic as in times of mildest requirement.

It is in epidemic contest that the practical side of homeopathy stands forth in boldest relief. The symptomatology of the disease being combated is striking, its physiognomy characteristic, its genus epidemicus emphatic, its lines not to be mistaken. To even the casual student of *materia medica* it is not difficult to fit the remedy to the disease. Guided by our law we see the symptoms of the case before us plainly depicted in all their minutiae, and if versed in our *materia medica* as we should be we readily choose the drug adapted to the case in hand. An investigation made by a responsible committee of the American Institute of Homeopathy developed that the administration of remedies in the epidemic of 1878 amounted almost to a reprehensible routineness. Aconite, belladonna, gelsemium and veratrum viride were accounted the ones from which the similimum might be selected for the first stage; bryonia, nux vomica, natrum muriaticum, phosphorus and argentum nitricum were reported as having been found all sufficient, with an occasional exception, for the second stage; while for the third stage arsenicum easily took first place, followed by carbo vegetabilis, sulphuric acid, lachesis and veratrum album. Occasionally naja, cuprum, cantharis, mercurius corrosivus, opium, hyoscyamus or stramonium would be found indicated. But so definitely applicable was the law that from New Orleans to Chattanooga, from Louisville to Brunswick and from Mobile to Memphis the homeopathic profession was found standing as firm as the rock of Gibraltar on its sound basic law, while the old-school

profession was crying aloud for some unknown power to come over into their Macedonia and help them.

The Hahnemannian law changes not with every whim of pathology and every new discovery of the pharmaceutical mortar, whether of scientific or commercial evolution, nor does it stagger and weaken before the cyclonic rage of the most terrible destroyer that disease and death can array. Honest in his belief, firm in his conviction and strong in his knowledge of the power and comprehensiveness of his armamentarium, the well-versed homeopath quails not in the face of unusual danger but stands ready to engage in combat with any and every foe.

The practical side of homeopathy has been beautifully shown in the treatment of insanity and nervous diseases, a bete noir to the profession before the days of Hahnemann, our founder. It was he who removed the shackles of the insane and secured to them hospital instead of prison treatment. Permeating his every fiber there coursed a love for humanity and suffering children of his own righteous God, no opportunity being allowed by him to escape which carried with it the possibility of his lending a helping hand. Early in its history the subtle and searching qualities of the homeopathically attenuated remedy were developed toward disorders of the nervous system. Throughout all the provings of the experimenters who gave us our *materia medica* the mental symptoms of the drug under consideration were given prominent place. Hahnemann recognized that the psychical man is superior to and above the physiological man. Materialism found a minor place in his estimates of human mankind, consequently the homeopathic symptomatology reveals the action of drugs upon the mind and sensorium as do no other volumes in the library of the profession.

Putting the knowledge therein recorded to practical use, the homeopathic physician, before the days of specialism, gave important heed to the efficacy of his remedies in the treatment of mental and nervous disorders, this early leading to a directness of effort which has brought about substantial results. Prompted by a knowledge that homeopathy afforded a better line of treatment for the insane than did any other medical system, and conscious of our right to a share of the public medical patronage of the government, it is not strange that home-

opathy's devoted disciples have won their way into public insane hospitals in several of the States, nor is it a matter of surprise that in every instance the superior virtues of its medication have been shown.

In Massachusetts there are four State allopathic insane hospitals, at Worcester, Northampton, Taunton and Danvers, and one homeopathic insane hospital at Westboro. During a period of ten years the average population in the allopathic hospitals has been 1,022, the average in the homeopathic institution 1,103. During these ten years the allopathic recoveries averaged 328, the homeopathic recoveries reaching the much larger number of 574. The saving of 246 lives and the restoration of their reason is something of which we have just right to be reasonably proud. A recovery-rate of fifty-two per cent as against a recovery-rate of thirty-three and twenty-five one hundredths per cent under the same conditions is certainly a commendable comparison.

In New York, where the old-school has seven and the new school two State insane hospitals the allopaths have had a percentage of recoveries, to the whole number treated, amounting to twenty-three, the homeopaths a percentage amounting to thirty-six. The percentage of deaths in the old-school hospitals has been nineteen, the homeopaths having saved five more per hundred, losing but fourteen per cent of their inmates.

A few years ago there were compiled tabulated records of forty insane hospitals throughout the country, in which were included the records of those belonging to us, whereby the percentages were somewhat reduced. The average death-rate of these forty asylums, reduced, as suggested, by the better results of those belonging to the homeopathic school was six and two-tenths per cent. As against this we have to offer the results obtained in the Michigan asylum for the criminally insane, the very worst class of all, in which the loss amounted to but four and four-tenths per cent.

In Missouri, California and Minnesota, in which States homeopathy has State insane hospitals, and also in Illinois, in which commonwealth we are formally possessed of one asylum and practically control a second, the results are all to the favor of the newer and better way. In California and Missouri, especially, the records are emphatic, though not this moment at hand. In no single instance are the results against us. In them all the claim

has been fully substantiated that homeopathy has a practical side, and that through it the lives and reason of those whose minds have been shattered through business cares, domestic disturbances or physical and psychical causes may in many instances be saved and restored.

Not less interesting than the results in the deadly scourges of Europe and America and in the mental and nervous maladies of a fast-living people are the results secured in hospitals for general diseases and in those devoted to the ailments of the babes of the land. In the City Hospital, of Louisville, and the County Hospital, at Chicago, especially, have the comparative records proved most gratifying and the testimony unalterably in favor of the homeopathic way. Likewise in the management of diphtheria, scarlet fever and the summer diseases of children in the slums of New York and other large cities, the glorious banner of similia floats exultantly high. Scarlet fever has been practically robbed of its terrors, and by correct homeopathic treatment its dangerous and destructive sequelæ, so greatly dreaded in former years, have been made to melt as the mist before the rising sun. The scarlet flag of warning is no longer necessarily transformed into the black flag of death. Diphtheria, though now held to be well under control by a specific treatment devised for its annihilation, is yet more amenable to homeopathic methods than to those so widely heralded, the very best that the latter has been able to do falling short by one-half of the results obtained in all the cities in which the disease prevails, under the accurate treatment peculiar to Hahnemann and those who follow in his way.

Thousands of physicians and millions of laymen have come to homeopathy because of its greater success in all of the severer diseases of man. Its ministrations, though gentle, have yet proven effective; its remedies are simple in their preparation, yet accurate in their effects; its doses are capable of securing excellent results when the remedy is properly applied, yet at all times they are harmless and not destructive of life. If these things be true, and true they be, it deserves the love of the people, the approval of the profession, and to stand through all the ages to come as a blessing whose virtues entitle it to a legitimate place among accepted sciences and arts.

An especially adaptable phase to the practical side of homeopathy lies in its resourcefulness of potency and the comprehensive elasticity of its scope. Its generic law is expressed in the maxim, "Let likes by likes be cured," and this is the essence of its power. But while the law is homeopathy's alpha it is not its omega.

Hippocrates proclaimed the fact that some diseases are curable by remedies having the power to cause conditions like unto them, and Galen and other medical savants sustained the thought by giving it approval. But it remained for Hahnemann, the mightiest therapeutic genius of them all, to develop the strength of the thought and give it practical application. Had our founder proclaimed the law and rested there there might have been reason for the suggestion occasionally offered, that the principle contains an element of danger. Drugs capable of producing physiological effects will surely do harm if given in appreciable doses over a considerable length of time. Therefore their administration in toxic strengths along the line of like action might easily be imagined to aggravate the condition for which they are prescribed. But Hahnemann, a keen observer and quick of perception, scented the danger of drug-aggravation and found a way to remove it while yet not destroying the efficacy of the law. Up to his time drugs had been given in massive doses and poisonous strengths. But, happily, he quickly conceived the idea of subdividing them by triturating and diluting them with innocuous substances, from this thought there springing the further one of increasing the physician's armamentarium by the possession of numbers of attenuations of the same remedy. It is not required to enter into an explanation of the value of this additional ammunition against death and disease, nor is it required to elaborate upon the value of the idea of attenuationism. Drugs have been made palatable, they have been robbed of their danger in the sick room, their efficacy has in almost every instance been preserved and in many cases enhanced, the evolution of the idea which led to the attenuation of medicines being second in importance, and second only, to the greater thought of drug selection according to the affinities of the drug for the various structures composing the human frame.

This molecular side to homeopathy ought to meet with a ready acceptance in these non-materialistic days. Never has there been a more complete adoption of a belief in

the all but infinite divisibility of matter than now. Surgery rests upon the discoveries and revelations of the microscope. Germs so minute as to be discerned only by the aid of the most powerful lenses are known to be the causative factors in many of the most malignant diseases known to man. Likewise in the production of the antitoxines offered a credulous profession and a confiding public there runs the red thread of division, attenuation, molecularization—Hahnemann's dynamization, in many instances, but under another name.

In pharmacy, also, homeopathy has almost been outdone. Her triturations have been counterfeited, her pellets, globules, disks and tablets have been duplicated and patterned after, while she has been all but out-dilutionized by many of the processes employed in the manufacture of the serums of the beasts of the field, the pigs of the pen and the hounds of the pound. She has been robbed by thefts made upon her in the name of "discovery," but she has gone on relieving, curing, saving, until never in the months and years of the initial century of her history has she been as firmly grounded, as enduringly constructed or as solidly established as in her present proud and prosperous hour.

In the virtue and power of infinitesimalism lies a practical side to homeopathy not sufficiently understood nor generally employed. Just what constitutes a proper and reasonable potentization of drugs every physician must determine for himself. The majority of the homeopathic profession rely upon the low attenuations, the remedy being sufficiently removed from its physiological strength to be safe, the color to be seen and the odor detectable by olfaction. Dealing with the decimal scale the firsts, seconds and thirds appeal to materialistic sensibilities. Others have learned to place reliance upon the sixths, twelfths and thirtieths, with an occasional use of the two-hundredths or higher, while a limited number, in proportion to the entire homeopathic list, climb the giddiest heights of imaginative possibilities, dwelling upon the curative virtues of the thousandths, hundred-thousandths, and even the millionths, so-called.

The extent of the range to which attenuation brings the profession is not likely ever to be bounded. Man is materialistic and likewise spiritual. The materialist is

likely to be materialistic in his drug-beliefs, while the spiritually inclined is likely to soar into realms of which the former has never dreamed. Nothing can solve this problem but the most painstaking observation in bedside work. Doubts, incredulity, ridicule, fun-poking and blasphemy will never solve the riddle, nor can it be thought out, reasoned out or desired out.

To the allopath the first, second and third decimals are as ridiculously impotent as the higher attenuations are to the drug-employing homeopath. To the materialistic homeopath the lower potencies are a defensible homeopathy, but the higher are but a parasite which bring his system to scorn. Likewise to the extremist in potential beliefs, the medium and low strengths are as deadly and destructive as the allopath's polypharmaceutical compounds, and he shudders at a drug that has color or whose odor can be smelled. Yet notwithstanding this diversity of view the clinical test will add to the law the additional power arising from a versatility of potencies not belonging in any other system, and in which there will be found a tower of strength according to the earnestness of study of the subject and the intelligence of its application at the bedside.

Born a homeopath, brought up a homeopath and a homeopath from a choice it has been found satisfactory and profitable, in every honorable sense, to be consistently a homeopath and always upon homeopathy to rely. Two years a homeopath upon the western frontier, nearly twenty years a homeopath in the South, and six years a homeopath in the more frigid zone of the lake region, almost every disease has been met to which humankind is liable. Under pressures of one kind and another during all these years perhaps a fair share of backsliding has been committed. But it is not recalled that in a single instance wherein the law has been violated have the results been satisfactorily compensating; whereas, on the other hand, it is recalled that in almost every instance recorded on the tablet of memory good cause has been felt for grief that the weakness of the man has brought about the prostitution of the principle. No mariner abandons his compass in the time of storm, nor will the conscientious homeopath who knows his law and realizes its power ever feel called upon to resort to the unsafe and less scientific procedures of a system whose strength is in numbers and not in law, whose might does not make it

right, and whose record is stained with thousands upon thousands of blood-red blots which time nor repentance can ever efface.

The practical side of homeopathy builded upon the potentization of drugs has recently been revealed as never before. During the three months' residence in Havana last spring a Protestant orphanage of nearly thirty reconcentrado children was brought under the influence of homeopathy for the treatment of chronic malarial infection, the dyspepsia and intestinal derangements incident to a Weylerian starvation, and general derangement of the vital forces through lack of parental care and the inroads of various types of disease. Not one of these little waifs had been properly fed for months, some of them not for years. All were emaciated, sallow, potbellied and anemic. In most cases the liver and spleen were enlarged and indurated, as were also the mesenteric, parotid and submaxillary glands. In a number the distortion was striking and the power of locomotion enfeebled. A sorrier lot of children it would be difficult to imagine. Their ears were ringing with quinine; their mouths drooling from mercury. They had been drugged and starved all but to death; while this little orphanage was a veritable pesthouse of sores of impoverished blood and the glandular indurations of tuberculosis.

From the moment they were placed under homeopathic care they began to improve. No remedy was given haphazardly, while the potency in each was selected with care. It was determined to test the virtues of the higher attenuations, for which purpose a tiny pocket-case of dry pellets of the one-thousandth was relied upon. Daily visits were made for a period of ninety days, the cases being closely watched. Not a single vial in that little case was emptied. In but three or four instances was it required to change the remedy from the first selected, and in a number of cases but a single dose was given. The diarrheas responded to arsenicum and china. The chronic agues yielded to natrum and lachesis, though occasionally arsenicum and china were required, especially when complicated with intestinal derangement. Nuxvomica and antimonium crudum cleared up the dyspepsias, and hepar proved a remedy of great excellence for the sores and eruptions on the skin and scalp. Iodium reduced the glandular enlargement and induration in several, kali bichromicum being required in a few. Never

have better results been obtained, in almost thirty years of bedside work, and thus a new practical side of homeopathy has been revealed.

During the past summer and fall these experiences have been confirmed in a number of instances in the care of a large general practice in a malarious southern State. Acute and chronic malarial infections have been cured, time upon time, with the strictly homeopathic remedy, from eupatorium in the second decimal trituration to the one-thousandth of natrum and china, some of the most satisfactory results which have been obtained accruing from a single dose of the selected remedy in the highest potency named. Did time permit scores of successes with the single remedy, in low and medium and high attenuation, could be recorded. Homeopathy stands the test where painstakingly applied, no matter what the potency chosen. But in perhaps a large proportion of stubborn patients the higher strengths will be found to be the ones upon which we can most surely and safely rely. The door is an open one, the field is ripe for the harvest, the harvest is ours if we will but partake of it and bring to our aid the numerous practical sides which our system possesses, and not be classed among the unfortunate ones who are so filled with prejudice and conceit that they can see but one way and a few attenuations—those upon which they rely and in which they have come to believe.

Hahnemann's was the mind of a genius. Inspired to the work of developing a medical system which should be capable of saving mankind he builded better than he knew. Others have made possible a genuine progress in medicine by study and experimentation along general lines, for which they deserve unlimited praise; but it remained for Hahnemann to revolutionize therapeutics, to reform medicine itself, to overthrow the barbarous practices of his time and institute new ones which should acceptably take their place. He taught the world how gently, safely and certainly to cure the sick, in so doing leaving a legacy whereby throughout all time those who follow may minister successfully to the suffering of man and thoroughly heal his infirmities. He gave us a law and he gave us the potentization of drugs. Upon the former we may surely rely, upon the latter we may lean in proportion to the thoroughness of our efforts and the

clearness of our observation. The law first, always, the potency as an essential corollary. High or low, the homeopath should be certain he is right in the choice of the remedy; and certain in this the choice of the potency will eventually follow as a clinical experience which each must get for himself. Toleration is required, the truth will never suffer by investigation, favoritism and prejudices have no proper place in a science—the future must solve the problems as yet considered sub judice.

To our founder's memory we owe allegiance. Hahnemann cured by his methods and successfully built in the face of persecutions, contentions and oppositions which shall never again be equaled in the realm of medicine as long as time shall last. No prostitution by us can detract from the value of his law, nor can our derisions drive the conscientious homeopath from his truer and better way. Hahnemann cured and we can cure. It is not recorded that he found the new method inefficacious in any of the severer diseases of his day, nor should it be recorded of us that we have found it inefficacious in ours. If the law be true it is always true. If it be applicable in one disease it is equally applicable in others. The law is a law of healing, full of truth, full of strength, full of practical sides for our evolverment.

Hahnemann loved mankind. Throughout his writings, especially his letters to his family and friends, there runs a thread of tenderness and sympathy for the suffering and of affection for God and man. His was a noble character, he possessed a noble mind, his life was devoted to a splendid cause and his name and fame deserve to be enrolled with the name and fame of Hippocrates and Galen and Æsculapius and all the great minds of medicine, his accomplishments outshining them all. His is, indeed, a glorious name, his law a glorious law, his work a glorious work. To all we owe deserved applause, a praise we ne'er can give.

Oh, mighty-man, of genius great,
 Thy name, thy work deserves full praise ;
 Both are of God, who gives all good,
 Who measures well His various ways.

In thy great mind was born a thought
 In power and strength beyond compare ;
 Through it the world--if it be sought--
 May cure disease, may suff'ring spare.

Thy law's so strong, so true, so sure
 That naught can ever break it down ;
 So true it is it shall endure
 To save the nations yet unborn.

For warrior brave, on field of Mars,
 Great vict'ries high inscribe his name ;
 So thy life's conquests, not of wars,
 To thee have brought a milder fame.

Sweet peace her laurels also bring,
 And hers are holier, better, pure ;
 Among them, sped on Angel's wing,
 Thine are of God, deserved, sure.

Oh Master mind, as down time's hill
 Long ages roll and men depart ;
 Thy law shall live, it shall fulfill
 The love and good of thy great heart.

Oh mighty man, Oh man of God—
 For thou to Him didst glory give—
 The law thou left to child of sod
 Helps countless thousands still to live.

All honor, then, to thy good name,
 All glory to thy cause so true ;
 Hail, Hahnemann! of blessed fame,
 Long live thy law and thy work, too !

HYPERCHLORHYDRIA, WITH METHODS FOR ITS DETECTION AND TREATMENT.

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

It is only of recent date that the term hyperchlorhydria has applied to more than a hypersecretion of acid in the gastric contents. That the functional disturbance, caused by hyperacidity, generally leads to more complicated conditions and very frequently is the fundamental factor in organic diseases of the stomach, I shall attempt to establish. Again, it may be stated with emphasis that more than half of the diseases, which affect the stomach, are either typical cases of hyperchlorhydria or the initial cause starts with this condition. It will therefore be evident that in our treatment we should not overlook this fact, else our remedy does not apply to the symptoms in proper sequence. We must, however, admit the fact that,

as temperaments differ, so we may find a wide variance in the habits of digestion in different people.

To one person a hyperacidity of the stomach may be an idiosyncrasy, just as a deficiency, in that respect, is natural to others. While such conditions are abnormal they do not establish a disease until other symptoms appear which pervert the physiological principle of digestion. Thus hyperchlorhydria is a hypersecretion of acid plus other conditions and symptoms. The other conditions are (1) the atonicity of the mucous glands, mucous membrane and peptic glands of the stomach, due either to the debility of the digestive function from the lack of sufficient proteids, or from the long continued acid irritation; (2) the tendency to general ulceration of the stomach mucous membrane; (3) the increase of ferments and the quantity of gastric juice; (4) a flabby condition of the muscular structure as a result of insufficient food and a debilitated stomach peristalsis; (5) a tendency to rapid digestion and a consequent gastralgia.

The conditions indicative of hyperchlorhydria are: (1) pain, which appears regularly about two or three hours after eating. This may be, in the beginning, simply an uneasy sensation, which gradually develops into severe epigastric neuralgia when the stomach is empty. This pain lasts for an hour or two and then suddenly disappears. There is always relief from pain after the injection of an alkali or of food, particularly of the albuminous character. Pyrosis, regurgitation of food, or water-brash frequently occur.

(2) Thirst is generally enhanced, and water, if not too cool, gives relief to the stomach.

(3) The appetite is not generally impaired unless the hyperchlorhydria is of long standing. Food really gives relief particularly if it is albuminous.

(4) There is no marked cachexia unless the disease has been of long standing and the patient has been foolish enough to abstain from food. This is, unfortunately, a frequent experience.

(5) Constipation is a common complication and is due generally to the fact that sufficient food is not taken to supply waste enough for the necessary peristaltic action of the lower bowel.

(6) Severe headache, with dizziness, is also an attendant symptom. This occurs mostly after digestion has been completed, *i. e.*, two or three hours after eating.

(7) Neurasthenic symptoms appear in the majority of cases particularly in those of long standing.

The objective symptoms are of great importance. By palpation the gastric region is found to be tender for a large area and the outline of the stomach is increased. Examination of stomach contents, a few hours after eating, will find the stomach empty; examination of stomach contents, one hour after a light meal, will show a great abundance of hydrochloric acid and ferments. Egg albumen will digest rapidly in this filtrate. The gastric contents, a few hours after eating, will show that meat has been perfectly digested, while starches have not been. Large quantities of starch or erythro-dextrin are generally present. The high degree of acidity is generally due to the increase in free hydrochloric acid and other abnormal acids which have developed from an abnormal food or by the rapid digestion.

The best method for our diagnosis is the employment of Ewald's test meal. This consists of one or two rolls or toasted bread without butter and a cup of dilute tea without sugar or milk. One hour from its introduction it is taken from the stomach by the expulsion tube. This is put through four thicknesses of filter paper and we have what we call the gastric filtrate. To properly examine this filtrate the following chemical tests may be employed:

First. With Congo red litmus paper. If acid is present the paper will turn blue when dipped into the filtrate.

Second. Gunzburg's phloroglucin-vanillin test for hydrochloric acid. This contains two parts of phloroglucin, one part of vanillin and thirty parts of alcohol. One drop of the gastric filtrate is put into a porcelain dish; then add one drop of the Gunzburg test; mix this well and heat slowly; if hydrochloric acid is present the mixture turns a cherry red by persistent heating. If a normal amount of hydrochloric acid is present we may dilute the filtrate with water eight or ten times and obtain the reaction. If by further dilution we obtain the cherry red color, we may know that there is an excess of hydrochloric acid. While this test is not sufficiently accurate for all cases it serves well for a general diagnosis when the physician does not have time for a more complete analysis.

Third. The phenolphthalein test for total acidity. This is a one per cent alcoholic solution of phenolphtha-

lein and the test applies to free and loosely combined hydrochloric acid and acid phosphates. Take ten cubic centimeters of the gastric filtrate, add two or three drops of the phenolphthalein, then drop into this, from a burette, a sufficient amount of decinormal solution of caustic soda to turn the filtrate mixture red. Read the burette and multiply by ten the number of cubic centimeters of the decinormal caustic soda used. This will give a figure representing the total acidity of the gastric contents under consideration. To obtain the percentage multiply this figure by .00365.

Fourth. Toepfer's test, with a one per cent solution of dimethyl-amido-azobenzol, is a good method for obtaining the amount of free hydrochloric acid. The combined Toepfer's with phenolphthalein is still better, as it gives both the amount of free and combined acids. To ten cc. of the gastric filtrate add one drop of phenolphthalein solution, and also one drop of dimethyl-amido-azobenzol. This will make the mixture red. To this add the decinormal solution of caustic soda, drop by drop, from the burette, until the red color disappears and a yellow color is present. Multiply the number of cc. of the caustic soda used by ten, and this will give a figure which represents the free hydrochloric acid. Then keep adding the caustic soda solution until the red color returns, multiply by ten the number of cc. of caustic soda solution used, and this will represent the figure for the total acidity. The percentage is obtained by multiplying the figure obtained, either for free hydrochloric or for total acidity, by .00365.

Fifth. Leo's test. This test ascertains the amount of acid salts, as well as the total acidity, and the real physiological amount of active hydrochloric acid. First: Take five cc. of concentrated calcium chloride and add ten cc. of gastric filtrate; to this add one drop of phenolphthalein solution and estimate the total acidity by the decinormal sodium hydrate solution. Second: Take fifteen cc. of gastric filtrate and add about twenty grains of precipitated calcium carbonate and filter this to ten cc. To this add five cc. of calcium chloride and then apply the phenolphthalein test with caustic soda solution as before described. This will give the amount of acid salts. Subtract the amount of acid salts from the total acidity and the result will be the total physiological or active hydrochloric acid found in the gastric contents.

These tests are sufficient and accurate enough for ordinary examinations, and it is absolutely necessary to employ one or more of them to make a perfect diagnosis and apply a correct method of treatment. In making the diagnosis of hyperchlorhydria we must differentiate the symptoms and conditions of gastric ulcer, for the treatment and diet are far different.

If by examination of both symptoms and gastric contents we are convinced that hyperchlorhydria, as a disease, exists then we are to consider the treatment both from a remedial and dietetic standpoint.

It is of the greatest importance that we regard, first of all, the nervous system in this class of patients. Doubtless, in many cases, a neurosis is the pathological disturbance. Therefore, take the overworked away from the strain of business; send the socially inclined out of reach of society demands; stimulate the peripheral circulation by the cold sponge bath, massage and sufficient exercise. To thus give tone to the nervous system enables the digestive faculties to perform a more natural function. Encourage also the regular meals with sufficient time for each. The hyperchlorhydria patients should be well fed; three meals are not always enough, a fourth may be sandwiched in to advantage. We must remember that rapid digestion is one of the features of hyperacidity; therefore the stomach is inclined to be empty for too long a time between meals; if an excess of acid remains too long in the stomach, gastric ulceration is liable to occur.

The diet is the most important part of the treatment. It should consist mostly of the albuminous forms of food; meat, eggs, fish, oysters and milk should be given in abundance, even though at first they may cause vomiting. In this way the acid is utilized and rendered inert so far as starches are concerned. If a sufficient amount of albuminous food is given starches may be eaten in moderate quantities. I have always found a mixed diet worked nicely, provided enough meat is used. Between the meals I frequently give milk or a raw egg in milk. The secret of the treatment consists in keeping the stomach moderately full most of the time. The constant belching and distress, from bowel and stomach gases, disturb the patient because the starches are not digested in an extreme acid reaction, and the alkalinity of the upper intestine is generally disturbed by the hyperacidity

of the stomach contents. For that reason it is too frequently the habit to exclude starches. That article of food, however, is a necessity in such cases and if enough albumenous foods are used to neutralize the gastric acids there will be no trouble in digesting the vegetables. It is not, however, best to let the starchy foods exceed the albumenous.

Water, in considerable quantity, should be taken before each meal. In extreme cases, hot water, with a little bicarbonate of soda, will give great relief, and, at the same time, it will temporarily overcome the acidity and correct the too rapid digestion. Alkaline waters almost always give good results. Lavage should not be overlooked; it is indicated generally when some catarrhal gastritis is associated with the hyperchlorhydria. It should be employed at least once a day, and best before the midday meal and always on an empty stomach. It will not only dilute the acid but it cleans and stimulates the stomach mucous membrane preparatory to digestion. The contra-indication of lavage is gastric pain, particularly after this measure has been employed for some time. I invariably use the recurrent tube, forcing the air into the glass, containing the water, by means of compressed air. The double tube is not only smaller, and therefore easier to swallow, but it obviates the necessity of too much gymnastic effort on the part of the patient to get the water out.

The medication of course depends upon the case and the symptoms expressed. Bicarbonate of soda is the best and safest alkali and may be given at any time, though I prefer it in hot water before meals. Peppermint with soda is often a good combination. Calcined magnesia is better than anything; it may be given in heroic doses; also, to neutralize the acid, rhubarb in combination with soda and magnesia is valuable when severe constipation exists.

The internal remedies may be enumerated in about the following order:

Magnesia phos., I would think of first from the physiological conditions. It overcomes the gaseous eructations, the burning pain in the stomach, the abdominal distention and cares for the constipation to a considerable extent.

Robina, from a symptom standpoint, should be thought of above all other remedies. That it is homeopathic to hyperchlorhydria, I have not the slightest

doubt. Its physiological action, through the pneumogastric nerve has a tendency to arrest digestion by the creation of an excessive acidity. When it is called for, in a potency, we find the following symptoms preëminent; a low spirited mental state; constant eructations of a very sour fluid, often vomiting of an intensely sour liquid; sharp burning pain in the gastric region, worse when the stomach is empty, and always relieved by taking food. I have generally used it in the third potency, repeating the dose at frequent intervals. It is a remedy which should be given for a long time to get any satisfactory results.

China arsenicum is a favorite remedy of mine in many stomach diseases. It is useful in this disease when there seems to be an alternation of hyperacidity and a decrease of acid. Such a condition is quite common in cases of hyperchlorhydria; that is to say there will be days in which acid secretion will be below the normal and the stomach mucous membrane seems to be in a state of atonicity. Then the tonic effect of china and arsenic is valuable; the thirst for water is pronounced, yet it disturbs; the same is true of food, for, while it is desired, the stomach seems to object to it. These conditions are generally transient and yield nicely to china arsenicum.

Argentum nit. is one of the most useful remedies we have for the later stages of this disease. When the rapid digestion ceases and the peristaltic power of the stomach is lost, then argentum nit. is the remedy called for. In this state food remains too long in the stomach as the result of gastric dilatation; gases are excessive and are ejected from the stomach with force; the great desire for food is displaced by an apathy for the same, because it is not digested, though the amount of acid is not necessarily decreased. When argentum nit. is indicated the stomach is really in a neurasthenic state, and the patient is in every sense a "nervous dyspeptic." Painful sensations in the region of the stomach are common, and the patient shows much weakness. This remedy should be made fresh in an aqueous solution.

Hydrastis is another remedy to be thought of when the hyperchlorhydria is associated with an atonic dyspepsia; it is particularly useful in old people; when chronic gastric catarrh precedes the hyperchlorhydria and the submucous tissue has been involved for some time there is no better remedy.

Nux vomica, *ignatia*, *ipccac*, *iris*, *arsenicum*, *bryonia*, *sulphur* and many other common remedies for gastric perversions should not be overlooked. The totality of symptoms will govern their selection. My aim in this paper has been to suggest the remedies not so well known and which pertain more to the special pathological conditions.

Grindelia robusta is a remedy rarely used and more rarely thought of in diseases of the stomach, yet in many obstinate cases its action is remarkable. Physiologically, it produces a paresis of the pneumogastric, interfering with respiration, and hence is often indicated in asthmatic conditions. As the pneumogastric supplies fibers to the solar plexus for inhibitory control of the vasomotor action of the sympathetic, it is easily seen that it may be frequently called for when the gastric circulation is not properly regulated. That is to say, it is indicated when hyperemia of the gastric membrane is persistent. Such a condition is bound to create hyperacidity. Therefore, symptoms attended by asthmatic and other neurotic characteristics will be greatly relieved by this remedy. I have employed it in many cases of hyperchlorhydria, when these features were paramount, and the results have been gratifying.

Orexine tannate is a remedy of recent use which has given me many good results in old and obstinate cases of hyperchlorhydria, or, rather, in gastric perversions which follow hyperchlorhydria. By the old school it is used in two or three grain doses before meals, when atony of the mucous membrane exists as a result of hyperacidity. It is considered as a stomachic, or, in other words, as a tonic for the debilitated gastric function. For that reason it has been successfully used in cases of primary anorexia, or in gastric conditions incident to anemia or chlorosis, and in neurasthenic or hysterical neuroses when the stomach is greatly disturbed, and the simplest food is intolerable. In my experience, however, it is most frequently indicated at the termination of a hyperchlorhydria when acid deficiency frequently ensues. Under such conditions, as digestion is supplanted by a tardy gastric emulsion, undigested food irritates the stomach and both a muscular and mucous atonicity appear. In just such conditions as this, which often baffle the physician, the use of orexine is of great value. I have used it most successfully in the first and second decimal triturations and

have not experienced any unfavorable reactions even when given as often as every hour.

Before I close this subject, I should like again to emphasize the necessity of dietetic consideration in the treatment of all cases of this disease. The average tendency in all diseases of the stomach is to diet the patient. While this is correct in acute and perhaps chronic gastritis, ulceration and many other diseases, it is certainly not the correct treatment in cases of this kind. I may add that I still believe the stomach was made for the digestion of food, and to deny it that function is very often a mistake and prolongs gastric perversions. For that reason I oppose the average dietetic routine which is employed in many sanitariums and hospitals. We must remember that we have the exhaustion and debility of our patients to guard; we must furnish the fire which makes the steam. Starvation weakens and irritates the delicate nervous system, and, more than all, it discourages and renders inert the natural gastric habit. Show me a chronic dyspeptic, and I will point to a man who is afraid to eat and drink, who is a pessimist in all things, and whose neurotic shadow will not present the faintest outline of physical or mental stability. Food, both meat and vegetable, thoroughly cooked, properly served and regularly and carefully eaten, is a better medicine than any drug. It is certainly indicated, first and foremost, in the disease under consideration.

BERBERIS VULGARIS.—Patient, male, aged forty; had for some time complained of dull pain across the back and in region of kidneys, but had not consulted a doctor as he thought it was only a cold. Pains soon changed in character and were of a shooting, stabbing character, extending from the kidney to the front of the abdomen, and follows course of the ureters down to the bladder. The amount of urine was lessened in quantity, though there was no appreciable difference in color, and there was no burning or smarting. Berberis vulgaris was prescribed, tincture two drops every hour; and in four hours patient met me and told me he felt ever so much better; that the pains had entirely disappeared and the amount of urine had largely increased. I lengthened the time to four hours apart, and in two days patient reports himself perfectly well.

A. R. FERGUSON, M. D.

Clinical Society Transactions.

C. JOSEPH SWAN, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D. CORRESPONDING SECRETARY.

FRANK LEEDS, M. D., RECORDING SECRETARY.

The regular monthly meeting was held in the college amphitheater January 27, at 8:30 P. M.

BUREAU OF BACTERIOLOGY AND MICROSCOPICAL PATHOLOGY.

W. HENRY WILSON, M. D., CHAIRMAN.

V. BLOOD A FACTOR IN DIAGNOSIS. By W. HENRY WILSON, M. D.—To make a diagnosis is the normal, though involuntary activity of the mind which arises when brought face to face with any unsolved problem. In the medical world it involves the discovery of the existing physical conditions and the causes which have brought them about. We cannot avoid it if we would and we should not if we could. Diagnosis has become more and more difficult as medicine has advanced. It is even now the most difficult to those who are most advanced in their knowledge of this difficult art. Three hundred years ago it was extremely easy. It involved no greater problem than that of determining whether a given case of sickness was caused by the wrath of God or the maliciousness of the devil.

All people consciously or unconsciously make diagnoses. The layman makes them without the loss of much nerve energy. If he be trained somewhat he will find more difficulty. Next in the ascending series comes the quack. Then the average doctor, then the skillful doctor. The skillful doctor finds it hardest of all. So great are the difficulties to be encountered in the diagnosis of many conditions that any aid or help in the matter is exceedingly welcome. An experience extending over several years leads me to believe that an examination of the blood of patients has more to offer than is generally known.

I propose to-night to treat the subject in three divisions. 1. The mechanism of blood diagnosis. 2. Illustrative cases. 3. The uses and limitations.

The blood is the only tissue of the body which completely reflects not only the general condition of the patient, but which reflects each and every local condition. It is the universal and ever active exchange for every tissue and cell of the body. It is, also, the only tissue of the body which we can exhaustively examine during life.

What are the clinically available processes by which we may learn of its changes? I shall mention only those which are the easiest to perform and which have proved of most use. They are as follows: 1. The examination of the fresh blood. 2. The taking of the specific gravity. 3. The measuring and diluting of a portion for the blood count. 4. The spreading on glass of very thin films which are to be dried and stained for microscopical examination.

The entire examination requires not more than four or five drops of blood. We obtain it from the lower lobe of the ear, the place of selection, because of its good blood supply and deficient nerve supply. The only preparation of the ear necessary is a brisk rubbing with sterile gauze or a clean towel. This removes the rough dirt and oil and increases the blood supply. The first few drops are wiped away. Having now a fair sized drop on a clean ear we are ready for the first step. This is taking the specific gravity. For this operation we need the following apparatus: A medicine dropper, a urinometer, a bottle of chloroform and one of benzine. These two fluids do not form a compound when mixed, and they do not mix with blood. Benzine is lighter than blood and chloroform is much heavier.

By mixing them in different proportions we can secure a fluid of any specific gravity required. Starting with a mixture which we think will approximate the specific gravity of the blood we add to it one drop of fresh blood. If it sinks we add chloroform and if it rises we add benzine. This we do till it remains within the body of the mixture. Then we take the specific gravity of the fluid, which is of course the same as that of the blood. Of what use is it when done? By this table, which is appended we are able to tell the percentage of hemoglobin. That is, we have the patients state of nutrition measured and stated in exact terms. We have his personal equation so far as his nutrition is concerned.



Spec. Grav.	Hemoglobin.
1033 - 1035	= 25 - 30 per cent.
1035 - 1038	= 30 - 35 "
1038 - 1040	= 35 - 40 "
1040 - 1045	= 40 - 45 "
1045 - 1048	= 45 - 55 "
1048 - 1050	= 55 - 65 "
1050 - 1053	= 65 - 70 "
1053 - 1055	= 70 - 75 "
1055 - 1057	= 75 - 85 "
1057 - 1060	= 85 - 95 "

Next we take a portion which we measure in a pipette and dilute it 100 or 200 times and count the number of corpuscles. This has been so frequently described that I shall not enter into details. In my own work I do not use the Thoma-Zeiss pipette but the new self-filling pipette improved by Durham.

The fresh blood specimen is of special consequence when a diagnosis of malaria is to be made. On a glass slide a frame of vaseline is made over which we invert a drop of blood on a cover glass. The vaseline prevents evaporation.

To make the thin films we touch a very clean glass film to the top of a small drop. Place it drop side down over another cover glass so the blood spreads out between them. Slide them apart and let them dry. These we afterward heat, stain and examine.

Having counted the red cells and having taken the specific gravity of the blood under consideration we next proceed to examine the thin films of blood which we have dried and stained. The question now is, how may we use these facts in determining the existence of disease in a patient? We will not here consider the testing of the serum for its agglutinating action on germs nor will we consider the search for malarial parasites and other germs.

To understand the mechanism of blood diagnosis we must be familiar with the structure and appearance of normal blood. Normal blood is a fluid connective tissue, having plasma for its intercellular fluid and red and white corpuscles for its cells. We take a cubic millimeter as our standard unit of measure and comparison. A cubic millimeter of blood is constituted as follows :

Plasma.....	½ cmm.
Corpuscles.....	½ cmm.
Red corpuscles.....	5,000,000
White corpuscles.....	8,000
Lymphocytes.....	22 per cent.
Large mononuclear.....	6 "
Polymorphonuclear.....	70 "
Eosinophiles.....	2 "
Specific gravity.....	1059.
Hemoglobin.....	100 per cent.

It will be observed from this table that a consideration of normal blood involves the estimation of eight distinct quantities. Four of these are absolute and four are relative. There is also involved the recognition of five kinds of cells. Let us first study these normal elements.

Red blood cells are biconcave disks of a slight greenish yellow color. They have no nuclei and are of uniform size within certain limits. The part between the two concavities is very thin, giving the appearance of a light space surrounded by a ring. They consist of a spongy reticulum in which is held mechanically the fluid hemoglobin—a fluid holding eighty per cent of all the iron of the body. Red cells are affected almost instantaneously by any change in the plasma. When brought in contact with aniline dyes they stain but one color.

White blood cells as they come from the circulation are colorless, granular looking bodies mostly larger than red cells. They are not nearly so numerous, there being 600 reds for every white cell. There are five kinds, four of which are found in the circulating blood. They are as follows: 1. Small mononuclear. They are about the size of red cells, have no granules in their protoplasm and have a relatively large deep staining nucleus. 2. Large mononuclear; larger than No. 1; nucleus relatively smaller; no granules. 3. Polymorphonuclear; neutrophiles, or adult cells. The nucleus has become either lobulated or divided into several nuclei. The nuclei are surrounded by fine granules which stain purple. 4. Eosinophiles; the same as No. 3 except that the granules are large and stain red. 6. Myelocytes or marrow cells; very large cells with coarse or fine granules. The proportion of each of these elements has been given above.

The clinical examination of the blood at the present time is practically confined to the observation of the changes which take place in the red and white cells. We

will now inquire how these two elements may vary and thus indicate disease. Red cells may vary either in the amount of coloring matter in each cell or in the number of cells. The change of hemoglobin in the individual cells is indicated by changes in the cell which affect its form and structure. We may describe it in the following stages:

1. Cells become paler and depression larger.
 2. Change in size. Become vacuolated and stain unevenly and more than one color. Cells become irregular in form.
 3. Normoblasts appear and red cells diminish in number.
 4. Megaloblasts appear.
- Each stage includes all the others that precede it.

White cells change in two different ways: (1) The whole number may be decreased or increased and (2) some one kind may be increased while another kind is relatively decreased. There are two general laws which hold here: First, an increase of the whole number is accompanied by a relative increase of the polymorphonuclear cells. Second, a decrease of the whole number is accompanied by a relative increase of the mononuclear cells. The first condition is called "leucocytosis," the second "lymphocytosis."

By considering these two groups of changes or rather the changes in these two groups of elements we are able in many cases to make a diagnosis. This will be clearer if we illustrate the idea by showing in detail the finding in two or three diseases. We will take first secondary anemia, which is a symptom rather than a disease. It results from such conditions as chronic suppuration, malignant growths, etc. The analysis will be somewhat as follows:

SEC. ANEMIA.

	Normal Blood.
Specific gravity.....	1056
Hemoglobin.....	100%
Red cells.....	5,000,000
White.....	8,000
Mononuclear.....	28%
Polymorphonuclear.....	70%
Eosinophiles.....	2%

CHLOROSIS.

Special gravity.....	1041	
Hemoglobin.....	41%	
Red cells.....	4,096,000	} (Normal for women.)
White cells.....	8,000	
Mononuclear.....	41%	
Polymorphonuclear.....	55%	
Eosinophiles.....	3 1/2%	

LUKEMIA.

Specific gravity.....	1047	1059
Hemoglobin.....	52%	100%
Red cells	3,120,000	5,000,000
White cells.....	348,000	8,000
Mononuclear.....	10.6	28%
Polymorphonuclear.....	46%	70%
Eosinophiles	5%	2%
Myelocytes.....	35%	Absent.

How these differ from the normal will be readily seen by comparison. I have given here only averages and the most striking facts; many other changes occur which assist in the final decision.

I wish now to present very briefly a few cases illustrative of the problems which we are asked to solve by blood analysis.

Case 1. About May 10, 1898, a Mr. P. was presented for blood analysis. He had had recurrent sickness accompanied by chills. Was ruddy faced and in good flesh. Had a large tumor in left hypochondriac region. His physician wished me to determine the presence or absence of the malarial germ and if the tumor was one of the spleen or left kidney. The analysis showed the following:

Specific gravity.....	1048
Hemoglobin.....	55 per cent.
Red cells.....	3,000,000
White cells.....	300,000
Mononuclear.....	10 per cent.
Polynuclear.....	60
Myelocytes.....	30
Normoblast abundant.	
Malarial germs absent.	

The diagnosis given was leukemia, hence the tumor was a splenic tumor. The prognosis was unfavorable. The patient was lost track of, consequently his subsequent history cannot be given.

Case 2. Mrs. C. had greatly impaired eyesight; slept eighteen hours a day; had retinitis, and her oculist suspected uremia. The blood analysis showed the following:

Specific gravity.....	1063
Hemoglobin.....	75 per cent.
Red cells pale but otherwise normal.	
Lymphocytes.....	26 per cent.
Large mononuclear.....	13
Polynuclear.....	46
Eosinophiles	14
The whole number of white cells decreased.	

The urinary examination at the same time showed a decrease of total solids but gave little other additional light. The blood in my opinion confirmed the opinion of the oculist.

I will not multiply examples. The most frequent call for blood examination is for the diagnosis of typhoid conditions. And let me say that the mere making of Widal's test is not, in my opinion, complete. I have repeatedly found pus infections mistaken for typhoid fever. Next after typhoid conditions comes the test for malignant growths.

What is the field and what the limitation of blood diagnosis? It is always assumed that the physical method of examination has been used and exhausted. It does not in any sense take the place of the usual clinical methods. Its great field is the differentiation between two or at most three conditions. When by the usual means the physician can say that the case is one of two things, in the great majority of cases the blood analysis will settle it.

It gives a positive diagnosis in the following diseases: Malaria, relapsing fever, typhoid fever, chlorosis, leukemias and primary anemias. It gives the differentiations between any purely mechanical condition and an inflammatory one; also between neuroses and inflammatory conditions. Most cases which are clinically indistinguishable can be differentiated. It always gives in mathematically exact terms, the nutritive status and the defensive status of every individual.

VI. SPLENIC TUMOR; DIAGNOSIS BY MEANS OF BLOOD ANALYSIS. BY E. A. SICKELS, M. D., DIXON, ILL.—*Case.* W. H., aet., thirty-eight, proprietor of laundry. November 30, 1898, presented himself at my office with the following history: Three years ago noticed a sort of drawing pain in the left hypochondriac region, which had a tendency to draw his body toward the afflicted side. This gradually became worse; at times he felt he must straighten himself to get relief; his stomach is very irritable; he can rarely eat with comfort; belches quantities of gas, after eating, accompanied by sour eructations; bowels are obstinately constipated; he relies on daily cathartics for movement; stool is round and hard; never vomits, but feels as if vomiting would relieve him. Lately has camped a great deal, as he felt that the open air

relieved him. At times the left hypochondrium is painful and is always tender to touch. He has, at times, pains extending from the region of the kidneys to the bladder. He is so weak he can with difficulty climb stairs—any little exertion causing his heart to palpitate. Two years ago he consulted a doctor in Chicago who pronounced his case cancer. He has since been under the care of several doctors who treated him for various ailments—principally for stomach difficulties.

His face has a drawn and pinched appearance and he is very anemic. He describes the pain in his left side as though there was a funnel drawing from above downward; has at times sticking pains in this region, described as though sharp knives were sticking into his side. The pain is always worse when he is tired. He has lost flesh quite rapidly of late—decreasing from 150 to 120 pounds in the last nine months; he has had several “sinking spells” at which time it was feared he would die, as he had been told by several physicians his case was hopeless.

The family history is good. Mother is living; father died at the age of sixty-four; there is no tuberculosis or cancer in the family as far back as his knowledge extends.

Physical examination: Pulse eighty-four; temperature 99° F.; heart normal; lungs normal, except slight area of dullness in the apex of the right lung; liver slightly enlarged, with some tenderness along the costal margin; marked tenderness on pressure was observed in left hypochondriac region with very much increased area of dullness; the spleen was very much enlarged and readily palpated several inches below the margin of the ribs; examination showed it to be seven or eight inches in diameter. The abdomen was tympanitic; the colon was subject to palpation in descending and transverse portions; it felt as though it was full of fecal matter. There was a large left varicocele, no hemorrhoids or papillæ were found. The rectum was of normal appearance and healthy color.

Urine analysis showed urine normal by quantitative and microscopical analyses. Blood analysis, by Dr. W. Henry Wilson, showed count of white cells, 15,000; specific gravity, 1056; Hemoglobin, eighty per cent; color index, 0.8.

Pathology of the red corpuscles: Slightly thinner than normal; central depression (“delle”) enlarged; poikilocytes a few; not very normal.

Differential count of white cells: Lymphocytes, twenty per cent; large mononuclear, twenty per cent; polynuclear neutrophiles, fifty-two per cent; polynuclear eosinophiles, eight per cent; myelocytes, absent; neutrophile myelocytes, absent; eosinophile myelocytes, absent.

Diagnosis significance: General debility; splenic tumor (enlargement), due to (1) syphilis; or (2) malaria.

I was able absolutely to exclude syphilis. I found he had, while in Missouri at the age of thirteen, contracted malaria, having had "fever and ague" for three years while there. On his return to Illinois the chills seemingly left, but the fever at times continued as before. Therefore, I proceeded to treat him for the "chronic" malarial condition.

The first symptoms demanding attention were those of the stomach and bowels. Later he caught a violent cold, which developed a pneumonic tendency.

For the first two months his experience was a succession of "ups and downs" under such remedies as nux., bryonia, phos., ars., etc. Having finally subdued these symptoms, I put the patient on nat. mur. 3x and sulphur 30x. From this time his improvement was gradual, the pain in the side subsiding and the tumor decreasing in size.

April 15, 1899, his business demanded his personal attention. He would work for a few days and then would lay up for a day. His strength and health gradually returned. At the present time he is perfectly well. He eats anything. Bowels are regular and tympanites gone. He has no pain in the splenic region. By examination the spleen is perfectly normal. The flatness in the apex of the lung has also disappeared. Since August 1 he has done the work of two men in his laundry. His present weight is 142 pounds, which is good for a man of his build.

I might mention a peculiar rash which appeared after he had taken the latter remedies for two months. I attributed it to the sulphur, and I know the rash disappeared promptly on a discontinuance of the remedy.

I present this case for the purpose of emphasizing the utility of blood analyses in these obscure cases. Had I not had the means of diagnosis I should have succeeded no better than the five or six physicians who had the case before I took it. From my physical examination I

thought the man had a carcinoma. He had the tumor, which could be easily palpated, and he approximately had the cachéxia. The blood analysis set me right, and resulted in a cure of the patient.

INDIGO—A REMEDY IN NERVOUS DISEASES.—Indigo affects the mind and sensorium, as it is recorded that dyers in indigo become melancholy. There is the alternate action often seen in epileptics before an attack, an excited mood and desire to be busy. This condition is often noticed by nurses of the epileptics. It also has slight mental derangement and convulsions.

In the direct head symptoms we find excessive giddiness with headache. Giddiness and ineffectual desire to vomit. Various kinds of dull headache with pressure; this pressure becomes so marked that the head feels as though bandaged or screwed in on both sides. The symptom of flushes of heat rising from the stomach to the head is quite suggestive. Undulating sensation through the whole head rendering the sight more indistinct. Beating in the head as if from small hammers. Violent darting pains in right parietal bone, early in the morning. Various sharp and stinging pains in local regions of the head. Tearing pain in forehead in evening, with drowsiness and languor.—*Exchange.* H. V. H.

URTICARIA—MYRICA.—Miss A. O., age eighteen years; white. Miss O. presented herself, complaining of itching and stinging on the face, neck, right forearm, and right leg.

On the face a sensation as if insects were crawling on the face, causing an attempt to brush them away.

The skin of the whole body has a decided yellowish tinge.

Tongue thickly coated, a yellowish coat.

On close cross-questioning I could elicit nothing further than that she felt sick all over, and was rather irritable.

Myrica cer 6x a dose every two hours.

Already on the second day there was decided improvement, which continued on the steady use of the remedy, until at the end of about ten days, when I next saw her, she felt entirely well, and discontinued treatment.—*Douglass in Hahn. Advocate.* H. V. H.

Editorial.

THE OSTEOPATHIC SCHOOL.

The claim for any school of practice is governed by State laws and the consensus of public opinion. The law of the State generally seeks the justice of such matters while public opinion is always biased and prejudiced by individual desires. It has been found that any patent medicine may secure limitless numbers of favorable testimonials and thus any "pathy" or creed which insures a cure by "new methods" is sure of a certain amount of support and friendship. Even the man who guarantees, by a flaming advertisement, to cure incurable disease gets his proportion of patronage. The "dear people" still love to be deceived and the fools are not all dead as yet; therefore public opinion is not always just to itself and should certainly not be followed in scientific affairs. Thus the law, through the agency of State boards, is obliged to support and defend the scientific practice of medicine.

A recent court decision in Kentucky has pronounced the osteopathic institution at Kirksville, Mo., a nonreputable medical college and debars its graduates from practice in that State. This judgment was made after a thorough investigation by a special committee of the court's appointment. The matter is thus brought into public view on the merits of license to practice medicine or take the responsibility of caring for the sick. At first it would seem that individual privilege should be given to any one to relieve suffering, and indeed such is the general permission granted by common consent. Yet when an institution pretends to prepare practitioners to practice medicine, it is the right of the State to ascertain whether their instruction furnishes an education sufficiently scientific to pursue that vocation. Upon this principle of self-defense the innocent public certainly needs State protection.

There is also another phase of the question which pertains to the protection and rights of those physicians who have complied with statutory requirements. The physician and surgeon of to-day is obliged by State laws and the laws of medical colleges to complete a thorough

course of study in the science of medicine and surgery and the collateral sciences as well. Certainly those who assume to cure, by special methods, should meet that requirement of education, no matter what may be their form of practice. Upon this obligation the stability and honor of the practice of medicine depends.

On the other hand, the claim for osteopathic practice must be substantiated by better results than heretofore observed. As an adjuvant to the practice of medicine it no doubt has its virtues, but it does not cover the requirements in all diseases. Practically it is nothing more than massage, which is certainly valuable in its place. When the enthusiasm of osteopathic believers leads them to find, in nearly every case, some peculiar "displacement" of the spinal vertebræ, which causes every disease, it is time to call a halt in such procedure. Quackery should never be tolerated, and unless this school of practice shows a better claim for existence it should not be tolerated, or at least, be put on a par with other established schools of medicine.

H. V. H.

CLINICAL MISCELLANY.

Medical journals of to-day must give something to their readers besides essays and pathological studies of disease. The average practitioner is too busy to dip into the intricate theories of disease except in preparation for special work. Therefore the journal which brings to him, in concise form, the practical educational points in everyday experience, is of the greatest help. As previously mentioned, it will be the future aim of THE CLINIQUE to carry out this plan. The department of Clinical Miscellany will be developed more and more from month to month; short articles will take the place of essays and lectures as much as possible; reviews of clinical experience will be recorded in preference to anything else.

The medical profession is requested to contribute short clinical reports on any subject which is designed to help the practitioner. Above all else we desire the report of cases and the proving of remedies in accordance with our law of practice. It is not a difficult matter to write such short articles, and it is earnestly hoped that all who are interested in the homeopathic system of practice will avail themselves of this privilege, and at the same time help the profession in general. Much valuable

experience never sees the light of print because it is not considered to be important; and yet the suggestions of this kind which come from the observing practitioner are most sought for. Any advice in regard to the management of disease or the use of remedies is read first and remembered longest.

It is hoped that our readers and patrons will favor us in this effort to help the masses in their everyday practice. A medical journal, conducted on this principle, is sure to do much good. Will you join in this good work?

H. V. H.

HOSPITAL DONATIONS.

The recent donation of \$2,500,000 by Mr. Robert B. Brigham, of Boston, for the endowment of a hospital for incurables is an example for every rich man who is inclined to consider the needs of mankind. The tendency to contribute to educational institutions is exemplary enough but it has far surpassed the giving to hospitals. The sick poor and the physical unfortunates certainly need first consideration and the hospital facilities of the city and country are overtaxed to care for the indigent who have been afflicted by disease.

It is perhaps natural and right for us to demand that every man shall care for himself and his family when he enjoys the blessings of health; but when a man suffers the affliction of disease we cannot expect him to perform this duty. Therefore the public care is naturally sought for. To relieve the overburdened taxpayer private charity is already maintaining many separate hospitals for this purpose; but these institutions are, to a great extent, expected to be self-supporting. In order to do this further endowments are necessary to permit them to care for clinical cases. There are altogether too few institutions of this kind in every city. No greater monument can be erected to the memory of any good man than the one already established by Mr. Bingham. It is hoped that others will follow his example.

H. V. H.

Hospital Notes.

THE SURGICAL CLINIC.

SERVICE OF PROF. H. R. CHISLETT.

Case 1. CONTUSION OF CIRCUMFLEX NERVE; DELTOID PARALYSIS; RECOVERY.—Mr. W. L., Irish, aged fifty-two.

History. Two months prior to admission to the hospital this patient fell from a step striking directly upon the outer portion of the right shoulder. He did not complain much at the time except that the shoulder was stiff and that he was unable to raise the arm. He now complains of a great deal of pain in the shoulder and down to the middle of the arm and of inability to use it. The condition seems to be getting steadily worse.

Examination. Upon inspection there was no especial deformity of the part, but a slight atrophy of the deltoid muscle which rendered the acromion process a little more prominent than that of the opposite side. There was no deviation from the normal axis of the humerus and no evidence of callus, so that both dislocation and fracture could be excluded. The patient could raise the arm only slightly and even with assistance could not raise it to the right angle, because of the extreme pain. There was not, however, true ankylosis because the rotary movements were perfect, that is, by manipulation. There was still some slight contractility of the deltoid to faradic stimulation with a strong current, but it responded to a much weaker galvanic current, showing that the reaction of degeneration had at least begun.

Diagnosis was obvious, paralysis of the deltoid muscle from the contusion of the circumflex nerve.

Treatment. In the five or six weeks the patient was under treatment he received hypericum and arnica as the only remedies. Massage to keep up the nutrition of the muscle, and electricity, first galvanic and later faradic fully restored the use of the arm.

Remarks. This case is reported because traumatism of the circumflex nerve are much more frequent than is commonly supposed, and because their early recognition is very necessary if we would prevent permanent paralysis and ankylosis. I have had in the clinic during the past few years several cases where the paralysis was complete

and where fibrous ankylosis had already taken place. It seems so easy to forget that the circumflex nerve is really very much exposed to traumatism, as it winds around the humerus at the level of its surgical neck, and it is so easy to regard every injury of the shoulder joint a sprain where a fracture or dislocation are not manifest, that this little nerve is so frequently overlooked. The ankylosis in such cases comes not only from the paralysis but from fibrous adhesions incident to the nutritive changes which are secondary to the nerve injury, for the circumflex nerve, we must remember, supplies not only the deltoid and teres minor muscles, but together with the suprascapular, the shoulder joint itself.

Case 2. DISLOCATION OF RIGHT HUMERUS; REDUCTION; RECOVERY.—Mrs. S. B., aged fifty-two.

History. Five weeks ago this patient fell down four steps, striking upon the elbow while the arm was in an abducted position. She was attended by a physician at the time and received a diagnosis of traumatism or sprain, and was told that in time she would be all right. She appeared at the clinic after giving Father Time a chance, and upon our examination we discovered a typical subcoracoid dislocation of the head of the humerus.

Treatment. The patient was anesthetized and brought to the edge of the table. The arm was gently manipulated, especially by the rotary movements, until the motion was less restricted, and then with the elbow flexed upon the arm, which was carried close to the side, we made forced external rotation. The arm was then slightly abducted, then firmly adducted and rotated inward after the method of Kocher. After two or three such attempts we were gratified to see the head of the bone slip into its proper position, where it was secured by means of a snugly applied Velpau bandage.

Remarks. Dislocations of the upper end of the humerus so frequently go unrecognized that I feel it will not be amiss to describe the typical picture presented by this patient. First, the history: A fall on the elbow with the arm abducted must almost of necessity produce a downward dislocation of the humerus providing the bone itself is not fractured, the subcoracoid position assumed later being the result of muscular contraction. We had then first, the history of the accident; second, disability; third, practical immobility; fourth, flatness of the shoul-

der with undue prominence of the acromion; fifth, alteration in the axis of the humerus, the elbow being away from the side and the axis of the bone running toward the coracoid; and last the two positive signs of dislocation, the absence of the head of the bone from its normal position and its presence as determined by palpation, beneath the coracoid. The case is of especial interest as showing that ancient as well as recent dislocations can be reduced by manipulation.

Case 3. DOUBLE CONGENITAL INGUINAL HERNIA; OPERATION; RECOVERY.—A. H., aged three, parents Hollanders.

History. Soon after the birth of this child the parents noticed the scrotum of both sides was considerably distended. This distention would disappear when the child was lying down and quiet but if crying or when carried around it would usually reappear. The swelling has always been more prominent upon the right than the left side. The parents called a physician and the child has had two different trusses applied. These were not effective, however, in retaining the protrusion, so the physician recommended him to us for the radical operation.

Operation. After a thorough preparation the little fellow was anesthetized, the hernia sacs exposed and after saving sufficient of the peritoneum to make a respectable tunica vaginalis the sac was dissected up to the level of the internal ring, and ligated with fine silk. The inguinal canal and the external ring were then narrowed after the method of Kocher by the infolding of the external oblique muscle over the canal. The wounds being dressed dry and carefully bandaged, the whole dressing was protected with a large sheet of gutta-percha tissue through a small hole in which the little penis was drawn. This was simply to prevent contamination of the wound with the urine. The patient was discharged perfectly well in five weeks.

Remarks. While many of these congenital hernias can be cured by a properly adjusted truss, it is not infrequent to find one which cannot even be retained by an ordinary light pressure truss. My personal belief is that where the ordinary light truss pressure is insufficient to retain them, an operation is indicated for two reasons: First, a firm truss pressure is very uncomfortable to the child, and second, even if it should cause a cure by obliterating the neck of the sac it will cause so pronounced a pressure atrophy of the muscular structures that recurrence is the

rule rather than the exception. So few really appear to understand that the principal factor in the cure of hernias by truss pressure, is the absolute prevention of the descent of that hernia for from three to six months. If the internal ring and the inguinal canal are left unguarded even for a few moments once a week the truss might as well be discarded as far as any hope of cure is concerned. I mention this because a child with a truss should be under the direction of his physician constantly and the parents impressed with this essential element in such treatment.

Case 4. THROMBOSIS OF THE INTERNAL SAPHENOUS VEIN FROM TRAUMATISM; RECOVERY.—Mrs. W., aged forty-seven.

History. This patient, one month ago, fell and injured her left leg above the knee. The force of the blow seemed to come directly over the saphenous vein at about the junction of the lower and middle thirds of the thigh. A small lump appeared in that region but did not give her sufficient trouble to disable her until a week ago. During the past few days the pain has been extreme and has extended along the inner side of the thigh. The little lump she complained of has disappeared entirely.

Examination revealed a pronounced infiltration of the muscles of the inner surface of the thigh, an internal saphenous vein swollen and rigid (the typical cordlike feel) for about an inch or an inch and a half at the point of injury. There was also some soreness extending upward toward the saphenous opening while below the hardened portion the main vein and its radicals were considerably distended. The cellular edema was slight. Making a diagnosis of thrombosis or thrombo-phlebitis the patient was put to bed, a moist boracic acid dressing applied to the thigh, the limb supported evenly by a snugly applied bandage and placed in the elevated position. Internally, ferrum phos. 3x, every two hours was given. Result, cure.

Remarks. Traumatism may excite thrombosis in one of two ways, either by causing a damage to the lining membrane of the vein or by setting up an inflammatory condition involving the vein wall. Inasmuch as there was no probability of infection the chief dangers to the patient were: A dislodgment of the thrombus resulting in embolism of some branch of the pulmonary artery or a permanent occlusion of the vessel with resulting varicosity.

The localization of infection would, of course, endanger the life of the patient from pyemia. The one essential factor in the treatment of simple thrombosis is perfect rest.

Case 5. GONORRHEAL ARTHRITIS; RECOVERY WITHOUT OPERATION.—Mr. W. P. B., aged twenty-nine.

History. This patient had gonorrhœa a year ago and after the subsidence of the acute symptoms had a gleet discharge which still continues. About three months after the beginning of his urethritis he began complaining of pains in the left knee which became swollen, very tender to touch and especially painful after exercise. He had the joint aspirated twice, the fluid being of transparent, amber color.

Examination. This shows some swelling still present, the patellar prominence being obscured. Upon forcible abduction there is considerable pain in the outer portions of the joints where, of course, the pressure would be greater. There is also tenderness elicited by pressure over the articular surfaces of the femur. The movements are smooth, that is, free from grating, and transmission of force through the tibia is not accompanied by pain. The temperature at the time of admission was $99\frac{1}{2}^{\circ}$.

Treatment. The patient was put at rest, the limb being elevated. The temperature soon came down to normal, and in the course of two or three weeks the pain having subsided, a plaster cast was applied and the patient allowed to get around. He made a good recovery, the movement of the joint being practically unrestricted.

Remarks. I report this case because it demonstrated so clearly that all cases of pyemic arthritis are not of necessity purulent, and because it illustrates to a nicety the clinical fact that if the first aspiration had been followed by physiological rest of the joint the patient would in all probability have been saved six months of suffering as well as the possible danger of the localization of a tuberculous disease. It is a clinical fact that tuberculous arthritis not infrequently follows a gonorrhœal arthritis just as a tuberculous epididymitis is a frequent sequel of the gonorrhœal infection. My own best results have been attained by aspirating these infected joints, irrigating the joint cavity with a solution of boracic acid, applying wet boric acid dressings until the acute inflammation has subsided and then maintaining perfect rest by the application of a plaster of Paris bandage.

Clinical Miscellany.

IN PATIENTS manifesting agorophobia as a prominent symptom, test the acuteness of hearing and examine for aural vertigo.

STOPHANTHUS IN POTENCY.—For the overworked heart of bicyclists, athletes and mountain climbers, without organic lesions, use strophanthus in the lower dilutions.—*R. T. White in Hahnemannian Monthly.*

ZOOMISKOW applies a twenty per cent solution of cocaine for three to five minutes to the uterine cervix for persistent vomiting of pregnancy. A single application he says is usually sufficient.

MERCURIAL OINTMENT IN ERYSIPELAS.—In the *British Medical Journal* for December is a report of eight cases of erysipelas treated by mercurial ointment. The results as reported were most gratifying, especially in those cases showing a tendency to spread. It is said to prevent the extension even in the gangrenous form.

PERNICIOUS VOMITING OF PREGNANCY.—Danforth, of New York, says that arsenic corresponds more closely to this condition than any other remedy. He gives the higher dilutions, usually the 200th, every two hours. In one case with profuse salivation and sense of goneness in abdomen he relieved promptly with jaborandi 3x.—*Hahnemannian Monthly.*

PROTARGOL AS A PROPHYLACTIC IN INFANTILE OPHTHALMIA.—Engelmann, of Bonn, uses a twenty per cent solution of protargol as an instillation for the eyes of newborn infants instead of the silver solution of Crede, claiming a more positive antiseptic action with less subsequent irritation. Secondary catarrh he says is unknown when this procedure is adopted.

PREFEBRILE SYMPTOM OF MEASLES.—Meunier (*Journal de Med.*) brings to notice an early symptom of measles which, if sufficiently reliable, is of great importance. This consists in steady loss of weight of the child, beginning two or three days after exposure and continuing throughout the period of incubation. This was observed in forty-

three out of forty-five cases; a sufficiently large percentage to warrant further careful observation.

SO-CALLED FUNCTIONAL MENTAL DISORDERS.—For a number of years Nisse has made a histologic study of every brain that has come to the autopsy, and he announces that every psychosis has a positive anatomic cortical foundation, and that the term functional mental disorder, meaning one without an anatomic foundation, must be abandoned.

“The question now before us is to determine whether and to what extent the clinical pictures observed parallel the pathologic anatomic processes. Diseases developing on an anatomically intact foundation are unknown to science.”—*Four. Am. Med. Ass.*

IN THE *New York Medical Journal* for January Dr. Henry W. Wandless describes a modification of the Javal-Schiötz ophthalmometer which renders this instrument the most convenient one for the measurement of corneal astigmatism that has thus far been devised. The modification consists of an ingenious mechanism by which the two wires are operated simultaneously and the amount of astigmatism is accurately registered upon a graduated dial.

This last feature is one that will be especially appreciated by users of this instrument, as it renders possible a more exact measurement of astigmatism and lessens the burden upon the memory of the examiner.

Other advantages claimed by the inventor are that the patient sees nothing of the movements of the operator, and that both eyes may be examined without the observer moving from his seat.

ARSENIC IODIDE IN CHRONIC NEPHRITIS.—Lambrecht, in the *Journal Belge d'Homeopathie*, reports a case of chronic Bright's disease in which the dropsical condition had so far advanced as to render necessary repeated abdominal punctures. The patient had grown steadily worse under allopathic medication until he had been abandoned as one for whom nothing further could be done. Being called in this extremity Dr. Lambrecht first tried the administration of cantharis 3x, but without result. He then began the use of arsen. iodat. 1x., with the result that the symptoms were promptly ameliorated.

This remedy was continued during some nine months,

at the end of which time the patient was able to go about his customary duties and believed himself entirely cured. The urine still showed albumin, three grammes per litre, a reduction of fifteen grammes from the amount at the beginning of the homeopathic treatment.

THE ROENTGEN RAY.—Now that the excitement consequent upon the introduction of the Roentgen ray has had time to subside and the faddist seems to have done his worst, we are in a position to accurately estimate the permanent utility of this really valuable discovery.

The present attitude of the profession regarding the use of the skiagraph is shown by two well written articles in the *New York Medical Journal* for the current month, one by Dr. Carl Beck, from the surgical standpoint, and the other by Dr. Chas. Leonard, presenting the medical side. In the former we are warned against ruling out a diagnosis of fracture because it fails to appear in single skiagraphic views, as the position may be such that the line of fracture is not visible. In the latter a strong plea is made for the systematic study of Roentgen pictures for purposes of diagnosis, the author maintaining that the same possibilities of error are present in this method as in other methods of examination.

THE Homeopathic Eye, Ear and Throat Journal for January is devoted to a symposium on the subject of strabismus and presents a comprehensive discussion of all the phases of the subject. The article on nonoperative treatment by Dr. Strong, of Philadelphia, is especially worthy the attention of the general practitioner, showing as it does the importance of early interference in all cases of ocular deviation.

Dr. W. R. King in his résumé of the causes of strabismus makes one statement that should not go unchallenged when he says that young children are never myopic. Cases of myopia undoubtedly congenital, while not the rule are nevertheless sufficiently common to have occurred in the practice of almost every oculist, and the writer recalls at least one case in which moderate myopia existing from birth was the chief factor in producing divergent squint. Such cases are probably always axial and are generally of a very high degree. B. D. H.

INTESTINAL ANTISEPSIS IN TYPHOID, WHY AND WHEN.—Typhoid fever is not an intestinal disease but a general

infection, consequently the notion of destroying or diminishing the number of typhoid germs by the use of intestinal disinfection is based on ignorance of the pathology of the disease.

I believe intestinal antiseptics are useful, however, but for another purpose. The indications which have proved useful guides to me are as follows: When in the course of the disease the odor of the stool indicates that a putrefactive decomposition of the feces are taking place intestinal disinfection becomes useful. I find that a sticky stool more or less brownish in color is pretty likely to be accompanied by the kind of odor indicated. If I am not greatly in error a sticky stool indicates a capillary oozing into the intestine. That is, the slight hemorrhage into the bowels supplies food for the growth of putrefactive organisms.

When diarrhea is present I have found zinc sulphocarbolate grs. 2 every two hours very excellent. In some cases I use betanaphthol grs. 6 three times a day. There are many others which may be used and which are quite useful.

W. H. W.

THE TREATMENT OF THE SEQUELÆ OF CAPILLARY BRONCHITIS.—According to Laird, phosphorus is almost specific for the hoarse, barking, croupy cough that sometimes remains after the acute symptoms have subsided. In puny, debilitated infants atelectasis does not always disappear with the cure of the original disease. In this condition there is no better remedy than sulphur. For the emphysema that often persists after a severe attack the most efficient remedies are calcarea carb. and chlorine. The former should be selected when the patient presents the constitutional peculiarities characteristic of this drug. In the absence of these symptoms the choice will fall upon chlorine.—*N. A. Journal of Hom.*, July, 1899.—*Lawrence in Hahnemannian.*

IODIUM IN CATARRH OF THE BILE-PASSAGES.—Dr. Oscar Hansen was consulted by a fireman of twenty-seven years, who every year for three years had suffered for three weeks from pressing, burning pains in the right hypochondrium which radiates up toward the right shoulder, across the abdomen and often into the back. His appetite was good. These pains *either wholly disappear, or are greatly relieved by lying on the left side.* No enlargement of the liver nor jaundice. Iod. and phos. were seemingly indi-

cated (Boenninghausen). Iod. 2x, five drops, four times a day. In one week no improvement. Iod. 3x in the same manner. In one week more the pains had disappeared. The remedy was continued in the same dose, but at longer intervals; since then he has been well.—*Homeopathisk Tidsskrift*, No. 12, 1898, *Pritchard in Hanhemannian*.

HEMOPHILIA.—Dr. G. W. Wagner (*Physician and Surgeon*, September) in a paper on this subject, concludes from a careful study of the literature that: 1. Hemophiliacs make blood rapidly, the cause of which fact is undetermined. 2. There is a tendency to plethora of the smaller vessels, especially of the capillaries. 3. The deficiency of oxygen in the blood is one of the main reasons for its slow coagulation. 4. The narrow lung space, at least in some cases, is a factor in the deficient oxygenation of the blood (whence the author suggests that in future the capacity of the lung space be carefully noted). 5. Apparently the best remedy to control the hemorrhage is oxygen, either by inhalation or contact. It acts in two ways, causing greater rapidity in the coagulation of the blood and also causing the nuclei of the endothelial cells of the capillary wall to swell and thus narrow the lumen of the vessel.—*N. Y. Med. Journal*.

THE TREATMENT OF EPIDIDYMITIS.—Kenner (Louisville) has treated fifteen cases by the following method, in all of which he was able to control the acute inflammation rapidly, and shorten the stage of resolution: To control pain, tobacco leaves wet in water as hot as can be borne, are applied directly to the scrotum and changed as quickly as they become cold. At times this treatment causes nausea or irritates the skin and has to be discontinued. When the tenderness and pain diminish, iodine vasogen is rubbed into the scrotum every three or four hours, till resolution is accomplished. This agent is not an irritant, and should be used in place of tincture of iodine. The average time of recovery has been five days. The author has tried the administration of pulsatilla tincture, but with no marked success.—*The New York Medical Journal*, November, 1899.—*G. A. Van Lennep, in Hahnemannian*.

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.*

SYPHILIS AND THE NERVOUS SYSTEM.—The *Medical News*, in an editorial in the issue of October 28, calls attention to the steadily lessening number of those who still persist in refusing to accord to syphilis that importance as an etiological factor in nervous diseases, notably such diseases as locomotor ataxia and general paresis, which recent studies of careful investigators seem to pretty well establish.

We are reminded that two recent medical conferences bring out the fact with renewed emphasis. At the last meeting of the British Medical Association even the most conservative admitted syphilis as nearly always the active cause of general paresis.

Among the Icelanders, Highlanders, and the European peasantry the disease is uncommon, but in the cities it is increasingly more frequent.

Recently Dr. Jonathan Hutchinson, of London, a most conservative thinker and writer, called attention to the hopeless affection of the spinal cord engendered by the disease, and while deploring extravagant sensationalism in the matter, said that we are bound to make the dreadful effects of the disease more widely known.—*Medical Age.*

GALNUT FOR HEMORRHOIDS.—The *Medical Times* for November cites Dr. Roger S. Chew, of Calcutta (*Medical Age*, August 25) as saying that he never performs an operation for hemorrhoids now, as there is a very simple remedy—so simple, indeed, that the profession refused to accept it because it was unscientific. He also laughed at it at one time, but results brought the laugh against him. His tutor was an unlettered, untitled fakir, who dropped into his surgery one morning as he was asking a man with a huge bunch of extremely painful and bleeding hemorrhoids whether he would submit to operation. "Sir," said the fakir, "pardon my interference. Will cutting away swelled veins alter the current of the blood permanently? That man is afraid of the knife. Let me whisper in your ear. Take a *choia harra* (the lesser gallnut); broil it as you would a coffee berry; then powder it, and mixing the powder with a little fresh butter, let the man apply it to the piles after each stool. If it fails to cure him, may Allah send me to perdition." Do not muddle this, says Dr. Chew, with the "unguentum galle" of the pharmacopeia. The author tried it. Eight applications cured the man, and to his surprise the first application stopped the bleeding entirely. Since then Dr. Chew has cured some hundreds of cases with the same thing.

ATROPINE IN ASTHMA.—Riegel, of Giessen, at the seventy-first meeting Deutscher Naturforscher und Aerzte (*Berl. Klin. Woch.*, October 2, 1899, p. 885), after discussing the various theories advanced to date and bearing upon the pathogenesis of asthma, proceeds to investigate experimental studies upon the role of the peribronchial muscular fibers, which role has but lately been demonstrated. By irritation of the pneumogastric, Einthoven succeeded in raising intrathoracic pressure to 120 millimeters water and more. Experimental researches bear out the theory of peribronchial muscular contraction. Asthma is most assuredly a neurosis, and experimental research seems to show that whatever its nature, be it reflex or idiopathic, the stimulus is transmitted along the pneumogastric line. Should this prove true, however, it behooves us to substitute for the treatment of the attack, and in lieu of the usual narcotic preparations, such means as will reduce pneumogastric excitability. Atropine fills this indication, and Riegel suggests its use in hypodermic injections, which he has often found effectually to cut short a threatening attack of asthma.—*Medical Age*.

H. V. H

Miscellaneous Items.

Dr. C. G. Higbee, of St. Paul, has fully recovered from his long and severe illness and has returned to active practice.—Dr. William T. Branstrup, of Indianapolis, died August 15, 1899, of cerebral hemorrhage. He was a graduate of "Old Hahnemann" in 1877, and was one of the oldest practitioners in the middle West.—Dr. J. P. Sutherland has been elected dean of the Boston University School of Medicine in place of the late Dr. I. T. Talbot.—Dr. W. O. Mann has been elected medical director of the Massachusetts Homeopathic Hospital.—Dr. L. C. McElwee, of St. Louis, has been appointed secretary for the State Board of Health for Missouri.—Dr. A. Lehmann has located at 573 Ohio St., Austin, Ill., and Dr. Edith Watts at San Antonio, Tex.—Dr. W. P. McGibbon has moved to 53d St. and Jefferson Ave.—Dr. Julia C. Strawn has left the Baptist Hospital and is located at 201 44th St.—Philadelphia has named one of her new office buildings in honor of Dr. Constantine Hering.—Dr. Dunham, as chairman of the committee on expansion in the State Homeopathic Society, requests all members to bring in new names for membership at the next meeting. For the sake of the cause every one should make an effort in this respect.—At the last meeting of the Homeopathic Medical Society of Chicago the following papers were read: "Rupture of the Pubic Joint," by Dr. W. G. Willard; "Treatment of Acute Cholecystitis," by Dr. G. F. Shears; "The Blood as a Factor in Diagnosis," by Dr. W. Henry Wilson.—The Theta Nu Epsilon Society gave a very enjoyable dance at the Oakland Club, Thursday evening, January 25.—Dr. Amanda Decker was married December 25 at Mt. Pleasant, Mich., to Mr. Ferris Holcomb. Her address will still be 9114 Commercial Ave., Chicago.—Sir James Paget, the world-renowned surgeon, died this month, at the age of eighty-six.—The Ustion Society of Hahnemann Medical College will hold its fifth annual ball at the Oakland Club, Thursday evening, February 22.—The twenty-fourth annual session of the Missouri Institute of Homeopathy will be held at St. Louis April 17, 18 and 19.—Dr. D. DeForest Cole has removed from Batavia to Caledonia, N. Y.; Dr. F. Gattan from Anaconda to Butte, Mont.; Dr. B. O. Morse from Atlantic, Iowa, to Fort Smith, Ark.

THE CLINIQUE.

VOL. XXI.]

CHICAGO, MARCH 15, 1900.

[No. 3.]

Original Lectures.

EPIDEMIC INFLUENZA COMPLICATING PREGNANCY RESULTING IN THE DEVELOPMENT OF TOXIC ENDOCARDITIS, NEPHRITIS AND PHLEBITIS.

BY JOSEPH P. COBB, M. D., SENIOR PROFESSOR OF PEDIATRICS IN HAHNEMANN MEDICAL COLLEGE, AND E. M. BRUCE, M. D., SENIOR PROFESSOR OF CHEMISTRY, PHYSICS AND TOXICOLOGY IN HAHNEMANN MEDICAL COLLEGE.

The patient, aet. thirty-eight, comes from a lithemic family and herself exhibits well-marked lithemic stigmata. Her first pregnancy, twelve years ago, terminated at about the sixth month; the history as related by the patient at the present time is that of acute albuminose nephritis which was speedily relieved by the abortion. Her second pregnancy, ten years ago, was devoid of any special incident except that the labor was a breech presentation. The third pregnancy, eight years ago, had no abnormal feature. The fourth terminated three years ago at the seventh month as the result of an accident and was also a breech presentation.*

At the beginning of the sixth month of the fifth pregnancy the patient suffered with an attack of epidemic influenza which spent its greatest force in the respiratory tract and on the heart. She was confined to the bed for ten days and carried a temperature of 103° to 105° F. for several days; the pulse was persistently frequent even after subsidence of the fever. She was able to attend to

*The sex of the children in each instance was male and in four out of five times the presentation was a breech.

her ordinary duties in two weeks, but the action of the heart grew more labored; dyspnea appeared on slight exertion; a bloated, stuffy feeling of the abdomen was complained of and edema of the lower extremities appeared for the first time. An examination of the urine made at this time, November 22, 1898, three weeks after the beginning of the attack of influenza, revealed the condition of albuminuria. The urine had been examined each month since conception took place, the last examination being but a few days before the onset of the influenza attack, and nothing abnormal for her had been found in its composition. On November 24 an examination of the urine by Dr. Bruce showed that an acute attack of desquamative nephritis was well under way.* The total elimination of urea for that day was only 9.9 grams while 9.45 grams of albumin were lost with the urine. From this time on Dr. Bruce was associated in the care of the case and quantitative analyses of the urine were made nearly every week.

The patient was put upon a carefully selected diet and urged to drink good water freely, the minimum amount being placed at two quarts daily; one pint of each day's water supply was made alkaline with bicarbonate of potash and sodium chloride.

The examination of December 6 showed little improvement in the urinary elimination, while the dyspnoea and edema were growing more oppressive. The patient was ordered to bed; and while the advisability of producing an abortion was under discussion nature solved that part of the problem and emptied the uterus of her own volition, on the 8th of December. The delivery was promptly completed under aseptic precautions, without any mechanical interference and without any incident worthy of special mention; the lochial discharge was normal, losing its color about the third day, and at no time developing any unusual odor. Hot boric acid douches were used after the second day.

For a week before the abortion the patient had carried a temperature ranging from normal in the morning to 99° or 99.4° F. in the evening, with a pulse between 80 and 90.

From December 9, the day after the abortion, an accurate record was kept not only of the temperature and pulse but also of the amount of fluids consumed and total

*See analysis No. 506 on the accompanying chart.

urinary secretion. With the advent of mammary activity the temperature reached 100° and the pulse 102, returning again to its former range in two days. On the eighth day there was evidence of more cardiac embarrassment, which also remitted in two days. The fifteenth day marked the onset of phlebitis with the formation of a thrombus in the posterior tibial vein; the inflammation was confined to the deep veins of the calf; there was no swelling above the knee and no tenderness over the femoral or iliac veins. The attack was ushered in with acute throbbing pain in the calf; the temperature reached 100° F. the first night and 101.4° the second; swelling of the calf and foot did not begin for twenty-four hours, but progressively increased for five days; the temperature dropped on the third day to its former range.

The urinary excretion, which had been ranging from thirty-six to sixty ounces, dropped to twenty-one ounces and did not reach thirty-six ounces until five days after the attack of phlebitis.

On the twenty-fourth day the temperature fell to 99° F.; pulse 90 and respiration 18 per minute. On the twenty-seventh day evidence of phlebitis appeared in the left leg, the temperature reaching 101.8° F. on the twenty-eighth day. With this attack of phlebitis there was no evidence of thrombus; the inflammation, however, was not confined to the posterior tibial veins, but involved all of the deep veins of the leg, including the femoral and iliac veins; the swelling was not so extreme in the calf but was more extensive; circulation was re-established more quickly than in the right leg, so that two weeks after the second attack the left leg, the second to be involved, was the smaller of the two.

The temperature reached normal on the morning of the fortieth day but did not desist from its matutinal excursions until the end of the tenth week. The patient was kept on a diet selected to relieve the kidneys as far as possible, for three months, and for the six months following she used very sparingly such foods as are prone to increase urea and uric acid in the urine.

She was encouraged to drink at least two quarts daily of water, at least one pint of which was lithia water, or was made alkaline with bicarbonate of potash and sodium chloride. The output of urine was kept up to an average of sixty ounces per diem. At the end of a month only traces of albumin were found in the urine while the

amount of urea and total solids had reached a fair relative amount.

For a week before the abortion the patient had been taking arsenicum alb., and this remedy was continued for some time afterward. It seemed to be indicated for the general toxemia, the pallor, anasarca and prostration; the condition of the kidneys, as shown by the large amounts of debris in the urine, also seemed to call for arsenicum. Aurum et sodium cl. was given later for its diuretic effect, and under its influence the urinary secretion showed marked improvement. After the second attack of phlebitis, *stigmata maidis* was used and under its use the amount of urine gradually increased from twelve ounces to an average of over sixty ounces, reaching on one day (the seventh following the second attack of phlebitis) one hundred and five ounces.

Each attack of increased cardiac embarrassment was met and relieved with aconite. Belladonna was given with each attack of phlebitis, the suddenness of the onset, the acute throbbing pain, the extreme swelling, together with its known affinity for the venous endothelium seemed to warrant such a selection.

The object of reciting this case is to call attention to the capability of influenza to develop a general toxemia. We are familiar with the lasting prostration which has been a concomitant of so many influenza attacks, a prostration all out of proportion to the apparent severity of the attack; the depressing influence on the nervous system has been often noted; intestinal inflammation and peritonitis have been common sequelæ in some epidemics; endocarditis and nephritis have also been enrolled as sequelæ.

I do not think, however, that any special emphasis has been laid upon the relationship of these sequelæ and a constitution embarrassed with lithemia. A person suffering with lithemia always has overtaxed eliminating organs; their tissues are subjected to constant irritation and they usually suffer from periodic storms which can often be traced to uric acid accumulations.

The nephritis in this case was due to the toxic effect of the influenza upon kidneys, which were already working up to their limit.

The endocardial murmur was not discovered until some time after the abortion, though it had been looked for before that time; endocarditis with its insidious

methods of onset does not always develop a murmur at the very beginning of the attack, yet in this instance it was probably responsible for the rise of temperature before and for a week after the abortion.

There seemed to be no evidence at any time that there was a septic condition due to the abortion; the phlebitis was not accompanied by any evidence of involvement of the lymph tract; the rise in temperature due to the phlebitis lasted in each instance but a few days; there was no permanent impairment in the use of the legs.

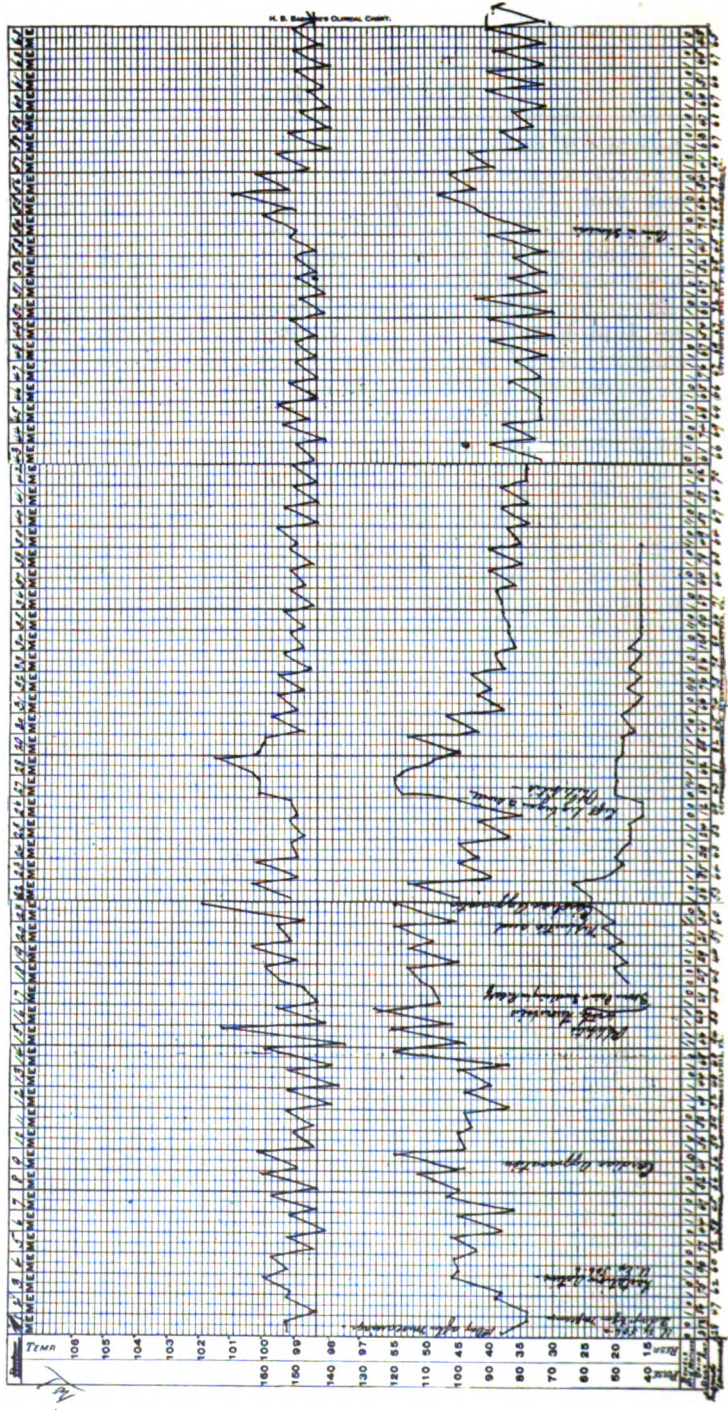
The endocardial murmur has entirely disappeared and the patient generally is as well and strong as before the beginning of this last pregnancy and seems to have more power of resistance.

JOS. P. COBB, M. D.

The albuminuria of pregnancy, or perhaps albuminurias would be a better way to put it, are questions with which every physician is more or less familiar. The presence of proteid matter in the urine within the period of gestation may be of serious import, or of little clinical importance according to the circumstances. Cases are not rare in which albumin has been present during gestation and yet no trouble of any unusual moment occurred at delivery at full term; again, albumin has developed suddenly and been followed by death from puerperal eclampsia, and yet at the post-mortem the kidneys have been apparently normal. At other cases the post-mortem has revealed an acute inflammatory condition.

My view of the case in question is: We had to deal with a lithemic make-up. This means that the kidneys have about all the work they ought to do all the time; the pregnancy caused an additional stress of the abdominal traffic, and then on top of this came the attack of influenza which threw into the blood or lymphatics the toxic elements (which probably resemble the mineral poisons in their effect on the kidneys), at the same time lowering the power of resistance as only this Russian immigrant can. The kidneys undertook to rid the system of the poisonous products, but the task was too much for them. I believe the epithelial cells of the tubules became fatigued (as in Heidenhain's experiment with the indigo-carbon) with the addition of the extra work put upon them, and the result was the basement membrane of the tubules was altered and allowed the albumin to enter the channel by direct transudation from the lymphatic vessels.

DAILY RECORD OF PULSE; TEMPERATURE, FLUIDS CONSUMED AND URINE EXCRETED.



The abortion came on for reasons known to nature herself, and which she carefully guards. The shock of this and the increased call on the nutritive functions for lactation gave the toxins their opportunities, as the kidneys were already weakened from their previous work. The idea of puerperal toxemia is out of the question. The result was the endocarditis, phlebitis, thrombus, etc., as has been detailed by Dr. Cobb. At the time of the trouble with the right calf the chlorides and sulphates were absent from the urine. It was the first sample of urine that I have ever seen in which I could not get enough chlorine for a determination. A single drop of the silver nitrate solution turned the chromate indicator and there was no reaction with the boric chloride for sulphur trioxide.

At the same time the elimination of the urates was very large and took the form of neutral salts. As far as the structure of the kidney was concerned this was a type of parenchymatous degeneration, and slight lack of care in the management of the amount of water taken and eliminated would have increased the already difficult work of the glands, which would have made itself manifest by the presence of granular casts in the urine. The smaller amounts of albumin found in the urine later in the illness were probably from the epithelial cells themselves and not from the lymphatics. E. M. BRUCE, M. D.

TABULATED REPORTS OF URINARY EXAMINATIONS.

Date.	Lab. No.	Quantity Passed.	Color.	Reaction.	Odor.	Sp. Gr.	Total Solids In Grams.	Total Solids Per Liq.	Albumin In Grams.	Albumin Per Liq.	Urea In Grams.	Urea Per Liq.	Urea In Grams.	Urea Per Liq.	P. O. In Grams.	P. O. Per Liq.	Chlorides.	Subphates.	Bile.	Blood.	Peptones.	Sugar.
Nov. 24	506	900cc	Normal	Acid.	Charac- teristic.	1.018	41.94	95.76	10.5	9.45	11.	9.9	1.2	1.08	1.08	1.08	Fair.	Fair.	None	None	None	None
Dec. 6	506a	650cc	High	Neutral.	"	1.022	51.26	94.85	10.	6.86	14.	9.52	1.	0.68	0.68	"	"	"	"	"	"	"
Dec. 8	Miscr- Flage.																					
Dec. 12	506b	2250cc	Pale.	Acid.	"	1.008	18.64	41.84	1.22	2.75	5.55	12.50	0.49	1.19	1.19	1.19	O. K.	O. K.	"	"	"	"
Dec. 20	506c	1060cc	Normal.	Acid.	"	1.018	41.94	41.98	0.64	1.08	14.44	15.81	1.19	1.12	1.12	1.12	Fair.	Fair.	"	"	"	"
Dec. 27	506d	770cc	Muddy.	Acid.	Offensive	1.015	45.60	95.06	0.63	0.4	23.00	17.71	2.59	1.99	1.99	1.99	Absent.	Absent.	"	"	"	"
Jan. 3	506e	210cc	Muddy.	Acid.	"	1.022	51.26	?	0.25	?	?	?	?	?	?	?	Present.	Present.	"	"	"	"
Jan. 10	506f	275cc	Pale.	Acid.	Charac- teristic.	1.006	18.98	91.80	Traces.	Traces.	6.49	14.78	0.57	1.3	1.3	1.3	O. K.	O. K.	"	"	"	"
Jan. 17	506g	1470cc	Normal.	Neutral.	"	1.018	41.94	61.66	Traces.	Traces.	19.00	19.11	1.9	2.8	2.8	2.8	O. K.	O. K.	"	"	"	"
Jan. 19	506h	1625cc	Pale.	Acid.	"	1.011	25.63	41.60	0.25	0.4	7.00	11.975	0.84	1.98	1.98	1.98	O. K.	O. K.	"	"	"	"

MICROSCOPICAL EXAMINATIONS.

November 24—No casts of any variety. Total percentage of sediment small. Considerable quantity of epithelial cells from whole tract, urates, earthy phosphates and uric acid, small amounts of each.
 December 6—One small hyaline cast—epithelial cells abundant—a few pus corpuscles, occasional crystals, hippuric acid, uric acid, earthy phosphates and urates, and a few crystals of triple phosphates. The percentage of sediment is small.
 December 12—No sediment practically. Some epithelial debris. A few leucocytes and an occasional pus cell.
 December 20—Microscopical examination—negative.
 December 27—Very heavy sediment consisting almost entirely of neutral urates. A few pus cells.
 January 3—Very heavy of urates, and a few pus cells.
 January 10—Microscopical examination—negative.
 January 17—Some epithelial debris—a few urates.
 January 19—Some large hyaline, and a few waxy casts. Epithelial matter abundant, small amounts of urates and earthy phosphates.

Report of case of Mrs. ———, for Dr. J. P. Cobb. E. M. BRUCE, M. D.
 January 27, 1899.

NOTE.—No. 506e was the urine passed from 9:40 p. m. to 8 p. m., 1/4.

EMPYEMA OF THE ANTRUM OF HIGHMORE.

BY ORRIN LELROY SMITH, M. D., SENIOR PROFESSOR RHINOLOGY AND LARYNGOLOGY IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Case. Mr. A. B., age thirty years; for years this man has been subject to frequent colds, catarrh and its train of disagreeable symptoms. After some months of treatment in one of the five dollar a month places without appreciable benefit, he insisted upon a thorough examination, and operation, if needed. Polypoid growths were discovered and operated upon. Within twenty-four hours following the operation, he began to have pain in the left malar eminence and in and about the eye, which gradually involved the teeth and forehead; forty-eight hours from the onset there was a sudden gush of creamy fluid from the left nostril, followed by an almost complete relief from the pain, which was, by this time, agonizing. Since that time he has been annoyed day and night by a profuse, foul-smelling discharge, from the left side, that permits of sleep at short intervals only, and the ingestion of only certain fluid foods. As a result, he has lost in weight, sixty pounds, and been compelled to give up a lucrative position.

Examination revealed a left naris bathed in pus having much the distinctive odor of sulphureted hydrogen, which when mopped away discloses some turbinal hyperemia and swelling. By directing him to incline the head to the right, pus begins to trickle down from the middle meatus and over the lower turbinate. This is not proof positive that its source is the antrum of Highmore, or the maxillary sinus, as it is sometimes called, since both the anterior ethmoidal and frontal cells have an exit very near. This uncertainty may be practically eliminated by cleaning the nose and directing the patient to lie down with the well side uppermost, which favors the flow from the cells. No fluid results, which coupled with the bulging of the left anterior antral wall, tenderness, neuralgic pain, painful mastication, loose teeth, and reddened gums on the left side leaves but little doubt of an antral abscess. Provided this is the only attack of the sort which the patient has suffered, additional evidence may be gained by electric transillumination. However, the surest method of establishing the existence of pus in the antrum is by puncture, regarding which we will speak later.

The probable causative factor, in this case, was an infection occurring at the time of the operation, since he was then free from an acute rhinitis and his nose was so plugged with cotton that street infection was not probable. Bosworth declares an antral inflammation cannot result from an extension of acute catarrhal rhinitis, but does admit that it is often produced by chronic hypertrophic rhinitis, through occlusion or stenosis of the ostium maxillare.

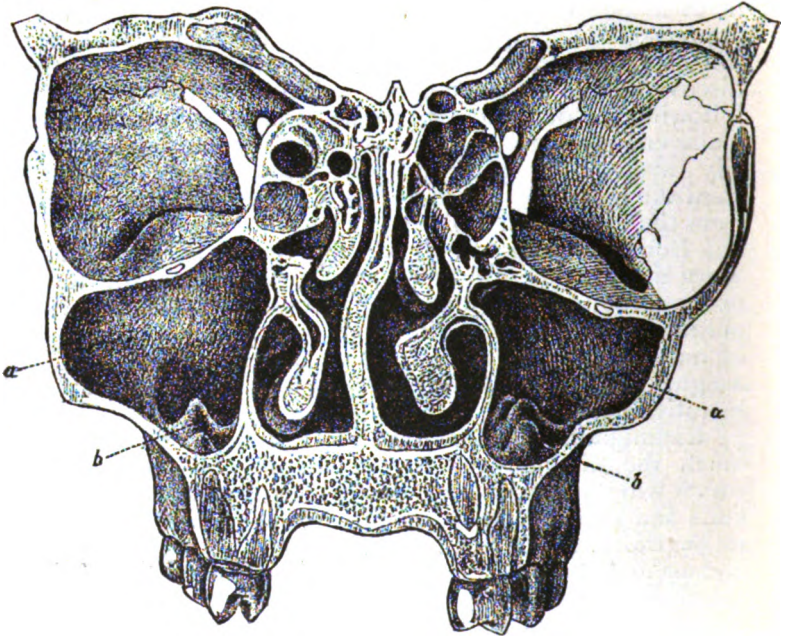


FIG. 1. —Transverse Section of the Maxillary Sinuses, showing the Roots of the Molar Teeth protruding into the Cavities through the Floor. (Zuckermandl.)

Scarce a winter passes but that we see a case dependent upon the extension of a grippal or infective rhinitis or the suppressional treatment of same by nitrate of silver solutions. Undoubtedly the large majority of cases is furnished by carious teeth and for reasons shown by reference to Figs. I and II.

If seen early, it is possible to abort an attack. Of first and prime importance is the administration of the

internal remedy, probably the choice falling upon some one of those hereinafter named: Spray the naris of the affected side with either a four per cent solution of cocaine, or an eight per cent solution of suprarenal extract, thus rendering as patent as possible the antral orifice. Now send the patient to bed, with the affected side uppermost, for the purpose of drainage. Apply moist heat vigorously, and if, at the end of twelve hours, there is not marked improvement, usually an abscess will result.



FIG. II.

Should the symptoms persist, with no evidence of spontaneous discharge through the natural orifice, then it is advisable to puncture the antrum, which is best done by the extraction of the first or second pre-molar, provided such tooth is faulty or the opposing one is absent. Through the opening thus made, that sometimes must be enlarged by drill, the pus can be evacuated and the various antiseptic solutions injected. To keep the opening patent and to prevent traumatism and hemorrhage, which greatly hinders healing, any one of the many varieties of tubes, preferably rubber, may be worn and of course plugged with cotton before each meal.

Provided the extraction of a tooth is not advisable, the antrum should be punctured by a trocar and canula, of the Myles variety, at a point just below the lower border of the inferior turbinate. However, in such instances perfect drainage is not assured and the progress is much more tedious. Through observation and experience we conclude that any attempt to regularly drain the cavity through the normal opening (ostium maxillare) results, nine out of ten times, in failure. In chronic cases, when not dependent upon the teeth for their origin, the antrum should be entered through the anterior wall, thoroughly explored with the little finger, curetted if necessary and thereafter regularly packed.

Following the evacuation of pus it is best to cleanse the cavity with a fifteen volume solution of hydrogen dioxide, and, later, with warm solutions of carbolic acid, boracic acid, calendula or permanganate of potash, twice or thrice daily as is demanded, gradually decreasing the frequency as the discharge lessens.

Usually some one of the following remedies will be indicated: Aconite: preferably left side; face red, hot, numb and prickling; patient restless, rolling about, screaming; and anxious, drawn expression. Arsenicum: rarely indicated in early attack; patient pale and earthy of complexion and constantly on the move from the scalding, burning or "red-hot needle" pain; pain relieved by heat. Belladonna: shooting, cutting, tearing pain, worse from touch and motion, usually right side of face. Mezereum: left cheek, tooth, supraorbital, neck and shoulder region invaded by severe pain that is aggravated by heat. Spigelia: most frequently indicated; tearing, shooting pain, usually in the left side of face; the periodical pain is worse after sleep, from motion and noise. Verbasum thapsus: violent, stupefying, pressive and tensive pains in left malar bone, worse on pressure and in open air. Silicea: usually indicated if suppuration occurs

THE DIFFERENTIAL DIAGNOSIS OF ANEMIC STATES.

BY FRANK H. PRITCHARD, M. D., MONROEVILLE, OHIO.

The term anemia was given by Andral to a state characterized by poverty of blood. It may be met with in a variety of morbid states from various causes and as a symptom of numerous diseases. A recent case having given me some trouble in diagnosis, I have gathered together a certain amount of material, thinking that it might be of interest to study this symptom.

Chlorosis is essentially a primary anemia, occurring in young females with a pallid, wax-like countenance, very pale lips and a pearly eye, generally with scanty or suppressed menses and a decrease of the hemoglobin which is a fundamental condition for diagnosis; still certain other states must be excluded. Of positive value diagnostically are the reduction of hemoglobin, only a slight decrease of red blood corpuscles and the relatively normal number of leucocytes. The female sex, the youthful age, faulty development of the genital organs, decided and rapid therapeutic results from iron and the quick development and appearance of the anemia without any other diseases seemingly having caused it are positive diagnostic signs.

With this state there is a peculiar yellowish green complexion which is in many instances recognized at a glance. The well nourished condition with the white sclerotics is very characteristic. The subcutaneous fat is retained or even increased in amount. Another sign is the humming top murmur on the right side of the neck, over the jugular vein. Chlorosis is almost too easily diagnosed. In fact, it is safer to exclude all other sources of error before settling on it.

Eichhorst, *Lehrbuch der Praktischen Medicin*, 1899, p. 748, calls attention to the gastralgic pains which may be associated with chlorosis and which, if severe, may awaken a suspicion of gastric ulcer. One fact should be kept in mind: if the patient tolerates iron well and yet does not improve, one would suspect that some other disease rather than chlorosis is at work, and be sure to be on one's guard for pulmonary tuberculosis.

Intestinal parasites are at times the cause of anemia. The *bothriocephalus latus* and the *anchylostomum duo-*

denale are well known as intestinal parasites which do cause a bloodless state; they are, however, hardly ever met with in America. The *tenia solium* and the *mediocanellata* are as a rule not causes, though in children and young girls who are predisposed they may be a determining cause. Prof. K. V. Noorden, *Die Bleichsucht*, p. 137, mentions several cases which had been treated with iron in vain where after expulsion of tapeworms rapid recovery followed. The same holds true of *ascarides*. In every case of obstinate anemia the stools should be examined for the eggs of these parasites.

Tuberculosis of the lungs in the early stage is particularly liable to be mistaken for chlorosis, as has been pointed out by Osler and others. Neither from examination of the blood nor from the general signs and symptoms may the two diseases be differentiated. Frequent examination of the lungs and lymphatic apparatus may prevent one from falling into this error. Measurements of the temperature will not serve to distinguish, for an initial tuberculosis may be feverless while on the contrary rises of temperature even up to 38.5° may be observed in undoubted chlorosis. Osler cites the French writers on this feature of elevations of temperature in essential anemia. Particular and attentive examination of the pulmonary apices may reveal signs of differentiating value—rales, dullness and altered respiratory resonance.

Simple anemia from unhealthy habits, damp and dark dwellings, lack of light, air and exercise or improper food, insufficient sleep or overtaxing of the youthful body with studies or work are all things that will bring about an anemia in any person. In older persons the quantity of hemoglobin as well as the number of red corpuscles is decreased. The history should, of course, be looked into and reveal these.

Anemia from hemorrhages is nearly exclusively due to hemorrhage associated with ulcer of the stomach, more rarely to intestinal hemorrhages. Many cases of stomach or duodenal ulcer run a course devoid of symptoms, and the blood which is passed through the stools is so changed by being digested that it is not recognized by the patient and thus, no mention being made of it to the physician, it frequently is overlooked, to the disadvantage of the patient. The most scientific examination of the blood will not shield one from error, for the blood in both con-

ditions is in actually the same condition. Therefore, examine the stools in all cases of chlorosis. In Germany such a mistake has been the means of bringing about a suit for malpractice.

Chronic kidney diseases always lead to anemia, especially in youthful persons; in certain forms and in certain stages of the disease it gives the patient a slightly bloated face and that alabaster-like transparency which is found in chlorosis. It may also produce similar symptoms, as headache, palpitation of the heart, disturbances of digestion, a sense of weakness, etc., all symptoms peculiar to chlorosis from which, if the examination be only superficial, and an examination of the urine be neglected, a mistake might easily be made. In young persons with this state there is generally a great deal of albumin in the urine, with numerous granular and epithelial casts. Recently, and following Dieulafoy, French writers have set aside a variety of chronic chlorosis associated with chronic albuminuria which they have called "chlorobrightism," and that without justice, for it is merely a variety of chronic nephritis. DaCosta also calls attention to the possibility of contracted kidney being confused with anemia, and indeed an actual (secondary) anemia also does accompany chronic interstitial nephritis. Pernicious anemia, is more particularly liable to be confused with contracted kidney, for with it there may be a trace of albumin in the urine. But it is not persistent, and microscopical examination of the urine will tell us the true amount of kidney disease. In chronic interstitial nephritis if the patient survives until the toxic symptoms come on he may become pale, thin, anemic and so debilitated that a symptom-picture greatly resembling that of Addison's disease is produced. Such a condition is prone to be complicated by chronic skin diseases. West in his "Lettsonian Lectures" records such a case. It seemed as though it were almost impossible for the patient to live, for she was so exhausted; yet she survived several months.

Beginning brain diseases in youthful individuals usually lead rapidly to anemia, and in many cases where vertigo, faintness, nausea and exhaustion in connection with paleness were complained of, possibly chlorosis or anemia might be diagnosed, and to one's disagreeable surprise they unmask themselves as a tumor on the brain or a basilar meningitis.

Beginning pregnancy in unmarried girls has a deleterious

rious influence on the general nutrition and especially on the blood-forming organs, as might be expected. Bloomingly healthy girls who have until then been well and healthy, suddenly run down, fall away and a whole series of general symptoms crop out as would be met with in chlorosis. Such cases for a long time are often regarded both by the family and the physician as chlorotic. Such patients in whom pregnancy is suspected should be taken into the physician's confidence if possible.

Addison's disease is distinguished by the dingy, smoky or even amber-colored or chestnut-brown color of the skin, the anemia, general languor or debility, remarkable feebleness of the heart's action and irritability of the stomach. The pigmentation is as a rule the symptom which first attracts attention. The grades of coloration range from a light yellow to a deep brown or even black. In typical cases it is diffuse, but always deeper on the exposed parts and in the regions where the normal pigmentation is most intense. At first it may be found on the mucous membrane of the mouth, conjunctivæ and vagina. The anemia on which Addison laid stress is of moderate grade. Gastric disturbances are common; nausea and vomiting may be early and prominent symptoms; diarrhea, too, is frequent and may come on without cause. The pulse is small and rapid and the heart's action feeble. Sometimes there is a peculiar inclination to syncope. One of the most pronounced features of the disease is the profound asthenia, which is out of all proportion to the general condition. The patient complains of a lack of energy, both mental and bodily; the least exertion is an effort which may be followed by dizziness or noises in the ears. Headache is a frequent symptom. With the advancement of the disease the prostration becomes more marked, the patient remains in bed, the voice gets weak, the intelligence dulled, and death occurs either by syncope or by gradual asthenia. Occasionally there are convulsions. The urine is usually normal. In diagnosis the occurrence of pigmentation with asthenia is very suggestive; the association of fainting fits, nausea and gastric irritability is an important indication. Other conditions which may cause pigmentation must first be excluded as abdominal growths—tubercle, cancer, lymphoma. In tuberculosis of the peritoneum pigmentation is not uncommon. Pregnancy may cause pigmentation, usually limited to the face *masque de femmes enceintes*. Uterine disease is

a common cause of patchy melasma. Hepatic disease as in the diabetic cirrhosis, the diabète bronzée of Hanot and others, may induce definite pigmentation, which however is usually of a slate color. More commonly in overworked persons of constipated habit and with sluggish livers there is a patchy staining about the face and forehead. The vagabond's discoloration, caused by the irritation of lice and dirt, and the deep discoloration of melanotic cancer are to be distinguished and in certain cases of exophthalmic goiter staining has been noted.

Pernicious anemia is characterized by the relative increase in the hemoglobin and the presence of the large forms of nucleated red blood corpuscles, the gigantoblasts. Poikilocytosis, a point on which stress was formerly laid, may occur in any severe anemia. The complexion is lemon-tinted, a characteristic symptom; the bulkiness of the frame contrasts strikingly with the general prostration, failure and exhaustion observable in every other respect, even after months of sickness. The red blood corpuscles are characterized by their irregularity; a condition to which Quincke gave the name poikilocytosis.

In number they sink greatly, so that though individually the remaining corpuscles are richer in hemoglobin, yet numerically they are reduced decidedly. Microscopically, there is a great variation in size—large giant forms, megalocytes, which are often ovoid in form. There are also small round cells, mycrocytes, of a deep red color. The corpuscles are remarkably irregular in form, rodlike and elongated, or pyriform. Nucleated red blood corpuscles are constantly present. Cardio-vascular symptoms are important; hemic murmurs are present constantly. The larger arteries pulsate visibly and the throbbing in them may be distressing to the patient. The superficial veins may be prominent and even pulsate. Hemorrhages may occur either in the skin or from the mucous surfaces, the "scorbutic anemia" of some writers. Retinal hemorrhages are common. Gastro-intestinal disturbances may be present throughout the disease. Fever is a variable symptom. For weeks the temperature may be normal, and then irregular pyrexia may develop. The urine is of low specific gravity and may be pale, but in other instances it is of a deep sherry color.

Cancer of the stomach may be accompanied by a secondary anemia, which is puzzling and similar to pernicious

anemia, particularly if the tumor be inaccessible. The anemia may be profound, but the skin is rarely if ever lemon-tinted and the blood has the characteristics of a secondary, not a primary anemia. Eichhorst points out the striking similarity which may be met with in some cases of gastric cancer where with poikilocytosis, hemorrhages into the retina, edema of the skin and small hemorrhages and areas of softening in the spinal cord a symptom picture resembling that of pernicious anemia is presented. DaCosta has stated that he more than once has known cases of gastric cancer to be regarded as typical illustrations of pernicious anemia until the necropsy cleared up the case.

Atrophy of the stomach may certainly cause a pernicious progressive anemia. By modern test methods this may be excluded: the examination for free hydrochloric acid and the long duration of the condition.

Diseases of the heart may be mistaken for pernicious anemia. An ordinary fatty heart in an elderly person, with or without valvular disease, with failure of strength and with the peculiar pallid, sickly look, occasioned by the malady, may mislead. But the long duration of such cases, the gradual growth of the symptoms, the absence of fever, are strong points in the case. Indeed, the error is apt to be the other way, that, overlooking the symptoms of profound anemia and general failure, we regard the murmur and the other cardiac symptoms which are associated with the fatty heart of pernicious anemia as pointing to a disease of the heart alone. The physical signs will not always assist; the murmurs may be very distinct and loud.

Leukemia is differentiated firstly by examination of the blood, when the white corpuscles are seen to be greatly increased relatively in number. In the lymphatic variety they are somewhat smaller, in the splenic form larger. Microscopically, a diagnosis is easy. The spleen is usually enlarged and in the lymphatic form, the lymph glands are increased in size. There is a third variety where the bone marrow is chiefly affected. Pseudo-leukemia clinically is the same, but microscopically the blood does not present the leukemic peculiarities. Pseudo-leukemia is said by some to be an earlier stage of leukemia.

Basedow's disease may be associated with a pronounced anemia. I once saw a child in a neighboring

town where there was decided anemia, a rapid heart and murmurs of all four cardiac orifices. The prominent eyes, with the rapid pulse, led to a diagnosis of exophthalmic goiter. Then there was no goiter of any size, but some time later this developed to complete the symptom picture and to confirm my diagnosis. The prominence of the heart symptoms had led to a diagnosis of heart disease, though it was a question how all four orifices could be affected at the same time. Gerhardt—Lehrbuch der Kinderkrankheiten—speaks of this peculiarity of the goiter appearing later than the other signs, and another noticeable feature, the pulse rate does not reach such an extreme grade as in adults.

Latent pericarditis, or pleurisy, both with effusion may in rare cases give rise to a gradual failure of health, with associated anemic conditions.

SPLENECTOMY AND RESECTION OF COLON.

OPERATION BY W. S. BRIGGS, M. D., ST. PAUL, MINN., PROFESSOR OF CLINICAL AND ORTHOPEDIC SURGERY IN THE MEDICAL DEPARTMENT OF THE STATE UNIVERSITY OF MINNESOTA; REPORTED BY A. E. COMSTOCK, M. D.

Before going into the history and report of this case, it might be well to first freshen our memories in regard to the rate of mortality and as to the advisability of such an operation. "Vulpius collected 117 cases of splenectomy, with a death rate of fifty per cent. If, however, from these cases those suffering from leucocythemia, lardacious spleen and spleno-megaly (in which the operation should not be done) be deducted (32), the mortality in the remaining cases (85) is reduced to thirty-three per cent.

The operation for prolapse through parietal wounds was performed as far back as 1678, by Mathias, and some others are on record. Many experimental operations, on animals, have been made of late, with varied degrees of success, and with the skill and knowledge of modern surgery, these experiments go to show that the spleen is not essential to life, and if removed its functions are taken up by the various lymphatic organs, which increase in size, and by bone marrow.

For disease, the first operation, according to Collier,

was performed by Zaccarelli, in 1549, and was successful. The second by Ferrerius, in 1711, seems to have been the removal of a rudimentary spleen, from an abscess tending to point; it was also successful. (Both of these have been discredited). Quittenbaum, in 1826, and Kùchler, in 1855, each removed an enlarged spleen; the patient in each case died, in a few hours, from hemorrhage. Spencer Wells, in 1865, operated for simple hypertrophy; this case lived six days and then died, according to his statement, either from thrombosis or blood poison.

So far it is observed that the results from such operations are decidedly critical. Two years later, in 1867, the first successful splenectomy, was done by Léan, his case being an enlarged and cystic spleen, which seems to have been successful, and, according to Greig Smith, from this operation we date the successful introduction of splenectomy into modern surgery. Collier's table of twenty-nine cases seems to reveal a higher rate of mortality than those heretofore mentioned; sixteen of these were associated with leucocythemia, and all died; the remaining thirteen being from other diseases not associated with leucocythemia, of which five died and eight recovered. Raussbaum found that out of twenty-six cases for traumatic injury sixteen recovered. Ashhurst (a) collected forty-three splenectomies for disease with thirty-one deaths, and twenty-one operations for injury or prolapse, all successful. Gilson (b), in a broader view, quotes eighteen operations for injury of the spleen and all recovered. Thirty-seven from disease, of which twenty-nine died and eight recovered. Wright, of Manchester (c), tabulated sixty-two cases of splenectomy as follows: Twenty-two for leukemia, all fatal; twenty-three for simple hypertrophy, fifteen fatal; seven for malarial disease, two fatal; and three for cystic disease, all recovered. Asch (d) collected ninety cases, of which fifty-one were successful, while Billroth removed a spleen for lympho-sarcoma in the early stage with success.

According to this list of tabulations, we find that out of the whole number of splenectomies collected, 443, we have 228 deaths. From this we derive the following conclusions. That operations for leucocythemia are universally

(a) International Encyclop. Surg., Vol. V., page 1103.

(b) Rev. de Chir., April 10, 1885.

(c) Abstr., in Interat. Med. Science, November, 1888.

(d) Med. Chronicle, December, 1888.

fatal; from hypertrophied and misplaced spleen the results are not brilliant, but permissible, and even advisable under certain conditions; while those from traumatic origin and cystic troubles almost universally favorable. So with this resumé of operations of this nature and their comparative results, we present to you the following history, operation and finalé of a hypertrophied spleen in which the case had everything apparently in her favor, as far as health was concerned, also blood and urine examinations, but in spite of which she was bound to add her name to that vast majority, which reminds us that life at its best is but a connecting link between the visible and the invisible universe, and that that link is easily broken.

Case 1. A woman thirty-five years of age, married and with two children. Her father died of tuberculosis, but on mother's side there was a good family history. When at the age of twelve years she had a severe attack of rheumatic fever, and since that time has been afflicted with five additional ones; these were followed by scarlet fever, and finally la grippe. For several years past, has been troubled with an unpleasant feeling in the abdomen, which she describes as a "tired ache." Last March began to be troubled by pains more severe in character, only on left side, and under border of ninth and tenth ribs. A little later an enlargement in this region became apparent, and its growth very rapid; she was under constant medical treatment, but rapidly grew worse. The pains were constant and agonizing, and her determination to have something radical done was not to be gainsaid. She first presented herself to Dr. Briggs, December 4, 1899.

Examination. Medium size, nervo-bilious temperament, and apparently healthy; ordinary functions of the body, normal. She complains some of headache, dizziness and blurring of vision. On further examination, we find an enlarged body, of firm texture, filling the entire left side of the abdomen; the other side of which is rounded smooth and lying close to the parietes. The side near the median line has a sharply defined edge, with a hilum some four or five inches across; the edge is shelved, so that the fingers can be pushed under this side, and a firm hold made upon it. The body extends from Poupart's ligament, upward, until it hides itself under border of ribs, producing fullness of entire left side; decided dullness on percussion, no sounds from os-

cultation and manipulations of any kind produce pain; the pain is also worse when sitting than when walking or lying down. No enlargement of lymphatics anywhere discernible; had a good color to face and lips. Vaginal examination showed a free and normal uterus and adnexa. The urine passed ranged from 700 cc. to 1,000 cc.; acid in reaction; sp. gr., .1020; total solids, 46.6 grams; quite heavy with chlorides, sulphates, urates and phosphates; some uric acid crystals; urea 20 grams; phosphoric acid 7 grams; some mucous and squamous epithelium; blood examination showed blood cells to be healthy in appearance, being 5,208,000 red cells and about ten white ones to the c.m.m. The afternoon temperature was 99° F.

Operation. An incision about ten inches long was made from juncture of seventh rib with its cartilage, and parallel to median line, downward and over most prominent part of tumor; through this opening the enlarged spleen was discovered. Lower end was raised and the costo-colic ligament severed. No especial difficulty was experienced until the large vessels at the hilum were reached, which in this case were very numerous and much larger than normal. Here was the difficulty, as they were behind the spleen, and any traction whatever on the pedicle would instantly stop respiration; the body was so firm and adherent it was next to impossible not to exert some tension, which was the one thing to be guarded against. The method was to clamp with heavy clamps close to the spleen and then again not far from this, embracing the lower part of the pedicle, and then cut between. This method was repeated several times until the vessels were all cut and ligated with strong silk, and with them the gastro-splenic and suspensory ligaments, whereupon the organ was easily removed, the wound closed in the usual manner, and patient put to bed. The spleen was immense, measuring twenty inches in length, seven in breadth, by three or four in thickness, and weighed four pounds and twelve ounces. The appearance was in every other way normal. The microscope revealed an enlarged and increased cell proliferation, showing a considerable deposit of tubercular bacilli.

The patient was on the table two hours and fifteen minutes, and recovered the immediate effects of the operation well, slept fairly well that night, suffering no pain, no rise or fall of temperature; pulse 70. About 8 o'clock the following morning she began to feel restless,

and had considerable pain on left side, running up into the same side of the neck. She was given morphia $\frac{1}{4}$ and atropia $\frac{1}{16}$. At 12 o'clock she was somewhat excited and restless, her eyes staring and bright, temperature had gone up to 101.7° and pulse to 130; the respirations 32; not much pain; her face was flushed, and she tossed about a great deal. At 1 o'clock her pulse had increased to 134, and at 2 P. M. to 140, otherwise the conditions were about the same; she remained thus until about 4 P. M.; her temperature was 101.7° and pulse 144 and quite irregular. Everything was being done that was possible, but had not the least effect, and she continued to lose ground rapidly. At 7 P. M. her temperature had risen to 103.8° , pulse 150, respirations 34. This condition continued to grow worse; pulse was now so weak and irregular as not to be counted, but rapid. She died at 11:45, with a temperature of 104.6° . At no time did she show signs of shock. There was no pain after the first short attack, and from post-mortem examination nothing could be learned aside from the fact that there was no hemorrhage. With these facts before us, it has been somewhat of a question as to the cause, manifest by such symptoms, of her death.

Case 2. A German, aged thirty-two, weight 280 pounds, brakeman. While coupling cars one day he was caught and severely squeezed about the body. He was taken to the railroad hospital, and after examination they decided he had a floating kidney on the right side from traumatism, operated and fastened it. A year later he still complained of a great deal of pain, and after another year of misery and trouble with this kidney, the physicians decided to remove it, which was done, being two years after the first operation. A few days after this fecal matter began to pass through the wound, which continued to increase until nearly all the stools passed this way. Six months later the case was referred to Dr. Briggs. Upon examination it was thought best to try and close the opening in the gut. After the two previous operations the conditions and positions of all the tissues were out of the normal, and the cicatricial tissue was very heavy, containing a mass nearly three inches thick of a calcareous deposit, which destroyed knife blades rapidly. After overcoming this difficulty, the gut was well closed and wound dressed. About a week later it again began to discharge fecal matter through the wound.

Again the gut was cut down upon, all unhealthy tissue

dissected away, and once more closed. On opening the wound it was found that the union was firmer in the calcareous tissue. The opening this time was about two inches long and it was the opinion of all present that as it had been well closed we would certainly have good results. He was a very restless fellow, it being next to impossible to keep him quiet; intense nausea and vomiting followed, so with the constant straining and poor blood supply through the parts it once more broke out.

A third time we tried dissecting and bringing the gut well out and sewing it for fully two inches beyond the opening at the other end, thinking this time we would be sure to get union. But after another week we were greeted by the same familiar signs—first gas, then fecal matter. It was now decided to do something desperate, but at any rate to stop that hole. We found the gut had united in about two-thirds of former opening, and as we had had enough of trying to unite that kind of tissue, it was decided to resect all that which had been connected with the old trouble. Consequently we began dissecting loose the colon toward the cecum, and not finding satisfactory tissue, continued until the ileum was reached, which was cut off just above its insertion into the colon. After this the other end was dissected out until perfectly healthy tissue was reached (making in all nine inches of the colon), cut off, sewed down and fastened to the ileum by means of the Murphy button. The button passed on the seventh day. The patient had a speedy and uninterrupted recovery, thus demonstrating the advisability of the old adage, "If at first you don't succeed, try, try again."

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 at the office of Dr. F. H. Blackmarr, who entertained the Society not only with a very interesting display of X-ray work but supplied an enjoyable lunch as well.

REPORT OF THE SECTION ON ELECTRO-THERAPEUTICS.

F. H. BLACKMARR, M. D., CHAIRMAN.

VII. ELECTRICITY IN DISEASES PECULIAR TO WOMEN. By E. STILLMAN BAILEY, M. D.—Divorced from prejudice as much as it is possible, I have to state that my experiences with the various forms of electricity have been so real, at least to me, that I would not in private practice know how to obtain as good results if I should abandon its use. If the mental attitude be such, there must be some classes of cases to which it is peculiarly applicable; and I believe them to be in patients complaining of severe pelvic pain. Permit me to cite three cases showing its utility.

Case 1. Mrs—, age twenty-five years. Cervix and perineum repaired at a neighboring hospital four years ago, curettage being done at the same time. Immediately after the operation she had severe pain about the uterus. Viewed from my standpoint years afterwards, it was a cellulitis or localized pelvic peritonitis, due to infection following the operation. The pain associated with the rectum and the bladder and the uterus was so constant and persistent that for the last two years she has been obliged to resort to the enema daily, using, as she says, from four to six enemas every day and throwing into the bowel from two to four quarts of hot water each time. The relief experienced by hot water thus used was prompt but not lasting. The only way she kept comfortable was in this manner, and the effect was to so destroy the peristalsis of the intestine that defecation became absolutely at the caprice of the fluids injected. There has been no natural movement of the bowels for years. The

uterus was retroverted but not anchored. The patient complained of a constant pain, burning and boring in character, very sensitive to touch, quite as bad when in bed as when standing, and as it was so constant she was becoming physically upset by it. I was asked to help her as speedily as possible. I repositioned the retroflexed uterus and tried galvanism, but one at a time. The constant pain was not relieved by repositing and holding the womb in place. I then resorted to galvanism, negative, fifteen milliamperes eight minutes each seance, vaginal electrode,



First X Ray Photo attempted. Needle has been in the hand thirty years; is broken obliquely. Its shadow due to amateur's attempt.—*E. S. Bailey.*

indifferent pole, positive over the left ovarian region; gave six treatments with galvanism, and now, some weeks afterward, the pain has not returned. The dysmenorrhœa has gone and there is a better position of the womb. The remedy for her constipation, sulphur 30x, seemed to be helping her.

Case 2. Miss —, age twenty-six years. This patient was in bed for a month prior to my first introduction to the case, now five years ago. She had localized pelvic peritonitis. Cause unknown to me. This was the third time she had been taken to a hospital and each time a surgical operation for the removal of one or both ovaries

had been advised and insisted upon, and each time had been as persistently declined by the patient. When I first saw her, her very first remark to me was, "I do not want to lose my ovaries; if you will try to save me and them, then you can be my doctor, otherwise please leave right now." The case was an unpromising one, even from a surgical standpoint. The patient's weight was but eighty-five pounds and the pelvic organs frightfully sensitive. When she was able to walk to my office galvanism was tried and with success from the first treatment. The pain was lessened and the general stimulant seemed to be what was needed just at that time. She improved until the time of the menstrual period; then terrific congestive dysmenorrhea even to convulsions prevailed. She has had no return of the pelvic peritonitis. The adhesions seem removed after a long time. The dysmenorrhea is markedly better, but if not particularly cautious the week prior to sickness she is bound to suffer, but escapes many times both suffering and having to go to bed even for a half day instead of the week as formerly. The patient has observed that galvanism applied to the cervix and over the lumbar region, negative for vaginal pole, not only greatly relieves but carries her over what threatens to be a particularly hard period. The ovaries are not so troublesome, neither are the Fallopian tubes. She counts herself well compared to five years ago, and her own prejudices are very strong in favor of the galvanic current. There is no call for a surgical operation now, even if there ever had been.

In this case galvanism helped out. The vaginal electrode was placed in posterior fornix and the indifferent pole on the spine, twenty to thirty milliamperes were given and always at very irregular intervals. I would have been quite as helpless as my predecessors in the case by relying on remedies alone. Galvanism certainly assisted in the cure.

Case 3. Mrs. —, age thirty-six years, came early in November last year. She was horribly down in the dumps, languid, melancholy, tearful, irritable, weak, having a fitful appetite, constipated, dysmenorrhea, with menstruation lasting only an hour or two and the pain three days. Her family physician had turned her over "to any specialist she could find." Here I turned to my static electricity for help. The noise of the spark terrified her, or seemed to, and it was with difficulty I could induce

her to return for the next treatment. Static treatments three times a week for one month without giving any remedies fairly transformed this patient, and she is devoted to this form of electricity, and now is not satisfied unless the current is all on and the sparks are large and blue, and come thick and fast, "the more the better." Her headaches had been very much improved, and menstruation is normal again and painless, save the first day.

Frankly, I know of no other remedy that would have gotten under this nervous case and assisted it to react so rapidly and so kindly. Especially is the static a current for immediate results. The changes are wonderfully rapid, and I have as often been surprised as the patient that they have been so lasting.

VIII. STATIC ELECTRICITY IN NEURASTHENIC CASES. BY H. V. HALBERT, M. D.—The use of electricity in the treatment of diseases of the nervous system has been expatiated upon by pro and con arguments for many years. Commendations and objections have been made in accordance with the enthusiasm and the doubts of those who have given the question special study. Unfortunately, however, the favorable side of the question has, in the past, depended too much on the advocacy of the charlatan, who has ascribed phenomenal results in apparently incurable cases. That, however, there is a wide field of practical usefulness in the employment of electricity by physicians I think we are all willing to admit. Now that the scientific understanding is more perfect, I believe even greater results will be achieved in the future.

Faradism and galvanism have been longer in practical use in medicine than the static current, but I doubt if the results have ever been so favorable and the danger of after effects so little. To my mind the stimulative effects of the faradic current and the possible cumulative and other disturbing results of galvanism make them unsafe means of treatment, at least in diseases of the nervous system. Possibly this statement is prejudicial and unwarranted from the lack of sufficient experience; yet, in accordance with my own judgment, I must confess that I rarely use them now in the class of cases under consideration.

At the outset I must admit that I have little scientific knowledge of the laws which govern the use of the static current. I have employed it, however, very thoroughly

for the past five years, and I confess that I could not now do without it. In conditions of rheumatism, rheumatic gout, hepatitis, constipation and general physical debility it has served me well; but inasmuch as my subject only deals with the neurasthenic state, I make no comment in those cases.

Neurasthenia is a disease hard to manage and slow to manifest any pronounced results. The average patient is not satisfied with remedies alone, and thus electricity is an acceptable adjuvant at all times. For the most part I have made use of the static breeze, inasmuch as the majority of neurasthenics will not tolerate the spark. Gradually the spark may be resorted to after the patients have improved and gained a little confidence in their endurance of the treatment. The following observations have come to me as the result of my practice:

1. The tonic effect in a majority of cases has been marked. The anemic condition should always be the first to receive attention in neurasthenia. In cases where my remedy has been practically nil, good results have been obtained even when the breeze alone has been used. When the spark is also applied to the spinal region more pronounced improvement has been observed. In such cases, when tolerated, I have found it best to give the treatments every day and at least for one-half hour in duration. By comparative blood analyses I have invariably found an increase of hemoglobin in every case; the other pronounced symptoms of anemia have disappeared by degrees, and in this way the first and most important step in the treatment of this disease has been obtained in a pleasant and satisfactory method for the patient.

Furthermore, we have the right to believe that by such treatment there is a restoration of cell protoplasm which is of the utmost importance in neurasthenia. If tone and nourishment have by this treatment been given to the blood sufficient to relieve the anemia, certainly we may expect the debilitated cell to gain a new supply of protoplasm. Therefore, if this alone is the result of static electricity, we have accomplished that which drugs cannot perform.

2. Irritation of nerve cells is a constant factor of neurasthenia. Remedies given for the relief of this too frequently, by their own depressing reaction, create an aggravation of that condition. The static breeze is, however, a pleasant sedative without any irritative reactions. In-

somnia and mental excitement are pleasantly overcome by the breeze and the gently applied spinal spark corrects the unusual discharge of nerve force from the spinal cord.

I have always held that spinal irritation, and later, spinal exhaustion were the primary symptoms in neurasthenia, and that when these symptoms were corrected the possibility of a cure was before us. Without the static machine I do not believe this accomplishment is possible with remedies alone.

3. Inhibitory loss in cell function is one of the perplexing symptoms of neurasthenia. It is expressive of the tendency toward hysteria. As a result of this, muscular spasms and contractions appear, and worse than all the natural functional innervations become excessive and uncontrollable. It is on this account that the neurasthenic patient is overactive and restless at all times. They literally wear themselves out because the nervous system will not rest and the mental inhibition is not sufficient to control the function of the cord. In my experience nothing has corrected this impression more than the static spark applied both to the spinal cord and directly to the muscles affected.

4. In connection with the cell exhaustion of neurasthenia we often are obliged to deal with morbid exudations, hyperplasia and other tissue changes in the nervous structure. Nothing has helped me more, in this respect, than the static current. Whether it has the power of dissolving an exudate, or removing a foreign structure, I am not prepared to state from a scientific standpoint; I, however, believe it has, judging by the improvement of symptoms indicative of such conditions. If this is true then we have in the static current an agent far more powerful for good than any remedy as yet known.

I might state in confirmation of this theory, that I am confident, by experience, that the static breeze alone will aid the absorption of hemorrhagic extravasations in the brain, and I am equally confident that the spinal spark will overcome both hemorrhagic extravasations and fibrous developments in the cord. We may thus safely infer that by this measure we have a means of correcting, and possibly curing, both myelitis and sclerosis, which are the fundamental pathological perversions of all nervous diseases.

As our experience increases I fully believe we have an adjuvant, in static electricity, which will be most

helpful, and future experiment will demonstrate results which are not obtainable by medicine.

IX. THE NATURE OF CATHODE RAYS. BY CHARLES H. TREADWELL.* In a paper so limited as to time, I cannot demonstrate the properties of the spark discharge through rarified gases, but must assume your familiarity with the following properties of the cathode rays:

1. They are produced at a pressure of about a millionth of an atmosphere.
2. They are generated when any source of electricity—induction coil, Holtz machine, battery of cells—with voltage high enough to force a discharge through the vacuum tube, is joined to its terminals.
3. They proceed perpendicularly from the surface of a flat disk-shaped cathode in straight lines and fall upon the opposite wall of the tube, producing fluorescence.
4. If any object, no matter how thin, be placed between the cathode and the opposite wall of the tube, a black shadow of the object is cast upon the wall of the tube.
5. The path of the rays is entirely independent of the position of the anode.
6. They are deflected from their straight path by either pole of a magnet.
7. Two parallel streams of cathode rays repel each other.
8. If the rays fall upon a light windmill in the tube, they make it rotate rapidly.
9. If the cathode be concave so as to bring the rays to a focus, a plate of platinum placed here is soon made red hot.
10. The glass walls of the tube are opaque to the cathode rays.

I must also assume that you know the following facts concerning the X rays: 1. They are produced at the same time with the cathode rays, taking their origin from the end of the latter. 2. They pass out of the tube into the air. 3. They produce fluorescence in certain chemical compounds which are used in the fluoroscopes. 4. Wood, paper, cloth, metals and flesh are transparent to these rays, though not to the same degree. 5. They affect photographic plates and thus give shadow pictures of objects otherwise concealed. 6. They are not light rays because they cannot be reflected, refracted, or polar-

*Former Instructor of Physics in Syracuse University.

ized, and they show no interference phenomena as we should expect from transverse vibrations.

Both the X rays and the cathode rays have other interesting properties, but we have not time to discuss them. From those mentioned we can readily see that there is a vital relation between these two kinds of radiation. In fact, it is essential that we give most of our discussion to the nature of the cathode rays, though these be not so interesting to the physician.

Scientists are not agreed upon the nature of the cathode rays; at least two views are held. Several of the German physicists hold that these rays are a kind of radiation in the ether, being either transverse waves like light, or longitudinal waves. The other opinion held by the prominent English physicists is that these rays are streams of charged particles of the gas still left in the vacuum tube, projected with great velocity from the cathode.

Let me describe an experiment made by Lenard, the German physicist, who has perhaps done the most famous work with these rays. The experiment was for the purpose of testing whether these rays were streams of charged particles—which Lenard doubted—or whether they might be produced where there were no gas particles to be charged. For this purpose he exhausted very highly a Crooke's tube. Now, if the cathode rays could be produced in a tube which was entirely free from air, it is evident that the rays could not be streams of charged particles. Lenard found that with so high a vacuum he could get no discharge through the tube. Now this would not necessarily overthrow his theory of the rays being independent of the gas particles, because the rays are not generated without a discharge, and this could not be conducted without matter of some kind. He therefore modified this experiment. He had previously found that if there be a small hole in the glass tube and over this be cemented, air tight, a thin plate of aluminum the cathode rays may pass outside the tube into the air and exhibit their well known properties, for example, deflection by a magnet. His plan was to test whether these rays would pass through space in which there was no air. He, therefore, made a double tube, say a left and a right part; in the left half were the electrodes and a suitable vacuum. A glass partition with a thin aluminum window separated the two tubes. From the right part he pumped out the

air to as perfect a vacuum as could be obtained by the best air pumps.

Let us for a moment think of a kind of radiation whose transmission is independent of ordinary matter. A beam of light travels from the fixed stars across the trackless space which is a perfect vacuum. A ray of light would without difficulty pass through the vacuum of Lenard's right tube. Furthermore, he knew that the aluminum window would allow the cathode rays to pass into this right half, and the question was, would they, like light, have no difficulty in passing through this vacuum. To his surprise he found that the rays which could proceed for only a few inches when the vacuum was poor, had a longer and longer path as the vacuum was improved.

The English physicists, however, are not yet ready to give up their views. Sir George Stokes holds that even with the best air pumps, the vacuum in the right half of the tube was not perfect. According to his view, the cathode stream is composed of charged particles which bombard the aluminum window and the separating wall. Are we to conceive that they riddle the aluminum window? He thinks not; but that this becomes a second cathode and the small amount of gas in the right half of the tube is projected from it, forming the cathode stream. J. J. Thomson, however, thinks that the particles may actually pass through the aluminum plate.

This experiment of Lenard's is the most weighty in support of the German theory, but it fails to explain why a magnet will deflect these rays, or why two cathode streams repel each other. Nothing similar is known in the case of light radiations. But such properties are readily explained in swiftly moving charged bodies. It has been experimentally proved that a magnetic field is generated about a charged body moving with high velocity. Hence the particles of the cathode stream generate a magnetic field and are therefore deflected by a magnet. Again, since two negatively charged bodies repel each other, so should two streams of negatively charged bodies. The other properties of the cathode rays mentioned before are as readily explained. These particles having a certain mass impart their motion to any light body in their path, thus producing the rotation of the windmill, or when stopped by the platinum plate, they pound it to red heat.

In a remarkable series of experiments and by deduc-

tions which seem convincing, J. J. Thomson has measured the velocities of these particles, the amount of charge carried by each, and concludes that the masses of these particles is but a small fraction of an atom. He considers that the cathode rays are streams of minute corpuscles dissociated or torn asunder from the atoms. He holds that all corpuscles are alike whatever elements they come from; that is, whatever the gas in the tube may be, hydrogen, nitrogen, air, etc. The results have been but recently published, and are yet the subject of discussion.

Now I recognize the fact that to the physician the X rays are far more important. He is interested in what occurs not in the tube but in the region outside, in that radiation which produces the weird shadows on his fluorescent screen. But the X rays are the offspring of the cathode rays, and we now have a clew to their nature. Let it be granted that the cathode rays are composed of a stream of charged corpuscles suddenly stopped by the walls of the tube, or, as in the latest pattern of X ray tubes, by the plate of the anode. Thomson and Stokes have shown that this sudden stopping of a charged body gives an electro-magnetic impulse to the ether. Now light is an electro-magnetic impulse, but the X rays do not have the properties of light. This difficulty is met by considering that the X rays are irregular impulses while light is regular. Each corpuscle sends out an independent pulse, hence there can be no regular wave.

A class of rays similar in many respects to X rays is made after uranium and some of its compounds have had ultraviolet light fall upon them. These uranium or Becquerel rays affect photographic plates. The metals, wood, etc., are transparent to them as to the X rays; but they have clearly shown polarization and hence are regarded to be of the same nature as light. They thus have intermediate properties between light and X rays suggesting they are not so regular as light nor so irregular as the X rays.

You will agree that this is an exceedingly ingenious explanation of the phenomena. The entire subject is being carefully investigated. It is curious that history is being repeated. In the time of Sir Isaac Newton, many English physicists adopted with him the corpuscular or emission theory of light against the undulatory theory held by the continental physicists. To-day the English hold to the emission theory of the cathode rays and the

physicists of the continent consider them a kind of radiation or wave motion. We cannot doubt that this latter question like the former will be settled, and we shall have clearer ideas of the relation between electricity and matter and of those processes which we now call etherial radiation.

X. THE GALVANO-CAUTERY. BY O. L. SMITH, M. D.—Ten years ago the man that dared decry free, not to say indiscriminate, use of galvano-cautery in nose and throat work, was hooted down; but the list of ill results that have followed in the wake of this agent, from abuse or no, evolves but few of the original enthusiasts, many having greatly modified its sphere of action or abandoned it altogether, with here and there an operator that openly condemns.

The principal reason for the almost unprecedented sway of this seductive agent is the rapidity with which results are secured. For years I have watched the effect of galvano-cautery in skilled hands, and while immediate results usually attended, it was too often at the cost of severe reactions or subsequent symptoms more annoying than the original ones. While the advent of the Edison transformer and controller eliminated the unstable and uncontrolled feature of the current, yet I must confess that the remaining factor of the varying and uncertain behavior of seemingly similar tissues in different individuals, and unshaken confidence in acid cauterants, have found my carefully selected cautery apparatus untouched.

This varying action in different individuals is accounted for by the fact that the tissues of one carry a greater amount of serum than another, and although the tissues be as thoroughly exsanguinated and dehydrated as may be, the remaining serum, inevitably present, rapidly conducts the heat, cauterizing distant tissues unnecessarily and unintentionally. To this, then, I attribute the unfortunate consequences, for I have every reason to believe that specialists, almost to a man, barring, of course, those self-styled specialists whose sole claim is vested in the "smatterer's bluff," skillfully employ galvano-cautery.

The most frequent nasal reactionary symptoms are: Pain in, swelling of and watery discharge from, operated tissue; ocular and orbital neuralgia; headache; face ache and tumefaction; earache and otitis media; acute pharyngitis and ulcerative tonsillitis.

Seiss reports two cases of nasal duct stenosis following nasal galvano-cauterization. Dr. Irving Townsend, of New York City, says he has seen cases of quinsy originate in patients who never had quinsy previous to their treatment with galvano-puncture. I know personally of an attempt to cauterize pharyngeal granules implanted upon a very thin mucous membrane that resulted in a severance of one of the constrictor muscles, with of course a very painful and most unfortunate result. Not infrequently patients whose nasal tissues have been galvano-cauterized complain that the nasal symptoms disappear for a short time only to reappear in the throat.

In hypertrophic rhinitis, or so-called moist catarrh, galvano-cautery has scored its most brilliant results, but several years afterward too frequently begin the nasal dryness and crusts that terminate in the most untractable atrophic rhinitis with its almost unendurable fetor.

I recall now the case of a not altogether unknown society woman whose turbinates were persistently galvano-cauterized for the relief of nasal stenosis, and who three years later was driven by the terrible fetor to her own room, where she still remains and probably will until her death. Cases are reported where meningitis has followed its application to the middle turbinate, due to the intimate anatomical relationship between cerebral sinuses and ethmoidal venous plexus.

One is not to conclude from these cases that such results always follow the use of the galvano-cautery by any means, or that its use is to be absolutely condemned, but I do hold that it has been greatly abused, much overrated, and that its use by specialists is too often attended by immediate and ultimate untoward results, to accord it even the position it holds to-day. Nor is it that we iconoclastically write, for among the acids, when rightly applied, we find a substitute, not as rapid or brilliant, it is true, yet in the end far more satisfactory.

The general character of this meeting and the brevity of the paper precludes but the general statement that galvano-cautery finds its true sphere in vascular tumors, cancerous growths or hypertrophies of lingual tonsils.

Editorial.

CHILD LABOR AND CHILD EDUCATION.

Courts of law and associations of public welfare have for several years past sought and obtained legislation for the protection of the child against the greed of parents and the thoughtlessness of corporations. The necessities of parents and the profits of corporations, together with absolute indifference in many families, have no doubt permitted many children to undertake labor beyond their powers of endurance, and worse than all, against their physical welfare. The protection which is vouchsafed by law has been properly appealed to against this crime of the present age of money making. Courts have intervened to demand this parental and public consideration of the children who could not and knew not how to speak for their own physical rights. For the most part the arguments in favor of the child have been made in behalf of education.

The wisdom of this demand cannot be denied. The child should be protected and cared for that a proper education may be obtained not only for future individual rights, but for the sake of the public weal as well. To deny the child this privilege is not only a mistake but it burdens the public with a future citizen whose existence is a danger to the stability of government. At the same time, we should consider the other side of the argument, lest our anxiety for a child's education shall lead us to demands beyond the capability and endurance of the child's mind. More than that we should consider the greater danger of a mental training which is adverse and disproportionate to a proper physical development. It is a question whether the insane asylums shall increase in the same ratio with the public schools.

Without doubt the majority of nervous diseases in children have their predisposing causes in a mental exhaustion beyond a proper physical training. In other words, the unusual demands of the public schools are every year creating a nervous debility in children just at a time when physical rest and precaution should be considered. The kindergarten takes a child from his play when nature's incentives demand it; the public school

exacts a mental discipline which older minds could not endure; and all of this for the sake of mental acuteness when the developing mind should be allowed a physiological rest. Who as yet has appeared as the champion of a child's rights against the foolish demands of modern education? Who, in the laity, have given this weighty subject the proper consideration?

For the sake of those who read this we append the following clipping from a standard journal :

"Do American men and women realize that in five cities of our country alone there were during the last school term over sixteen thousand children between the ages of eight and fourteen taken out of the public schools because their nervous systems were wrecked, and their minds were incapable of going on any further in the infernal cramming system which exists to-day in our schools?" inquires Edward Bok, in the January *Ladies' Home Journal*. "And these sixteen thousand helpless little wrecks," he continues, "are simply the children we know about. Conservative medical men who have given their lives to the study of children place the number whose health is shattered by overstudy at more than fifty thousand each year. It is putting the truth mildly to state that, of all American institutions, that which deals with the public education of our children is at once the most faulty, the most unintelligent and the most cruel."

If the modern education pertained more to physiological understanding there might be some toleration. It is a fact, however, that the average students, upon graduation, know less of themselves than of astronomy. Scientific theories seem to entrance the modern teacher with far more interest than the laws of physical existence.

H. V. H.

CIGARETTE SMOKING.

A striking illustration of the way in which the daily press can distort public opinion, even on a scientific subject, is furnished by the prevailing idea as to the poisonous decoctions which the cigarette is supposed to contain.

Many of the statements published are so ridiculous as to be unworthy of serious notice were it not for the fact of their almost universal acceptance, and the fact that even physicians are prone to let them pass without ques-

tioning as to whether they are within the bounds of possibility. In view of this, and for the assistance of those who desire to mitigate the real evils of such habits, the report of the Lancet Sanitary Commission, published in the issue of December 9, is exceedingly valuable.

This commission, appointed in 1888, has recently investigated every brand of cigarette to be found upon the market, with special reference to the presence of foreign toxic substances. The results were in all cases negative, and show absolutely no foundation for the exaggerated statements that have been published. The conclusions, in the language of the commission, are as follows:

"To sum up, there is not a single factor in these numerous results upon which can be fairly based any allegation of the presence of a substance producing injury to health. *As to the question of injury to health which may easily result from the excessive or premature smoking of tobacco in any form, that is quite beside the issue,* the present inquiry only having reference to the statement that these cigarettes were injurious because they contained foreign poisonous ingredients; as we have said, a very careful search failed to elicit the slightest evidence on this head. No one deprecates more than do we ourselves the appalling increase of the practice of smoking among juveniles, and if those who are so emphatically solicitous about the health of the young community would turn their attention to this aspect of the question with a view to the restriction of the objectionable habit undoubted good would be done. But to make manifestly exaggerated statements will not ultimately help the case one tittle, indeed it is more likely to aggravate the evil.

"It is possible that cigarette smoking in particular is more injurious than any other form of smoking, but this in the majority of instances may be referred to the method rather than to the materials of the cigarette."

B. D. H.

Clinical Miscellany.

NEPHRITIC CONGESTION with scanty albuminose urine should counterindicate the use of diphtheria antitoxin.

DIPHTHERIA ANTITOXIN in moderate doses administered early is conducive to a short, uncomplicated convalescence; massive doses and late administration will be followed by slow convalescence and complications.

DIPHTHERIA patients need water in abundance; high enemas of normal salt solution, if retained, are valuable adjuncts. Diphtheria patients must be systematically fed; their best foods are milk, water, and whisky.

PROTONUCLEIN and nucleinic acid compounds deserve consideration in diphtheria; they increase the number and activity of the white blood corpuscles: they improve the ability of the system to eliminate toxines; they help the patient to put up a good fight.

J. P. C.

FERRUM IN NEURALGIAS.—In various forms of neuralgia depending upon anemic conditions ferrum, phos. should always be considered. Its special inclinations are supraorbital neuralgias with marked aggravation in the morning.—*Exchange*.

CARDUUS IN GALL STONES.—Wilson, of Washington, recommends carduus for the general condition attending the formation of gall stones. He gives no special indications other than sensitiveness and feeling of fullness over the liver.

CHRISTIAN SCIENCE AND INFECTIVE DISEASE.—Health reports from crowded portions of several large cities show a marked increase in the infective fevers in those localities where "faith cures" and "Christian Science" have been most in vogue.

AURUM IN MENSTRUAL TROUBLES.—According to the *American Homeopathist*, aurum should not be forgotten in menstrual irregularities, especially where there is melancholy and suicidal mood, and where the tendency to solitude is less marked than with pulsatilla.

EARLY SIGN OF PULMONARY DISEASE.—A reliable sign in tuberculosis is increased whispering resonance long before it may otherwise be determined by the stethoscope or percussion. It means lung trouble, although not necessarily tuberculosis.—*N. Am. Jour. of Homeopathy*.

SILICEA IN FRACTURES—Dr. Stoner, in the *Homeopathic News*, relates a case of fracture of the tibia which under old school surgical and medical care would not unite. Cod liver oil and other "tonics" failed to help. Silicea 12x was given for several months and the cure was perfect.

VOMITING FROM HEROIN.—W. R. Thompson, in the *New York Medical Journal*, reports two cases of persistent vomiting from the use of heroin in bronchial trouble. In one of these, a child with

mitral insufficiency, the exhaustion was so extreme that death resulted from syncope. Heroin is undoubtedly a valuable addition to our *materia medica*, but evidently its mischievous possibilities should be borne in mind.

LIQUID AIR IN THE SICK ROOM.—It is now believed that liquid air will soon be put upon the market in convenient form for handling and at a moderate price. Its value in the sick room will no doubt be very great, not only in taking the place of ice, but as a purifying agent as well, for it always contains an excess of oxygen.

THUJA AS A HEMOSTATIC.—From allopathic sources tuja is reported to be valuable as a hemostatic, especially in cases presenting symptoms corresponding to the well-known homeopathic indications, such as warts and fungus growths that bleed at the slightest touch, bleeding from the gums or bleeding from the nose on arising in the morning.—*N. Am. Jour. of H.*

ANTITOXIN IN TETANUS.—Alexander Johnson, in the *Medical Times*, reports a case of tetanus treated with intracranial injections of antitoxin with complete recovery. Recovery in cases beginning as early as this one after inoculation had been, he says, entirely unknown. The injection was made into the cerebral substance as often as every four hours during the attack.

HYDRAULIC DISTENTION OF THE BLADDER.—Bartle, of London, in the *Lancet*, reports a case of tubercular cystitis with marked incontinence of urine, and greatly contracted bladder, that was cured by systematic dilatations of the bladder, using boric acid solution under hydraulic pressure. This method had been tried in eight cases, all showing tubercle bacilli, and with good results in each case.

ACCESSORY THYROIDS.—*The Journal American Medical Association* for October refers to an article by Watson reporting two cases of tumors at the base of the tongue, which proved to be composed of thyroid tissue. Such cases have been previously reported, but are exceedingly rare and are not mentioned in most text-books on the nose and throat. Such growths are doubtless developed from the upper portion of the thyroglossal duct. They are usually not harmful, except as they may cause local symptoms by their position and size.

HYPOTONIA, FRANKEL'S SYMPTOM.—Under the name of hypotonia, Dr. Frankel some time ago called attention to a peculiar symptom as characteristic of locomotor ataxia. If a normal man lie down on the floor, or other flat surface, upon his back with the head on a small pillow, and raise the legs until they are fully flexed upon the trunk, the knee, unless it be in exceptional cases, will always be very decidedly bent. On the other hand, the tabetic person can, in the position just spoken of, completely straighten his legs when at right angles to the body.

THE PROGNOSIS IN ADENOID CASES.—*The Revue Hebdomadaire de Laryngologie d'Otologie et de Rhinologie* in a recent issue published an article dealing especially with the after effects of operation for adenoids. Several points therein mentioned are worthy of special emphasis. The improvement in weight and general health is always to be expected and may be with safety prognosed. But as to the

effects upon the aural condition the prognosis must usually be qualified. In suppurative cases marked improvement may be expected unless the disease has invaded the mastoid or the bony structures of the attic, in which case progress will necessarily be impeded. In chronic dry catarrh and in sclerotic conditions very little improvement may be hoped for.

TREATMENT OF DACROCYSTITIS.—In the *Pacific Coast Journal of Homeopathy* for February, Kellogg reports two cases of this obstinate disease in which he had followed the usual course of treatment with Bowman's probes for many months with only temporary relief. He then adopted the plan of Theobald and, slitting the canaliculus, forced through successively larger probes until No. 16 could be passed without difficulty. This, he says, resulted in complete and permanent cure. He believes this to be the most satisfactory treatment for all chronic cases.

PATHOGENESIS OF BORIC ACID.—In a patient to whom ten to eighteen grains of boric acid was given daily there developed an erythema extending from the neck over the face and the entire head. There was also swelling of the salivary glands. The hair fell out so rapidly that the patient became quite bald. Similar symptoms with onychia and splitting of the nails have been noticed in other patients from the same cause. Soon after discontinuing the drug all symptoms disappeared. This should be remembered in treating diseases of the skin.—*Pritchard, in Hahnemannian.*

SOME HOMEOPATHIC REMEDIES IN SCIATICA.—*Belladonna*: Great sensitiveness along course of nerve, slightest touch causing severe pain, worse at night; relieved by warmth of the limb.

Ferrum: Pain compels the patient to get out of bed and walk about; pain lessens from moving about; great weakness and loss of appetite.

Lecidum: Pain shoots from foot upward with sensation of contraction of muscles, the limb seems cooler than the rest of the body.—*Martin, in Pacific Coast Journal of Homeopathy.*

DECREASE OF BLINDNESS IN CITIES.—As reported by the *Western Medical Review* for December 15, there has been a steady decrease of blindness in the city of New York for the past twelve years. In rural districts, however, the decrease is much less marked and at present the percentage of blindness is four times as great in the country as in the city. This surprising difference is attributed chiefly to the extreme care exercised to prevent contagion in all institutions where children are brought together, which, along with improved methods of treatment, has rendered trachoma far less prevalent.

ANTITOXIN PER RECTUM.—Moyer, in *Medicine* for January, advocates the administration of diphtheria antitoxin by rectal injection, claiming for this method less danger of blood poisoning than by hypodermic injection.

"For purposes of immunity antitoxin could be employed very freely used in this way; it would meet with little objection on the part of the laity, and there is every reason to think that its efficiency is nearly if not quite equal to the hypodermic injection, though it is possible that the dose which should be employed would be somewhat greater than when it is administered under the skin."

SCARLATINAL NEPHRITIS.—Wertheimer (71 *Versammlung Deutscher Naturf. und Aerzte*, Section of Pediatrics; *Berl. Klin. Woch.*, Oct. 23, p. 951, 1899), touching the treatment of scarlatinal nephritis, recommends the systematic injection of weak physiological saline solution in the bowels, the beneficial results of which he discovered accidentally, and which he now considers a valuable adjunct in the treatment of these cases. Results of such intestinal irrigations are most remarkable in cases in which it becomes necessary to stimulate renal activity—*i. e.*, to overcome anuria or threatening uremic complications. The efficacy of these injections he attributes for the most part, but not entirely, to the diuretic influence of the solution.

EPIDEMICS OF MEASLES.—The *Archives of Pediatrics* for February, publishes a discussion on this subject suggested by Dr. Adrance's report of ninety-six cases treated in the Nursery and Child's Hospital. By such reports is shown that measles, especially in epidemic form, is a far more serious malady than is commonly supposed. The mortality in these cases was more than fifteen per cent, due in many instances to complicating disorders, to which patients with this disease are particularly liable. Second attacks were reported in sixteen cases, showing that immunity is by no means always conferred by a first one.

While it is gratifying to observe that reports from homeopathic institutions are generally more favorable than the above, it nevertheless behoves us to recognize the seriousness of this affection and not regard it as has been jocosely remarked as a "disease for revenue only."
B. D. H.

AILANTHUS GLANDULOSA: SCARLATINA. Eruption of military rash, in patches, of a dark almost livid color disappearing on pressure and returning very slowly, occasionally interspersed with small vesicles filled with claret-colored serum. Patient is stupid, semi-conscious; evidently cannot comprehend what is said to him; muttering delirium; recognizes no one. Pupils widely dilated and sluggish; copious, thin, acrid, bloody discharge from nose; tongue dry and parched, or has white coat with brown center; throat livid or almost purple; swollen tonsils, prominent and studded with deep ulcers, oozing a fetid, scanty discharge; external neck swollen and sensitive; respiration irregular; thin, watery diarrhea, involuntary with the urine.—*Hom. Journal of Obstetrics.*

HEPAR SULPHUR.—Hepar sulphur is one of the polychrests, one of the anti-psorics. It is one of the very deep acting medicines. It takes a deep hold, acting a long time. When the hepar subject is approached from his very outermost portion he can be observed by his smell. He is an offensive subject. His perspiration is offensive; all the discharges are very offensive. If there be a discharge of pus, if there be a discharge of mucus, if there be a discharge from any part of the body, it is offensive. Especially is this noticeable among children. In the baby patient, they are called "sour" babies, sour skin, they have a sour odor in spite of much washing; the perspiration is sour. It seems as if the baby can never be so washed as to be sweet. It is always offensive to the mother. So it is when the doctor observes this baby on going into the room. Everything about it is sour. The urine and stool especially are very offensive.

It may be said that the hepar patient is often fetid, not only sour, but fetid; or sour and fetid; fetid discharge from the bowels; the

urine is fetid when it passes, or it becomes fetid in a very short time. Fetid discharges, fetid pus, fetid expectoration, fetid discharges from the nose, fetid discharges from the ears.—*J. T. Kent, in Hahnemannian Advocate.*

THE TYPHOID DIET, according to Thomson of the Roosevelt Hospital, should be exclusively equal parts of milk and lime water until the fourth week. Such dilution of the milk he thinks imperative to avoid digestive disturbances, to say nothing of the relief to the ulcerated intestine. He prefers the dilution with lime water because of its decided antiseptic properties. Inasmuch also as typhoid fever reduces the peptic secretions of the stomach, he is in the habit of using pepsin quite frequently. From the beginning to the end of the fever ten grains of pepsin and ten grains of bismuth subcarbonate are given every three hours. This acts as an intestinal antiseptic and at the same time corrects the gastric tympany which generally precedes tympanites. More than this, he claims that the pepsin and bismuth will overcome the extreme dryness of the tongue, the stomatitis, the diarrhea and to a great extent prevent the hemorrhage.

APOCYNUM CANNABINUM has given good results in chronic hepatic disorders, in dropsy from various causes, and as a laxative. In proper doses it is a heart tonic of no mean value, regulating and strengthening the action of that organ. It tones up the blood vessels, thereby arresting the exudative process on which dropsical effusion depends; stimulates the kidneys to action and favorably influences absorption, thus relieving dropsical effusions. Small doses favorably influence the hepatic functions and exert a favorable influence over the digestive organs and functions. Its action on the entire alimentary canal is marked, and in small doses, frequently repeated, is a valuable laxative in certain conditions.

Under its use, a weak, irregular heart action is succeeded by a strong rhythmic pulsation, and dropsical effusions vanish quickly. In scarlatina anasarca, and anasarca associated with albuminuria, gratifying results are obtained. In the latter class of cases it may be advisable to alternate it with fluid extract of convallaria majalis, in one or two-drop doses.—*Merck's Archives.*

CHELIDONIUM is particularly useful in the treatment of various functional disturbances of the liver, from simple biliousness to congestion and inflammation. It is a valuable remedy in jaundice, and has proved palliative during the passage of gall stones, but is of more use when taken between the attacks. Its hepatic symptoms are well defined—soreness, swelling and pain in the right hypochondrium. It acts very favorably in a certain condition where the only sign that the liver is out of order is that the stool is white or clay colored, but no jaundice whatever is present. It follows that we have in such cases to deal with not merely an obstruction to the overflow of the gall into the duodenum, but that that part of the liver by which the gall is prepared from the blood being out of order, it does not prepare bile; no bile being made, therefore, none can be poured out, or absorbed into the skin, or cast out by the urine, the urine being of a pale gold color.

When chelidonium is indicated the tongue is covered with a gray, shaggy, thick coat in the morning, which can be partly rubbed off. Sometimes there is prickling or stitches in the end of the tongue;

generally there is a thick yellow coating with red margins, showing imprints of teeth, or the coating is white. There may be diarrhea, stools yellow. These symptoms may be more or less present, but there is another symptom that is still more characteristic, and is always present if chelidonium is well indicated—a pain in the back under the angle of the right shoulder blade. This pain may extend to the chest, stomach or hypochondrium. This pain is always a sign that the liver is affected and chelidonium indicated.—*Alkaloidal Clinic*.

MEDICAL TREATMENT OF APPENDICITIS.—Larger (*Revue de Chirurgie*, No. 11, 1899), writing on this subject, argues against the statements that there is no medical treatment for appendicitis; that it would be as reasonable to formulate a medical treatment for strangulated hernia, and that the only treatment is immediate operation as soon as the diagnosis is formulated. As opposed to this, Larger states that there is a medical treatment, and that by it he has cured twenty out of twenty-one cases; and that there is no analogy between a strangulated hernia and appendicitis. The medical treatment which has succeeded so well in Larger's hands consists in the administration of Vichy water. This is given freely and plays the part of an artificial serum. Opium is given for the purpose of keeping the bowels at rest, and hot poultices are applied. The pain is relieved by hypodermics of morphine. Six of the twenty-one cases have had recurrence; four were cured again by the same line of treatment; two were operated on and died. The diet of Seltzer water was maintained from two to fourteen days—an average of five to seven days. The influence of heredity was observed in six of the twenty-one cases, and Larger notes that the families in which appendicitis is hereditary show stigmata of degeneracy. He holds that very exceptionally is surgical intervention required in appendicitis.—*Therapeutic Gazette*.

AURUM MET. IN RHEUMATISM.—The remedy is full of rheumatic affections, not unlike such as are found in old mercurial cases; rheumatic affections with swelling of the joints; affections of the cartilages and bone; inflammation of the periosteum; thickening and induration of the periosteum; indurations of the glands; indurations of the cartilages about the joints. These are all of syphilitic and mercurial character. It is useful in old syphilitics when the bones are breaking down in any part of the body. Like syphilis and mercury, the complaints are aggravated at night, coming on in the evening and keep up all night. The pains are violent; they rend and tear; the bones ache as if they would break, not in acute fevers but in old syphilitic bone troubles.

The veins are enlarged and in a state of congestion and inflammation. The blood vessels pulsate so that there is a pulsation all over the body. A false state of plethora seems to exist in the body and finally turmoil and excitement occur. There is a violent orgasm in the body, sometimes demonstrated as a violent heat coming in flushes with excitement. These violent orgasms come preparatory to the localization or establishment of some break down in the economy. At times it is a cardiac affection; by and by look out for albumin in the urine, for enlargement of the liver or signs of cancer in the uterus and deep seated affections.—*Dr. Kent in Journal of Homeopathics*.

THE BRAND TREATMENT CONDEMNED.—In a paper on the diagnosis and treatment of typhoid fever (*Charlotte Medical Journal*,

October, 1899), W. C. Sumner denounces the Brand treatment for the following reasons:

First. Because it is impracticable for the general practitioner, and because it is not suitable in those cases where it is claimed the heart will not bear the antipyretic drugs. Brand himself says of the treatment: "It should not be used under any circumstances unless there is proper massage—that in such cases it is not only useless, but absolutely dangerous." Very few of our best physicians know much of the art or practice of massage. Brand also says it must not be used if we have a weak heart, as it exaggerates arterial pressure.

Second. Because it is absolutely dangerous and criminal left in the hands of a nurse, such as we have in our general practice, who is not capable of judging either when it shall be used or when the effect is sufficient to discontinue it, and is not capable of intelligently using massage.

Third. Because of the worry, excitement and shock produced by it on the patient.

I would only use the sponge bath, which is often grateful to the patient, more practical for general use, less apt to do harm, and will help to reduce the temperature without worry, excitement or shock. *Medical Times.*

THE USE AND ABUSE OF NORMAL SALT SOLUTION.—(Boveé.)—It has been used in puerperal sepsis with fair success, either in small quantities, subcutaneously, frequently repeated, or by large intravenous infusions. Brilliant success has attended its use in puerperal eclampsia combined with blood-letting. J. Whitridge Williams removes nearly a pint of blood, and injects subcutaneously double the amount of normal salt solution, repeating the latter daily until the urine is normal.

The principal uses of normal salt solution are for shock, hemorrhage, and sepsis. Its greatest influence in shock is exercised if employed early. If shock be from operation, infusion should be practiced on the table in grave cases and immediately after operation in mild cases. Here the subcutaneous method is best, but the rectal way is especially valuable, one or two litres being easily thrown in the bowel, especially in the Trendelenburg position, and if the temperature be from 115° to 120° F., exerts a powerful influence in the reduction of shock. The same plan of treatment is followed for hemorrhage. Severe hemorrhage is about the only indication for intravenous infusion. The writer advises in abdominal operations to leave a considerable quantity, one to fifteen litres, in the abdominal cavity. It is particularly good to promote urinary excretion and to reduce shock. It floats intestine from denuded surfaces, prevents adhesions, and dissolves exudates which otherwise might produce agglutination. It dilutes foci of infection and promotes absorption. It prevents the formation of coagula from venous oozing and diminishes the thirst after operation. Large quantities of intravenous transfusion are contraindicated by myocarditis, pericardial effusion, atheroma, arterio-sclerosis, cardiac degeneration, bad valvular lesions, thromboses and recent cerebral apoplexias. Chronic inflammatory conditions of the kidneys, sclerotic and tubercular, are apt to be aggravated by it. Chronic affections of the liver and lungs are made worse, especially if of a malignant character. The intravenous method should not be used for active hemorrhage before ligation of the blood vessels. Chills following shortly after injections of salt water are harmful, notwithstanding their easy correction by morphia hypodermatically. Pneumonia has been

known to follow too rapid inflow of the solution in intravenous injection. The tension of the arteries is the criterion as to the amount of the solution to be employed, sepsis excepted.—*American Journal of Obstetrics. Southwick in Hahnemannian Monthly.*

ACTION OF KALI BICHROMICUM ON THE ORGANS OF DIGESTION.
—Dr. Th. Ord states that the profound action which kali bichromicum has on the digestive tract and the similar grave states which it cures are undoubtedly caused by a specific elective influence, for, except the ulcers of the mouth and esophagus, the action is the same whether it be given by the mouth, hypodermatically or intramuscularly. The mucous membranes present every grade of inflammatory change, from simple catarrh to the most extensive and perforating ulcerations. Thus we have catarrhal inflammatory affections of the throat, which become ulcerative, with tonsilitis and an associated exudate which resembles that of diphtheria; or there are "punched out" ulcers on the tonsils, with caseous exudation. In these cases, clinically, kali bichromicum has shown great curative power. In the stomach its first effect is an irritative gastritis, with salivation and vomiting of a watery, sour fluid; this latter soon becomes bilious and yellow. If the influence of the drug becomes more intense, great quantities of thick and tough mucus are secreted and vomited. The tongue is then thickly coated, yellow or white, especially on the posterior portion. In the first irritative stages a specific action on the mucous membrane of the tongue is noticeable. In one case there was a narrow brown stripe from the tip to the base of the tongue, which increased as the remedy was continued, with a sensation as of a thread on the posterior portion of the tongue. This disappeared as soon as the drug was discontinued, and reappeared as soon as it was taken again. The curative action of this remedy in these states, with functional disturbances and serious lesions of the stomach and duodenum, particularly ulcers, has been demonstrated by authorities of both schools. In ulcer of the duodenum there is a striking similarity between that produced by this drug and the ulcer that follows extensive burns. Congestion of the liver, with periodic attacks of bilious vomiting, have both been caused and cured by kali bichromicum, but they are not associated with discharges of bile per rectum, but bilious vomiting and slimy passages. In the liver fatty degeneration, similar to that of ars. and phos., has been observed, yet clinical evidence of its value here is wanting as yet.

In the intestines all lesions from simple catarrh, with sensitiveness of the abdomen to cold, to acute enteritis, with violent pain and bloody, slimy stools, have been produced and cured. Dysentery, especially the chronic form, which is worse mornings after rising, often with insufficient control of the sphincter ani, has been caused and cured by this remedy.—*Zeitschrift des Berliner Vereines Homoeopathischer Aerzte*, Hft. ii., Bd. xviii.—*Pritchard in Hahnemannian Monthly.*

APPENDICITIS MAXIMS.—By M. O. Terry, M. D., Utica, N. Y.—Remember that constipation and irregularity of the bowels are the factors to be considered, and that diarrhea is simply an effort on the part of nature to relieve impaction, congestion and inflammation.

2. That cathartic medicine in some form should be administered at once, but that half an ounce of castor oil and same quantity of sweet oil is to be preferred, followed immediately by a glass of hot

water, which dose is to be repeated in three hours unless a thorough evacuation has been induced.

3. That the condition of the bowels desired is a stool free from hard lumps and yellow in character.

4. That morphine or opiates in any form should *never* be given in any state of the difficulty, as it smothers symptoms and arrests the peristalsis of the bowels, a condition found in impaction, which at times nature tries to relieve by diarrhea.

5. That for *pain* speedy relief is obtained by repeated hot flax-seed poultices covered with hot sweet oil or applied to the abdomen before the poultice; also that enemas of half a pint of sweet oil followed by soap or soda water in large quantities are useful.

6. That in sharp attacks, the high or colon enema should be given, and at times the patients should be placed in the Trendelenburg position.

7. That glycerine and water, in the proportion of 1 to 4, is to be used at times to dissolve impaction.

8. That food in acute attacks should be omitted and only water allowed and that freely. Later, oatmeal gruel strained, milk peptonized, mutton or chicken broth with strained rice gruel.

9. All of the above suggestions should be carried out as indicated, vigorously, systematically, and perseveringly.

10. The remedies used throughout, as indicated, are: aconite, veratrum vir., belladonna, bryonia, phenacetine, calomel and soda tablets, pulsatilla, and arsenicum. Tinctures are given in doses graded to the inflammation and idiosyncrasy of the patient in hand.

11. The calomel is given for two purposes in conjunction with the soda: (a) For its cathartic effect when the castor oil cannot be taken. It will be necessary in these cases to give from two and a half grains, with three times the amount of soda, followed by a glass of hot water, to five and occasionally ten grains.

12. (b) For chronic recurrent appendicitis with marked thickening and plastic exudate into the surrounding tissues.

13. If you ask when to operate, I advise following the indicated line of rational surgery. If the quick pulse and pain do not subside speedily, or show improvement within a few hours, it will be good surgery to operate—if the patient will allow you to do so. If they do not, continue the "Oil Treatment" *vigorously*.

14. The easily diagnosed pus case requires speedy surgical attention.

15. That half an ounce of sweet oil followed by a glass of hot water, taken half an hour before meals, should be continued until pain or soreness ceases, which may be three months. As improvement ensues take two doses a day, and finally one.—*Journal of Official Surgery*.
H. V. H.

NERIUM ODORUM POISONING.—*History*. Sheik Rahaman, an officer attached to the Calcutta fire brigade, was suffering from rheumatic pains, and by way of remedy he was advised to boil a piece of *N. odorum* root, about half a cubic long, in one seer of water down to half a seer, and take the decoction in a single draught, early in the morning. Accordingly on the 24th of November, 1898, he took the preparation at about 7 A. M. A short time after, vomiting set in and the physician who was called in suspected the case to be one of acute poisoning. So the patient had to be brought to the police hospital. This was at about 10 A. M.

Symptoms at the time of admission. The patient was fully conscious and felt no difficulty in swallowing or speaking. There were no pains in any part of the body, but the stomach was very much irritated, and there was frequent vomiting, which consisted of frothy, yellowish fluid. The pulse was thread-like, soft but regular, and beat about sixty times per minute. Respiration was natural; the eyes were red, the right pupil being a little contracted. The general appearance showed no marked change.

Treatment after admission. After the usual applications of emetics and stomach pump, the patient was given half an ounce of rum and put to bed. At about 12 noon, slight drowsiness came on and muscular spasms of the arms commenced. At about 1 P. M. there were plain indications of muscular spasms in the face and upper part of the body, with slight twitchings of the muscles of the legs. The jaws were not at all locked, but the power of swallowing was completely gone, so that not even a drop of water could get in. Though the patient lost the power of speech, he appeared conscious of what was going on around him. A vacant expression of laugh seemed to steal upon his face every now and then, and the eyes when touched with the finger showed no signs of sensitiveness. The left pupil was dilated; the pulse was thread-like and slow, beating not more than fifty times a minute; the respiration was quick. At about 2 P. M. there were violent spasms all over the body, particularly in the upper part, with no symptoms of lockjaw. The hands appeared stretched out as if the patient wanted to grasp something. The spasms continued, till at 3 P. M. the body became stiff and the jaws locked. The spasms of the fingers were peculiar, the thumbs being drawn toward the back of the palm, while other fingers were bent in the opposite direction. The neck was drawn a little toward the right and the mouth was covered with a frothy mucus. By the free administration of stimulants and the application of electricity the above symptoms were more or less modified, till at about 5 P. M. on the 25th of November, the patient grew worse and appeared to be sinking. The breathing became heavy and rattling; the pulse was hardly perceptible at the wrists; the eyes were bloody, red and staring; the pupils were drawn upward and the cornea was completely dry. The patient lingered in this state for three hours more and death closed the scene at about 8:46.

Post mortem appearances:

External condition. The body was still warm; rigor mortis present; the right pupil slightly contracted.

Internal condition:

Lungs. The posterior portion of the lungs was firmly attached to the walls of the chest; the lungs full of noncoagulated blood.

Heart. The right ventricle full of noncoagulated blood; the left ventricle empty; congestion of endocardium.

Liver, etc. The liver, spleen and the kidneys were full of blood.

Stomach. About an ounce of yellowish green odorless fluid and large quantity of mucus were present. The whole of the stomach was congested.

Small intestines. Yellowish green mucus present; the upper part of the duodenum slightly congested.

Large intestines. Normal and full of liquid stools.

Brain. Normal.

Trachea. Full of blood.

Characteristics. H. G. Greenish, on subjecting it to a chemical

analysis, noticed two bitter ingredients, which, he says, have a powerful action on the heart. Both are strong cardiac poisons which appear to act on the heart in a similar manner to digitalin. And withal it exerts some influence upon the spinal cord resembling the action of strychnia.

Prof. E. Pallican also bears testimony to the depressing action of the drug on the heart, and is of opinion that it may be used in those cases where digitalis may be prescribed.

Therapeutical applications. The civil surgeon of Aligarh is of opinion that the milky juice of the plant is curative of ringworm. Dr. Thorton says that it is used by natives for effecting abortion. According to Dr. Calthorpe, the leaves of this plant are used externally for foul ulcers, especially those caused by bites. The root of white nerium odorum is a popular remedy for serpent poisons, for it is a well-known fact that snakes scrupulously avoid those places where plants of this species thrive. It is also used in leprosy and skin diseases.

Let me now quote a few lines from the "Text-book of Medical Jurisprudence for India," by I. B. Lyon, C. I. E., F. C. S., F. I. C. Regarding the symptoms of *N. odorum* poisoning, he says the following:

"The administration of this poison is frequently, but apparently not invariably, followed by vomiting, succeeded usually by drowsiness and insensibility. The pulse becomes slow and weak. These symptoms are accompanied by muscular twitchings, deepening into tetanic spasms. Lockjaw is frequently present. The tetanic spasms present in poisoning by nerium odorum, unlike those present in strychnia poisoning, have been noticed to affect in greatest degree the muscles of one portion of the body. Thus in one case it is reported that the muscles of the right arm were chiefly affected, and in another, that the spasms, although affecting the whole body, were more developed in the upper than in the lower extremities, and more developed on the left than on the right side."

Personal remarks. In India it is popularly known that nerium odorum possesses poisonous qualities. It is frequently used for homicidal and suicidal purposes. It is also employed as an abortifacient. It is administered for medicinal purposes as well. From a careful study of the symptoms of *N. odorum*, I am of opinion that it may be an excellent homeopathic remedy. I venture to suggest for the present that it may be used to strengthen a weak heart, to make its action normal and regular and to relieve ordinary cases of palpitation that are purely functional. It also bears a close resemblance to digitalis. It appears to exert its influence on the heart solely through a direct action on its nerve supply. It also has an action, like strychnia, on the spinal cord. But there exists some difference. In strychnia poisoning spasms like tetanus appear throughout the whole body, while in nerium odorum poisoning spasms are more developed in one portion of the body than in the other, and they are more prominently marked in the upper than in the lower extremities and more prominently marked on the left than on the right side. However, this observation of mine is not conclusive of the fact. Some more cases must be minutely observed, and then we can arrive at any definite conclusion. The following table gives a comparative statement of the poisoning by *N. odorum* and digitalis:

Nerium odorum poisoning.
(Symptoms resembling those of digitalis.)

1. Violent nausea and vomiting. It is not yet ascertained whether small doses can produce the above symptoms.

2. Perspiration.
3. Slight distortion of vision.
4. Slowness of the pulse at the very outset.
5. Violent spasms.
6. Loss of the powers of speaking, swallowing and urinating.
7. Loss of consciousness within a few hours before death.
8. Increase in the number of respirations.

Before I conclude I cannot but dwell upon the description and various names of this plant.

Names. Bengali, karabi; Hindi, kaniyur; Tamil, alari; Telugu, ganneru.

It is a shrub or tree; has an acid, watery juice; stem erect; quadrangular or triangular at growing apices; leaves entire, opposite or whorled at apex; flowers one and one-half inches diameter; sweet; rose-colored, yellowish, white or deep crimson; corolla funnel-shaped, of five petals; fruit two-follicled, each follicle two to six inches long; seeds numerous, comose. The bark when cut exudes a pale, yellowish latex. It has an acrid odor, and the taste is acrid and bitter.

Natural order. Apocynaceæ.

DR. SARAT CHANDRA GHOSE,
Midnapore, Bengal.

Digitalis poisoning.
(Symptoms resembling those of *N. odorum*.)

1. Large doses cause violent nausea and vomiting.

2. Perspiration.
3. Distortion of vision.
4. Slowness of the pulse at the very outset.
5. Violent spasms.
6. No such symptoms visible.
7. Full consciousness till the last moment.
8. Diminution in the number of respirations.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

SPECIAL CLINICAL COURSE. FREE TO THE PROFESSION.

SEATS RESERVED IN THE ORDER OF APPLICATION.

The great success which attended the special clinical course of last year and the enthusiasm with which it was received by the profession, has led the faculty to repeat the course this year, making it five instead of three days' duration. Beginning at 3 P. M. Thursday, the time will be occupied continuously (except Sunday), until 5:30 Wednesday, with clinical demonstrations, clinical lectures and operations by the members of the staff. Upon application each physician attending the course will be given an opportunity to examine cases before and after the demonstrations and operations, and to make daily obser-

vations of the cases afterward in the hospital. An opportunity will also be offered for discussion of the subjects considered at the close of each lecture. The patients will all be selected with the idea of bringing out the maximum number of practical points in up-to-date diagnosis and treatment.

The following schedule has been prepared:

Thursday, April 19: 3 to 5:30 P. M., General Medicine, Prof. A. L. Blackwood.

Friday, April 20: 9:30 A. M. to 12:30 P. M., Gynecology, Prof. E. Stillman Bailey; 3 to 5:30 P. M., General Medicine, Prof. Jos. P. Cobb and Dr. Wm. O. Forbes and Dr. G. T. Smith.

Saturday, April 21: 8:30 A. M. to 12:30 P. M., Operative Surgery, Prof. H. R. Chislett; 2:30 to 4:30 P. M., Practical Urinalysis in the Laboratory, Prof. G. T. Smith.

Monday, April 23: 9:30 A. M., Practical Blood Analysis, Prof. W. Henry Wilson; 10:30 A. M., Clinical Microscopy, Prof. A. C. Halphide; 11:30 A. M., Kidney and Cystic Diseases, Prof. E. M. Bruce; 3:00 to 5:30 P. M., General Medicine, Prof. H. V. Halbert.

Tuesday, April 24: 9:30 A. M., Insanity, Prof. W. E. Taylor (Western Ill. Insane Hospital); 11:00 A. M., Skin and Venereal Diseases, Prof. C. D. Collins; 2:30 P. M., Eye and Ear, Prof. C. G. Fellows; 4:00 P. M., Nose and Throat, Prof. O. L. Smith.

Wednesday, April 25: 10:30 A. M., Clinical Electricity and Exhibition of X-Ray, Prof. F. H. Blackmarr; 2:30 to 5:30 P. M., Operative Surgery, Prof. G. F. Shears, Prof. C. F. Barker, Dr. E. L. Hunter.

Sub-clinics on all subjects in medicine and surgery (general and special) will be in continuous operation in the dispensary.

The annual alumni meeting will be held in the third year lecture room at the college Wednesday evening at eight o'clock. After the transaction of business there will be an address by the President, Dr. W. S. Briggs, of St. Paul, and others. Following this session Prof. E. Stillman Bailey will give a lecture, illustrated by stereopticon views, in the large amphitheater.

Thursday, 2:30 P. M., Commencement Exercises at the Grand Opera House; 7:30 P. M., Alumni Banquet at the Auditorium.

The Faculty extend a cordial invitation to the members of the profession to attend this clinical course, and also the other exercises of commencement week.

Miscellaneous Items.

The Ustion Society of Hahnemann Medical College held their fifth annual ball at the Oakland Club, Thursday evening, February 22. A very enjoyable evening was experienced by all present.—Dr. Alfred C. Crofton, of Pasadena, Cal., was married to Miss Elizabeth P. Hubbard, February 9.—Dr. Orrin L. Smith has changed his residence to 4841 Madison Ave., Tel. Drexel 4811.—The Young Men's Christian Association of Hahnemann Medical College gives a list of forty-nine members to date, an increase of twenty-seven members for the last year.—A new homeopathic hospital has been opened at Kansas City with a capacity of fourteen beds.—Dr. Crooks, recent interne in Hahnemann Hospital, has accepted a position as assistant physician with Dr. W. E. Taylor at the Western Asylum for the Insane.—Prof. C. H. Vilas has returned from his trip around the world.—The Syracuse Homeopathic Hospital has received a \$10,000 donation for a new site. Verily the homeopathic hospitals are increasing in number and financial strength.—Hahnemann Hospital is proud of a new ambulance; private use of the same may be obtained by application to the Superintendent.—Dr. R. H. Street has been assisting Dr. Dwight J. Roberts during the unusual epidemic of typhoid fever at La Grange, Ill.—Dr. W. Louis Hartman, of Syracuse, N. Y., delivered two interesting lectures in the department of gynecology at Hahnemann College during the last month.—Dr. E. D. Nash, of Cortland, N. Y., author of "Leaders in Homeopathic Therapeutics," lectured before the entire class at Hahnemann College, February 21.—Prof. Bailey recently took a two weeks' rest in the Sunny South.—The Hahnemann Monument Auxiliary Finance Committee of Illinois is working hard, under the direction of Dr. J. R. Kippox, to raise funds for the monument before the next meeting of the Institute. Dr. G. F. Shears, of 3130 Indiana Ave., is Treasurer; subscriptions may be sent to him at any time.—The Bureau of Renal Diseases will report at the next meeting of the Clinical Society the last Saturday in March, Dr. Bruce, Chairman.—Mrs. M. J. Moth died very suddenly Thursday, February 22; the cause of death was apoplexy; the funeral was held at the residence, 3438 Indiana Ave., Sunday, February 25. Dr. Moth has

the deepest sympathy in this sudden bereavement.—Dr. Joseph J. Place, a graduate of "Old Hahnemann" in 1888, died recently at his home in Santa Monica.—Mr. Paul Laning, the respected father of Dr. Chas. E. Laning, also died during the last month.—Dr. A. R. Wright, President of the American Institute in 1898, and a prominent homeopathic physician in Buffalo, N. Y., died in this city, February 24, at St. Joseph's Hospital. He came here to consult Dr. Senn in regard to himself.—Changes of Address: Dr. Jas. B. Miner from Osage to Charles City, Iowa; Dr. R. Arnold has been located at Braidwood, Ills., for some months; Dr. C. B. Du Bey from 154 W. 68th St. to 45 Yale Bldg., Chicago; Dr. Edna Brown has bought the practice of Dr. C. T. Canfield and is located at 269 Lincoln Ave.; Dr. C. T. Canfield will go to Pittsburg, Kan.; Dr. Hannah Jones Payne is located at 3 St. Katharine Pl., Atlantic City, N. J.—Dr. F. J. Boutin, of Hampton, Iowa, paid a visit recently to "Old Hahnemann," his alma mater.—The next annual meeting of the Hahnemann Medical Association of Iowa will be held at Cedar Rapids, May 23 and 24.—Dr. W. C. Hewetson, '96, has come back to our college for post-graduate work in the eye and ear.—Dr. C. H. Whipple, '96, will remove from Barberton, Ohio, to Detroit, Mich. He will spend a few weeks in study at our clinics.—The prospects are good for the best attendance we have ever had at our spring clinical course.—Dr. C. E. Kahlke has had one week's surgical experience in Hahnemann Hospital, which, he says, resulted from a temporary luxation of the calcaneo-astragular articulation.—Dr. E. S. Bailey will deliver the commencement day address at the Kansas City Homeopathic Medical College.—At the March meeting of the Homeopathic Medical Society of Chicago the essayists were Drs. Blovke, Tooker and Watry, and the discussions were opened by Drs. Adams, Halbert and Cobb.—Dr. O. G. Tremain expects to return to the city permanently next fall.—Dr. W. O. Forbes has moved to 3904 Cottage Grove Ave.—Dr. W. A. Dewey, of Ann Arbor, has been appointed successor to Dr. Talbot on the legislative committee of the American Institute of Homeopathy.—The Missouri Institute of Homeopathy will hold its twenty-fourth session at St. Louis, April 17, 18 and 19.—Do not forget that bound copies of THE CLINIQUE for 1899 may be obtained from the business manager, Dr. C. Gurnee Fellows, 70 State St.

THE CLINIQUE.

VOL. XXI.]

CHICAGO, APRIL 15, 1900.

[No. 4.

Original Lectures.

CHOLECYSTITIS.

BY G. F. SHEARS, M. D., SENIOR PROFESSOR OF SURGERY IN
HAHNEMANN MEDICAL COLLEGE OF CHICAGO.

Cholecystitis is so frequent an accompaniment or sequela of gallstones that many have doubted its existence as a separate and distinct disease. Waring, in his excellent work on diseases of the liver and gall bladder, does not even refer to it, except as an incident of cholelithiasis, and, in a large number of surgical text-books, the same treatment is accorded to it. It is undoubtedly true that by far the larger number of cases of acute inflammation of the gall bladder or ducts is due to the irritation of retained or passing calculi, but recent observations and examinations have proved that other causes may be operative in the production of this disease, notably malarial fever and typhoid fever, and, if my own observations may be trusted, epidemic influenza is also a causative factor. The bacillus of typhoid fever has been found in the inflamed gall bladder, even when no intestinal evidence of typhoid fever has been present, and the bacillus of malaria has been found in the blood when the only local manifestation was inflammation of the gall bladder. That this little organ, because of its isolation, is not exempt from influences from without as well as from those more natural to its structures, may, I believe, be accepted without doubt, and I am still further convinced that a more careful consideration of the diseases usually diagnosed as hepatitis, appendicitis, nephritis and gastritis, will show a certain number of cases of cholecystitis.

In the consideration, then, of the possibility of cholecystitis, in cases presenting the symptoms usually asso-

ciated with this disease, it is not necessary to prove antecedent cholelithiasis, or even present cholelithiasis in order to make out a reasonable diagnosis, although such a condition much simplifies the matter.

Acute cholecystitis may be ushered in by vomiting and abdominal pain, of greater or less severity, usually felt greatest at or about the umbilicus, with tenderness on pressure greatest in the region of the gall bladder just under the tenth rib. If the patient is not too fleshy and the abdomen is not too sensitive a tumor may often be felt in this locality, although this condition is often absent and may not appear for several days. If the inflammation is severe, as the disease progresses the pain increases, the tenderness becomes more pronounced, the right abdominal muscles, especially the rectus, become rigid, the pulse increases in frequency and becomes irregular and the temperature has frequent and abrupt rises. If the gall duct is obstructed either from impacted calculi or the result of inflammation a localized swelling may be made out just below the edge of the ninth or tenth costal cartilage on the right side. The direction of the tumor is usually toward the umbilicus, it is smooth, rounded, having its greatest development below, moves with respiration and may be moved laterally. It is dull on percussion and usually exceedingly tender. It is usually best felt when the patient is on the back with the knees flexed on the thighs and the thighs on the abdomen. If the hand rests upon the ribs the finger tips may then be made to outline the tumor during forced respiration. Sometimes the tumor is best felt by having the patient sit up and bend forward or stand up leaning forward, the hands resting on a chair. The tumor will then usually be found on a line extending from the tenth rib to a point midway between the pubic spine and the anterior superior iliac spine, and this, it may be noted, is much nearer the median line than renal tumors usually appear, this limit being in most cases a line from the anterior axillary fold to the anterior superior spine.

Diagnosis. A perusal of the symptoms here related shows many symptoms common to hepatitis, gastritis, nephritis and appendicitis. Indeed, it is because of being called upon several times to operate upon cases supposed to be appendicitis that the subject of cholecystitis has been selected for to-night's consideration. Both these diseases may be ushered in by sharp, cutting pain, vomit-

ing, right-sided tenderness followed by rigidity of the right rectus muscle and abdominal tenderness. The frequency of appendicitis and the possible absence of jaundice in cases of cholecystitis, make the diagnosis of appendicitis all the more possible, unless the remote history of the case is obtained and most careful local examination made. I have no doubt cases may arise in which even the most acute observer may be mistaken. The two most important diagnostic symptoms are a possible history of cholelithiasis and the exact point of greatest tenderness. While it is possible that an appendix may be so placed as to show the point of tenderness directly under the tenth rib, it is extremely rare, and tenderness of a tumor in this locality, especially if the rigidity of the rectus is greatest in the upper portion, may be looked upon as the determining symptom of cholecystitis. Nephritis, either in the interstitial form or as pyelitis, pyonephrosis or accompanying nephritic colic, due to a passing renal calculus, may be accompanied by vomiting, pain, abdominal tenderness and a right-sided tumor, but there are usually attending urinary symptoms, which if carefully considered, are sufficient to fix the locality of the disease. Gastritis may have all the common general symptoms of cholecystitis, but the greatest point of tenderness is not on the right side, and clearing out of the stomach usually gives relief.

Terminations of Cholecystitis. Cholecystitis due to malaria, to typhoid fever, to a gallstone which has passed into the duodenum may after a greater or shorter time, according to the character of the disease, disappear and the patient recover without complication. More frequently adhesions form between the gall bladder and the adjacent wall of some abdominal viscera which give rise to soreness or tenderness for an indefinite time. Empyema of the gall bladder may result, followed by desiccation of the pus and conversion of the gall bladder into a mass of fibroid tissue, or into a calcareous nodule (Waring).

The inflammation may extend to the liver and a hepatic or perihepatic abscess form, or to the peritoneum and acute general suppurative peritonitis result. The gall bladder may rupture into the peritoneal cavity with its resulting fatal effect, may become adherent to the intestines or stomach and ulcerate, forming an internal biliary fistula, or as is frequently the case, adhesions may form

between the inflamed gall bladder and the abdominal wall, an abscess may develop and an external biliary fistula follow, and finally in the more chronic cases, as a result of the continued irritation, a carcinoma may develop in the gall bladder or in the bile ducts.

Treatment. It is not the purpose of this paper to spend much time in the consideration of the causes and results of cholecystitis, but simply to mention the results as an evidence of the serious nature of the disease, to indicate the necessity for surgical treatment in certain cases, and, by illustrative cases, to suggest methods of treatment. To give general directions as to when surgery is demanded is not always an easy matter, for as indicated under terminations, certain cases recover under medicinal measures.

It may be said in a general way that not every case of cholecystitis demands surgical treatment, even as not every case of appendicitis needs operation, but in cholecystitis, as in appendicitis, the surgeon must be a close confrère of the physician, and probably in a large majority of cases the surgeon's services will be demanded.

Case 1. Mrs. D., aged thirty-five years, always had good health; on October 19, after a day of exposure and a hearty dinner, was seized with pain in the pit of the stomach. The pain continued all night, accompanied by severe vomiting. The next day the patient was better, but suffered from severe pains in the right side. This continued for five days, when I saw the patient. She then had a temperature of 102° and pulse of 110, respiration 28; tongue heavily coated; abdomen distended and very sensitive; on the right side the tenderness seemed to be greater above than below McBurney's point, although the great sensitiveness of the abdomen made careful palpation difficult, and percussion was indefinite. There was, however, apparent dullness on percussion in the upper part of the right semilunaris. Urine contained albumin, but no bile. The patient was not jaundiced and the stools were of natural color. A diagnosis of cholecystitis was made, although the possibility of a high implantation of the appendix was recognized, and the patient was advised that an operation was necessary. Two days later, under an anesthetic, a distinct tumor could be felt in the region of the gall bladder. The straight incision in the right semilunaris was, therefore, made in this locality. After separating adherent omentum the distended gall

bladder was found much reddened and slightly adherent to the intestines and omentum. It was isolated and opened, giving exit to several ounces of dark viscid fluid, streaked with pus. Following the pus was a large number of small, triangular, greenish-black masses, the size of a split pea, and two small calculi. After a thorough cleansing the gall bladder was sutured to the abdominal incision, and a large drainage tube was inserted into it. On the third day temperature became normal, and in six weeks the fistulous opening closed. The patient has since remained well. This patient, so far as could be learned, had never had an attack of gallstone colic, and yet it is quite probable that the two stones had at least existed some time in the gall bladder. Whether the exposure, the meal, or the stones were the most potent factor in the production of the acute attack I do not know.

Case 2. Mrs. B., aged forty-nine years, was taken sick in April with what was diagnosed as malarial fever of a bilious type. The fever ran three weeks when the patient began to improve. A week later the patient had a relapse with chill and high fever and severe pains in the region of the liver, the point of greatest tenderness being below the tenth rib. No tumor was discovered; indeed it was not diligently looked for. The tenderness continued, and two weeks later the patient had another severe chill. The physician now began to notice chills, fever and sweat daily, the temperature reaching 104° at night. When I saw the patient, almost eight weeks after the commencement of her illness, she had temperature of 104° at night; pulse, 120; countenance sallow; cheeks flushed; was mentally dull; had ill smelling diarrhetic stools; the liver was enlarged and a localized hardness could be felt below the tenth rib. I made the diagnosis of empyema of the gall bladder, following cholecystitis with probable metastatic hepatic abscess. The only relief I saw was an operation, but did not urge it because I believed there were multiple abscesses in the liver that could not be reached. I consented to make the attempt with this understanding of the case. We found an enlarged gall bladder filled with pus, adherent to the liver. On separating I opened into a small abscess between the gall bladder and liver, and pushing the finger about gently opened into two others. No others could be detected without greater violence than I felt warranted in making. The gall bladder and abscesses were drained; the patient

died. There was no autopsy. I believe the cholecystitis was of malarial origin, and that the secondary abscess might have been prevented had an operation been made early.

Case 3. Mrs. R., aged about thirty-four years, married; had always been well until March 20, when she was seized with severe epigastric pain, resembling acute indigestion. This continued until March 26. On May 5 the pain came on again and continued until May 19, when she became jaundiced, with stools of a clay color. On May 25 an intermittent fever developed. It was not regular in type, but some time in the twenty-four hours the temperature would be normal and at other times range from 100° to 104° . There were no chills, but copious sweats. The patient failed rapidly in strength and on June 6 had severe rigors with high temperature. The stools had been clay colored during the early history, but subsequently assumed a natural color. No gallstones had been found in the feces, although diligent search had been made. The patient looked very weak and her friends felt that she could not survive many more chills. She was considerably jaundiced and had some swelling of the parotids. A pronounced tender spot could be located just below the tenth rib and a slight dullness in percussion could be detected at this point. A diagnosis of acute suppurative cholecystitis was made and operation advised. This was made on June 8. The incision in the right semilunaris came down just under a contracted, hardened gall bladder, surrounded by adhesions and an enlargement just under the liver. As the gall bladder could not be brought to the edges of the wound both enlargement and gall bladder were walled off and opened. The enlargement proved to be a small abscess between the gall bladder and the liver. The gall bladder contained pus and thick bile. A drainage tube was introduced, but bile did not flow out. The wound was left open and drained for one week by means of a drainage tube, and after that by gauze. Improvement began soon after the operation and was continuous. A letter received a few days ago from her physician, Dr. Parsons, reports her health completely restored.

Case 4. Mrs. M. E., aged fifty-four years. For a number of years she has had attacks of neuralgia of the stomach accompanied by vomiting and constipation. These attacks have lasted all the way from half an hour

to twenty-four hours and have come at varying intervals of from one week to several months. On September 3, 1897, she was seized with a more severe attack than usual. In three days, before she was able to get out, she had another attack accompanied by jaundice, swelling in the region of the gall bladder, tenderness over this region, inability to turn on her left side, dark, heavy urine and some fever. This condition remained practically the same for one month, except that there was some lessening of the pain and considerable improvement in the nausea. Her general strength did not increase. On October 7, she had a severe chill followed by a temperature of 105°, bloating of the abdomen, jaundice and increased tenderness. In about a week the acute symptoms improved but the weakness and emaciation became more noticeable and a low delirium supervened. Operation was then consented to and made by me with great reluctance. The gall bladder was found contracted with great adhesions to the liver and full of gallstones, thirteen being removed from the gall bladder and common duct. The gall bladder was then drained. The patient improved from the time of the operation and has never had any trouble since.

The cases reported in this paper represent but a small proportion of the number of cases of acute cholelithiasis that have come under my care, and they represent in even a less degree the number of cases of cholecystitis, for there are few cases of cholelithiasis in which a certain degree of cholecystitis does not exist; but they are a representation of the conditions we are called upon to treat, and they with the few preliminary remarks are presented in order that attention may be called to the difficulty of the diagnosis, to the fact that the presence of gallstones may at any time provoke a condition dangerous to life and that an operation offers a possibility of cure even during the acute state. Every argument that can be offered for the treatment of an appendicital abscess by operation may be used with equal force in the treatment of acute cholecystitis accompanied by enlargement of the gall bladder, and every argument that can be offered as to the advisability of operating between the attacks of appendicitis in the relapsing cases is equally forcible when applied to cholecystitis accompanied by gallstones. If this operation can be made before the patient's strength is too much reduced, before metastatic abscesses have formed

and before jaundice is pronounced, a favorable result nearly always follows; but when the system becomes saturated with bile, the general peritoneum inflamed and abscess in the liver and intestines formed, little may be expected.

The following very interesting case under charge of Dr. C. E. Colwell is submitted in full, not because it offers a complete picture of the class of cases reported in this paper, but because the operation of cholecystotomy was made. That inflammation in and about the gall bladder was for a time an element in this complex case is evident from the relief obtained by the patient following the separation of the adhesions and the drainage of the gall bladder, but that it was only one phase in the case seems probable from the subsequent history. That there were no gallstones in the bladder was shown by examination. That there were none in the common duct was demonstrated by examination and a free passage of bile into the duodenum. Indeed, the entire absence of sharp colicky pains would indicate that there was no obstruction to the flow of bile subsequent to the operation. The case, it seems to me, is unique; and I regret that I am not able to offer an adequate explanation of all the phenomena.

Miss T., age thirty-five; from sober, healthy German parents with no tubercular or scrofulous history; raised in the country; of a sturdy build; not hysterical; menstrual functions perfectly normal; always well until the spring of 1894. At that time a favorite niece, a child of six years, had measles of the pemphigous form. It was accompanied by a complete suppression of urine for three days. The child swelled like a toad; the skin did the work of the kidneys; it was a terrible septic case. Help could not be had, hence Miss T. was over her almost constantly, was much worried, and much overworked.

About the same time a married brother, living about a mile away, had jaundice. Somewhat later another brother's two children had pronounced, but not long lasting, jaundice. The three families lived about one mile apart. Shortly after this siege of nursing, Miss T. first began to have hot flushes and slight sweats, and a slight subicteric hue of the skin and eyeballs. The prolonged work over this septic case, and worry, were undoubtedly partial causes of the subsequent illness, which I am about to describe. The question also arises, was she affected by some unknown, possibly contagious principle, which had caused the jaundice in her brother, and later, in the other brother's two children? Her diet at no time suggested a cause.

From the spring of 1894 until February, 1896, she had these spells of flushing heat, and sweating, at varying intervals, and of varying severity, but was about, attending to her duties. These symptoms had gradually grown more severe and constant, and had reduced her weight and strength, until in February, 1896, she went to bed, where she has since spent the greater part of the time, and has done no work.

At first the flushing and sweating paroxysms came every other

day. Later the regularity was lost. They would come several times a day, or once a day, or skip several days. One part of the body would be hot, the rest cold, or one or more spots cold, the rest hot. Perspiration would pour out on the warm parts, soon to turn cold, or would be cold from the beginning. Perspiration at times would be general. The most common location of the perspiration was around the small of the back and in the popliteal spaces. At times the toes would be warm and dry, the rest of the feet would be cold and sweaty, or the feet would be hot and the greater part of the legs cold, or maybe the reverse would exist. The face would flush as though blushing. If the perspiration was at all profuse she had not enough animal heat to warm and dry herself, consequently would have to change her underclothes. This she would have to do some nights as often as six times. In some of these nights, or periods of a few hours, she would lose by actual weight, from one to three pounds. During the first three years of her illness, she would gain, during a week or two of comparative freedom from these attacks, from one to one and one-half pounds a week. Thus she ran up and down in weight, but on the whole losing, so that from 140 pounds she lost to ninety-nine pounds the day before her operation, May 24, 1898.

The kidneys were under the same crazy vasomotor action; the urine was free and clear, or almost suppressed. Often, when scanty, it soon deposited uric acid crystals. The quantity of urea was diminished. No albumin nor sugar nor casts appeared. The heart gave a pulse running from 80 to 140 under a little excitement, at times very weak and small. No murmurs nor dilatation. The lungs were sound, and there was no cough.

Menstruation was always normal and painless; sexual organs were all in normal positions; no leucorrhœa and no piles; no hyperæsthetic spinal spots; reflexes normal; skin sub-icteric always; slight tingeing of eyeballs; very thin, yellow coating on tongue; never furred; lips more or less red, never anemic; bowels were either normal or constipated; occasionally loose; stools never gray or putty colored; oftener very dark; at very long intervals some free bile; and at times during the latter half of her illness flakes, plaques and ropes of false membrane mucus.

Considering the length of her illness she has had but little pain. Up to the time of her going to bed, February, 1896, she had had no pain. After this she had a few paroxysms of pain in the head, or hypogastric zone, or at various places in the chest. Some time early in 1897 she was suddenly taken with intense pain, without noticeable increase in temperature, over the location of the gall bladder. It was so severe that it required several hypodermics of morphia to make the pain endurable. It suggested gallstone colic. No increase of jaundice followed, nor were any gallstones found by washing the stools for several days. Some months later she had a lighter though similar attack, with the seat of the pain lower on the right side, and nearer the umbilicus. She had a few headaches, very severe, sudden, temporal. One suggested much brain pressure and possible rupture, and paralysis, which did not materialize.

During the first half of 1898 she had a good deal of pain in the hypochondria and epigastrium, mostly at the margin of the left lower costal cartilage. That of the right hypochondrium extended around into the back, mostly of a dull crowding or pressing character; also some sharp pains in the right lower part of chest, running upward toward the apex of the lung, also sharp pains around the heart. Most pronounced, and most particular, were her hypochondria pains and

contractions; as though the diaphragm were spasmodically contracted and drawing the lower ribs toward the back, causing shallow, catching, rapid, distressed breathing. With the severe sweating spells was almost invariably a sense of tension and dull aching at the elbows. At no time was there pronounced tenderness along the margin of the liver; liver percussion area was normal.

Temperature was from $- \frac{1}{2}^{\circ}$ to $+ \frac{1}{2}^{\circ}$, occasionally $+ 1^{\circ}$. Often the paroxysm of vasomotor storm would awaken her about 11 P. M. and she would roll and toss with the heat, the bed seeming on fire, mouth and lips dry and parched. Thirst, but fear of drinking, because of sensation of fullness in the stomach; lycopodium sense of fullness after eating but little, was frequent; but little gas, though stomach and abdomen often felt distended. Several attacks of the prevailing influenzas added to her ailment, and pushed her further downward.

Hosts of remedies of high, low, and crude potencies, diets, drinks and other adjuvants, were faithfully tried, with no pronounced or lasting benefit. Such were the conditions and symptoms of this most peculiar case when we decided to operate. Everything pointed to some liver or liver appendage abnormality as the cause of pronounced vasomotor disturbances.

May 24, 1898, Dr. Geo. F. Shears performed laparotomy. The liver appeared, and felt to touch, normal; no gallstones were found in the bile or cystic ducts, or gall bladder. The gall bladder was of about normal size, was attached by a delicate band of peritoneum to the neighboring bowel. This was tied off. At one small area, the outside of the gall bladder and the nearest part of the duodenum were reddened and inflamed. The appendix was normal; spleen of normal size. The gall bladder was stitched to the margins of the abdominal incision. Three days later I cut a hole into it, washed it out, and inserted a long rubber drainage tube, leading to a réceptacle under the bed. There was no inspissated mucus or bile, in fact the bile appeared normal. The tube was removed on the sixteenth day. The fistula closed at the end of six weeks. Temperature following the operation was at no time above 100.8° . There was considerable pain about the wound but no suppuration.

There appeared shortly before the operation a scorbutic condition of the gums. For about six weeks after the operation it was very pronounced. The gums were sore and spongy, bled easily, and rolled back from especially the canine teeth. There were no hemorrhages, or ecchymoses. This scorbutic condition of the gums still exists to a slight degree. She had not been salivated.

Following the operation, for six or seven months, she gradually gained in flesh and strength, was considerably better and we hoped for a complete recovery. The extreme hot weather of August and September, four and five months after the operation, checked the improvement. It caused a bilious vomiting attack, and pain at the scar. Improved again until again checked by an attack of epidemic follicular tonsillitis in November. From that time on she has been worse and better, but on the whole gradually losing in weight. The vasomotor symptoms have returned, but are not so marked or distressing.

During the early months of 1899, she was taken with severe spasmodic crowding pains in the abdomen, starting with a downward drawing from the ribs, and most marked from the scar (the scar ran upward in the right linea semilunaris from the level of the umbilicus), which at the pelvis became a crowding-down pain as though

everything would be forced out of the body. With this crowding was a violent tenesmus of the bladder, causing frequent and very painful urination. The tenesmus was so severe at times that it caused the passing of a few drops of blood. There was no catarrhal cystitis, nor gravel, nor calculus. After several paroxysms of this, extending over about six weeks, they ceased.

Since her operation she has not been able to be on her feet without an abdominal bandage, because of the dragging at scar and gall bladder region, and sense of abdominal weakness. The abdomen bulges at the right side because of the relaxation due to the scar. It does not amount to a hernia.

Almost daily she has gotten up and has been about the house a little. She can stay up from one-half to an hour. Some days she has gotten up several times. She has not been able to increase the time out of bed, for she is warned by a sense of faintness and weakness that she has been up long enough. If she persists in remaining up after the warning, the vasomotor freaks become pronounced, and she collapses. At times the action of the heart has been so feeble that I have feared death from exhaustion. More lately the most distressing symptoms have been the broad band-like painful drawing in at the hypogastric zone, with the distress of breathing and general discomfort.

In all of my reading I have not found a similar case. Its seat of original disorder I have always attributed to the liver—that it has been of a low grade of septic bile-autoinfection, and that all of the various vasomotor disturbances have been secondary thereto. At one time an impacted gallstone seemed possible. The operation did not disclose any. The pain at that time was probably due to a temporary spasm of the bile duct, or to slight inflammation of the gall bladder. The gall bladder and its contents were so nearly normal that I feel that the essential seat of the disease is within the liver substance, is one of perversion of function of probably only part of the organ. That the conditions were somewhat dependent upon the gall bladder, is evidenced by its inflamed area found at the time of the operation, and by the improvement which followed cutting its narrow band of attachment to the bowel, and by draining the same. It may be that the attachment of the gall bladder to the abdominal scar, and its consequent dragging and pulling, are responsible for an irritation that prevents a complete recovery.

The operation was the only remedy that has given any positive help. If any reader of this record has had a similar case, he certainly ought to report it in the interest of our profession, and other similar sufferers.

REMEDIES IN DISEASES OF THE LIVER.

By A. L. BLACKWOOD, M. D., PROFESSOR OF THEORY AND PRACTICE IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Bryonia is indicated when there is great mental depression and a morose mood; the patient is irritable and inclined to be angry; desires things which he refuses when they are offered; if delirium appears it is a constant rehearsal of his work. There is a dull frontal headache

which may be accompanied with stitching pains extending from the forehead to the occiput; this may be rheumatic, congestive, or gastric in origin; produced by ironing, washing the face in cold water while sweating, or constipation; it is worse from movement as stooping or coughing, when the feeling is as though the contents of the head would issue through the forehead; it commences in the morning upon first opening the eyes and increases during the day. The lips and tongue are dry and parched; there is thirst for large quantities of water at long intervals. The tongue is furred, yellow or white, has little taste for food; when eating the mouth is bitter. There is nausea felt in abdomen, stomach, esophagus, before stool, after a meal, and while rising or moving. The food lies heavy in the stomach, like a stone. There are stitching pains in the liver, when it is touched, or from coughing, or breathing. There is bilious diarrhea with lancinating pains worse during hot weather. The constipation when present is obstinate; the stools are very dry, large, hard, and dark as if burnt and passed with much straining. The urine is apt to be brown like beer; and the skin yellow as if jaundiced. This remedy is most frequently indicated in those of a rheumatic, or gouty diathesis, with dark hair and eyes, firm flesh and a tendency to constipation and bilious attacks.

The Calcarea Carb. patient is disinclined to mental effort, has mental confusion and the mind wanders from the subject under consideration. The patient has great mental depression, is apprehensive something dreadful is going to happen, fears she will lose her reason or that people will observe her confusion of mind; "irritable without cause," that is without apparent cause. There is vertigo, worse in the morning, worse when walking in the open air, attended with nausea and vomiting; rush of blood to the head with redness and puffiness of the face, which is worse from alcoholic drinks. The headache is one-sided with empty eructations. The pit of the stomach is swollen like a saucer turned bottom side up. Tight clothes about the hypochondria are unbearable. The abdomen is much distended and hard with frequent severe cramps in the intestinal canal, especially marked in the evening and at night, with a feeling of coldness about the thighs and abdomen. The stools are yellow, or clay like, large and hard, containing undigested food, and often accompanied with slime, and a discharge of blood from the

rectum, or an oozing of a fluid from the rectum which smells like herring brine; at times there is a feeling of heaviness in the lower part of the rectum. The urine is dark brown, offensive, with a white sediment. There is palpitation of the heart, with anxiety at night or after meals. The pulse is full and accelerated. He complains of a pain between or in the region of the scapulæ, with cramps in the arms and the calves of the legs, about 3 A. M., also in hollow of legs, when stretching them out. There may also be weakness and weariness of all the limbs. The rest is broken, the patient cannot fall asleep until 2 or 3 A. M. He is very sensitive to cold air, and takes cold easily.

Carduus maria develops the sad, depressed hypochondrical condition of the individual with a deranged liver. There is a dull pain in the forehead, over the eyes, or in the temples, with a bitter taste in the mouth and want of appetite, and great nausea and vomiting of a sour green fluid. The liver is swollen and painful, especially the left lobe, and pressure at this point causes a cough and oppressed breathing. The stools are usually brown and a condition of constipation may alternate with that of diarrhea; urine is golden yellow, and respiration is asthmatic. There is a severe cough, of such a character that he is obliged to sit up in bed, the expectoration being thick and tough, and at times it is pure blood. There are severe stitches in the right side connected with hepatic disease, as jaundice or gallstones. With the jaundice there is pain in the stomach and vomiting of an acid green bile. Brown sternal patches and tenderness over the cervical and dorsal vertebræ are occasional symptoms.

Chamomilla is frequently indicated in derangement of the liver; the mental condition, which should always be carefully studied, is very similar to that presented by some patients with deranged liver. They are irritable, cross and snappy, do not want to be interrupted; nothing pleases them; oversensitive to pain which makes them distracted. They are subject to throbbing headaches which are confined to one-half of the brain; there is a warm sweat on the head and face, worse after eating or drinking; the eyes are swollen in the morning with yellow conjunctivæ; there is a dry catarrhal condition of the nose; one cheek becomes red and hot, the other pale and cold. There is a bitter taste in the mouth in the morning; the

tongue is coated yellow; the appetite is poor; the patient desires acids and has great thirst for cold water. Eructations are sour and empty, with fruitless attempts to vomit. There is pressure in the stomach as from a stone, with stitching pain in the hypochondria and hepatitis after vexation, or taking cold accompanied with gastric and icteroid symptoms. There is a severe abdominal colic from accumulation of gas, which is relieved by warm applications but not by passing flatus; the stools are green, slimy, watery and corroding, accompanied with colic, bitter taste and vomiting. This remedy is most frequently indicated in individuals with light brown hair, nervous, and of an excitable temperament, arthritic and rheumatic diathesis, especially when suffering from abdominal troubles.

Chelidonium majus exerts its most marked influence on the liver, lungs, kidneys and digestive organs. The patient is depressed in spirits, forgets what he wants to do, or has done. He has a headache which at times is frontal, again it extends from the nape of the neck to the occiput, being violent and throbbing in character, is worse on the right side, compelling the patient to draw up the shoulders, carry the head back, and step lightly. The complexion is yellow as if jaundiced. The tongue is coated in the morning with a gray thick coating, that can be partially rubbed off. Nausea with inclination to vomit is present much of the time. The patient desires milk to drink and has longing for wine which relieves the abdominal pain. The liver is congested, sensitive to pressure, and there is a pain under the inferior angle of the right scapula. This remedy is frequently of service in congestion and inflammation of the liver and jaundice dependent upon acute or chronic hepatitis, catarrh of the biliary ducts, gallstones and pneumonia.

Chelone glabra is one of the unproven and neglected remedies that has found its way into our materia medica; it will be found of service where there is jaundice, with loss of appetite and a disgust for foods, more especially if the whole trouble is due to intermittent fever that has been treated with quinine until a quinine cachexia is established. The bowels are constipated, and the stool is of a light color.

Chionanchus Virginica is a remedy having many points of similarity with chelidonium. It is considered by many almost a specific, if you will permit that statement, in

jaundice and hypertrophy of the liver. The tongue is coated yellow. There is a sensation of uneasiness in the region of the liver, spleen and stomach, with a feeling as if the bowels were about to move from the action of a purgative, but they do not move, and nausea is present.

Euonymin has been of such marked service in the relief of conditions having their origin in derangement of the liver that I feel compelled to mention it here even if it has not received the Hahnemannian proving. It produces many of the symptoms to which the laity apply the term "biliousness." There is malaise with disinclination to mental or physical exertion; severe, distressing occipital headache; the tongue is brown or yellow, and there is a bitter taste in the mouth; the urine is of a dark color; the stools are deficient in bile and very offensive. This is one of the remedies that has been used to prevent the formation of gallstones, and to relieve the system from the injurious effect of malaria suppressed by quinine; also in derangement of the stomach, and albuminuria when the hepatic symptoms are pronounced.

Hydrastis Canadensis is of service when the liver is involved secondarily to gastro-duodenal catarrh. There is a constant dull frontal headache, with pain in the hypogastrium and lumbar region, and a catarrhal condition of the mucous membrane of nose and throat that extends to the lungs and stomach. The discharge is a thick white mucus, very profuse, and removed in long tenacious shreds or pieces. The patient feels very weak and debilitated, has a sensation of sinking and prostration at the epigastrium which is partially relieved by eating. The food lies heavy on the stomach; digestion is slow, especially in those of intemperate habits where there is gagging and vomiting during the morning. There is fullness and a dull aching in the right hypochondrium, the liver is enlarged and indurated, the bowels are constipated at times, and at other times there is a chronic catarrhal condition. The urine is dark and deposits a cloudy sediment while standing. It is especially adapted to old people of scrofulous diathesis, weakened and debilitated subjects with chronic mucus discharges having marked disturbance of gastric and hepatic functions.

Leptandra Virginica produces a dull aching pain in the region of the liver which is most marked near the gall bladder; at times the pain is marked about the umbilicus and extends to the spine, where there is a feeling

of chilliness; there is a profuse, black, undigested stool, following which the pain and distress in the region of the liver is aggravated. Jaundice is present at times and there is pain about the left shoulder and arm. The diarrhea is worse during the afternoon and evening, is chronic in character and there is often a false membrane formation of the smaller intestines. It increases the amount of cholesterin eliminated and renders the bile thinner. The tongue is coated yellow, and at times it is black in the center.

The Lycopodium patient is one in whom the intellectual exceeds the physical development; he is a lean individual subject to lung and liver difficulties, and all diseases have a tendency to become chronic; he is sallow and pale, looks older than he really is; the eyes have dark rings about them and are sunken. He is impatient and irritable, subject to spells of despondency; domineering; considering himself of great importance while those about him decidedly inferior. There is a bitter or sour taste in the mouth, the tongue is coated, and digestion is slow; there is marked hunger with a sense of satiety after a few mouthfuls of food; there is also a constant fermentation in the abdomen, and much flatus accumulates in the small intestines. The bowels are constipated with spasmodic constriction of the anus which prevents evacuation of the bowel, and there is a sensation after stool as if a quantity still remained. There is a chronic hepatic congestion, the liver being very tender to pressure. The urine is characteristic, being clear and having an actual sand in the bottom of the vessel. Under this remedy the period of aggravation is from 4 to 8 P. M.

Nux vomica has a marked action on the liver. The typical patient is a thin, irritable, zealous, careful individual with yellowish skin, dark hair and of a bilious or sanguine temperament; inclined to be quarrelsome, and subject to debauches; oversensitive to noises, odors, and light, trifling ailments are unbearable; he suffers from the effects of coffee, alcoholic stimulants, highly spiced or seasoned food, overeating and sedentary habits. He cannot keep from falling asleep, in the evening while sitting or reading, hours before bedtime, and awakens at 3 or 4 A. M., falls into a dreamy sleep at daybreak from which he is hard to arouse, and then feels tired and weak. Eructations are sour or bitter, there is nausea and vomiting every morning, and food lies heavy in the stomach. Con-

stipation is present, the passage being small in quantity; there is frequent ineffectual urging for the stool. Constipation and diarrhea may alternate. The liver is swollen, hard and sensitive to the pressure.

Podophyllum is to be thought of in persons of bilious temperament who suffer with a torpid and congested liver; it is swollen and sensitive, and the patient finds relief in rubbing and massaging it. He is depressed in spirit, believes he is very sick and imagines he is going to die. He is subject to a headache which alternates with diarrhea. The diarrhea is present much of the time during the warm weather and as a result the patient is relieved of the headache, but in winter when the bowels are constipated he has the headache. The diarrhea is worse in the morning and forenoon, is usually painless, is preceded by retching and vomiting, and is accompanied by a sensation of weakness and sinking in the abdomen and prolapsus of the rectum. The stool varies in color from a green to a chalk color, is watery, gushing out like water from a hydrant, and is very fetid. If the bowels are constipated the stools are clay colored. While the diarrhea is present, and is worse in the fore part of the day, the patient has a normal stool toward evening.

Ptelea trifoliata is of service in diseases of the liver when the urticarious eruption is a marked symptom. There is great languor and indisposition to both mental and physical exertion, and he performs his labors in a perfunctory manner, with mental confusion and forgetfulness. There is a severe frontal headache, the pain extending to the root of the nose, at times to the tongue, accompanied with nausea, and there is a sour taste and constant thirst. The appetite varies; at times it is enormous, again he cares for little food; and food that he is very fond of becomes repugnant; he has a sensation of goneness or emptiness in the stomach after meals; the liver is swollen and sore on pressure, with dull aching pain and stitches, a feeling as if the liver dragged on its ligaments while lying on the left side, relieved by lying on the right side; stools are dark, mushy and lumpy. Aggravation in a warm room after eating fatty foods, while lying on the left side.

The sepia patient is dark, has dark hair and a rigid fiber, but of a mild, tearful disposition, with aversion to her dearest friends and occupation. There are large offensive smelling plugs in the nose, so large that they must

be drawn back into the mouth and expectorated; there is also a greenish discharge from the nose. Yellow spots are present over the face and around the mouth with a yellow saddle across the upper part of the cheeks and nose. On waking there is a disagreeable bitter or sour taste in the mouth, with mucus in the throat, which causes hawking in the morning. A painful sensation of emptiness or goneness of the stomach and abdomen relieved by eating is complained of, also hepatic neuralgia with weight, fullness, and the pains extend to the right shoulder. The urine deposits a clay sediment which adheres to the vessel as if burnt on. The odor of the urine is putrid, being so offensive it must be removed from the room. The patient is subject to sudden spells of prostration and faints from the least trifle. Sleep is restless. The hands and feet are cold. There is much itching of the skin, changing to burning when scratching.

ASSOCIATED NASAL AND OCULAR DISEASES.

BY C. GURNEE FELLOWS, M. D., SENIOR PROFESSOR OF THE DISEASES OF THE EYE AND EAR IN HAHNEMANN MEDICAL COLLEGE OF CHICAGO.

The relation between diseases of the ear and nose is well known and commonly understood. The fact that the eye is affected by diseases of the nose is easily seen when we remember that in coryza eye symptoms are prominent. We are also all familiar with the symptoms of sneezing as a reflex when the eyes are suddenly exposed to a bright light, and as a condition arising when opening the lids if disease of the eye is present with photophobia. The coexistent symptoms in hay fever are likewise well known, and it has been proven that sneezing has sometimes been cured by correction of errors of refraction. Frontal headache, so commonly associated with refractive errors, may often be relieved by intranasal treatment. Many such cases are really not in need of glasses for the correction of refractive errors, and yet the examination is not complete without investigation of the nasal cavities, and additional relief and freedom will be given our patients thereby.

The relationship between diseases of the eye and nose is explained on the basis of contiguity, because of the

direct supply of the fifth nerve to both regions and also through the sympathetic nervous system. "In animals where section of the fifth nerve has been made for the purpose of physiological experiment, changes occurred to the cornea, even when it was protected by closing the eye or oiled with an ointment."

One of the most frequent diseases of the ocular system, dependent upon nasal conditions, is that of the lachrymal apparatus; disease ascends the lachrymal duct rather than descends. No other class of cases is so liable to relapse; the upper and lower openings of the lachrymal duct are the principal seat of trouble. Galezowski claims experience to have proven that obstruction of the lachrymal apparatus, and particularly of the drainage through the duct, is the cause of many conjunctival troubles, secondarily corneal and likewise of the deeper tissues.

Gruhn found diseases of the nose absent in only two cases out of thirty-eight of the lachrymal sac and in ninety per cent of phlyctenular keratitis, nasal causes existed. All rhinologists are familiar with the disturbance of vision and ciliary hyperemia immediately following nasal operations, particularly those of the saw and galvano-cautery, upon the turbinated bodies and the septum. I have come to warn my patients that they may expect eye symptoms following nasal operations, and this warning is often comfortable knowledge. Atrophic degeneration of the eye has been known to follow true atrophy brought about by removal of the inferior and middle turbinated bodies. Schmidt Rimpler observed blindness of both eyes after loss of blood due to curetting nasal polypi. Supraorbital neuralgia is often due to stasis in secretions of the frontal sinus, and relieved by proper drainage. Infraorbital neuralgia is commonly due to inflammation and suppuration of the antrum of Highmore. Intranasal tumors and abscesses, and especially those involving the ethmoid and sphenoid, frequently cause diplopia, proptosis or exophthalmus; the explanation being that it is purely mechanical.

Nasal conditions which may produce ocular disease: Hypertrophy of the turbinated bodies, polypi, inflammation of the sinuses, hay fever, herpes and the exanthemata, galvano-cautery and all forms of operation, adenoids, hypertrophy of tonsils.

Eye diseases caused by intranasal conditions: Epiphora, inflammation and suppuration of the lachrymal sac, conjunctivitis, keratitis, asthenopia, congestion of the various ocular tissues, paresis of accommodation, blephorospasm, hemorrhage into the vitreous and retina, exophthalmus.

So much by way of statement, proof of which can easily be furnished from my own experience and from that of others quoted in the bibliography. A few cases as illustration may be of interest :

Case 1. Mrs. M., a young married woman of perhaps twenty-five years, has suffered with hay fever and the attendant eye symptoms for several years. Within recent years spasmodic asthma has developed, with all its usual symptoms and accompaniments. Her eyes, never having bothered her before, have given her annoyance, and she has been examined for error of refraction, with a finding of astigmatism and hypermetropia, and has been wearing glasses for two or three years constantly. The hay fever has been treated during the season only and merely by internal remedies. Examination some months ago disclosed true hypertrophy of the turbinated bodies, with a septal spur and deflection. Diagnosis: Fairly complete nasal stenosis, attended with change of voice, loss of smell, incomplete aeration of her sinuses, and a general discouraged condition mentally. The usual operations with saw and snare under cocaine anesthesia at two or three sittings have entirely freed the nasal passages, with relief of all her other symptoms, barring that of hay fever, the season for which has not yet approached, and have unexpectedly relieved her eyes, not only from the asthenopic symptoms, epiphora, etc., but under the most careful tests her astigmatism is found to be only one-half of what she formerly had; she is able to go without her glasses followed by no annoying symptoms. The ocular conditions were very annoying, and the relief has been among the most gratifying.

I have had five cases almost identical in symptoms, treatment and results, mention of one of which will suffice.

Case 2. Mr. B. complained of epiphora or running over of tears. Supposing it to be due to cold weather when so many people are affected that way, he paid no attention to it for some time, but the condition continuing in the summer time, he came for examination. As usual in such conditions, I not only examined the refraction of the eye, finding a little presbyopia, but I likewise injected the lachrymal sac and with slight pressure the canals were freely opened. I had already made up my mind from the patient's conversation that the fundamental cause was intranasal. The examination revealed mucus

polypi in the superior and middle meati. The patient either could not or would not be convinced that this condition was the cause of his trouble because he could breathe freely through the inferior meatus, and he declined any operative interference, insisting upon my caring for his eye symptoms by other means. I prescribed the proper glasses, gave him an eye wash, syringed the lachrymal canals, and prescribed for him internally, with little or no change in his symptoms. A year later he submitted to operation, and when he could actually see the amount of polypoid tissue that had been present in his nose, and what was more convincing, the relief of his eye symptoms in every way with even the ability to go without his glasses, he was convinced of the intranasal cause of the ocular condition. Almost similar in complaint, cause and cure were the cases of Dr. S. and Mrs. G.

Some two years ago I was called upon to diagnose and advise treatment in reference to a diplopia, drooping of the upper lid and displacement of the eyeball.

Case 3. Mrs. T. had noticed for a couple of years that she could not open the lid of the left eye as well as formerly, and finally was unable to open it at all except by holding it up with her finger. She likewise noticed a slight increase in prominence of the left eyeball. Finally when her lid was open she began to see double, and although she could read with the proper glass, separately, she could not see with both eyes at the same time. There had been no pain and no explanation of her trouble except that given her by two or three physicians whom she had consulted, and who had not known the cause or been able to remove it. Examination revealed a tumor of the orbit, probably malignant, with the original seat in the ethmoid bone on the same side of the nose. I advised removal of the tumor for the preservation of the eyeball, if possible, and secured the consent of the patient to enucleation if, after commencing the operation, it seemed necessary. The patient was over eighty years of age, stout and well preserved, but stood chloroform nicely. In attempting to remove the growth I at once was convinced of its malignancy and enucleated the eyeball, following up by removing the entire contents of the orbit, and crowding down through the orbital wall curetted out the diseased bone; then packing the whole thing with iodoform gauze, I was rewarded by a prompt healing of all of the tissues, and apparent success in every way.

Microscopical examination showed the growth to be spindle celled sarcoma, and the prognosis was necessarily grave. The patient lived for upwards of two years with a gradual return of the growth, involving the whole side of the face, but fortunately free from every pain. The eye condition was the one calling for treatment, and yet in reality entirely secondary to the growth, starting from the cavities of the nose.

A case not exactly in point and yet closely associated with the above was that of Mr. S., who had been under treatment for persistent keratitis, relapsing and discouraging. Incidentally, after some work done upon his teeth he was suddenly blinded in one eye, and I saw him within a few days. He had had a severe hemorrhage into the vitreous of the right eye immediately following the removal of one of the upper bicuspid teeth. Fortunately, under rest and proper treatment the hemorrhage reabsorbed, and his vision became normal, but in attempting any work upon this offending tooth has been followed with eye irritation, so that under my advice in consultation with the dentist that tooth has been filled only temporarily.

I believe the result was directly due to the operation upon his tooth. Another case, not exactly in line but interesting in this connection, was that of Mrs. C., who has a decided hemorrhage into the cellular tissue of her eyelids whenever becoming fatigued, or having lost sleep. The ecchymosis lasts for several days, gradually improving.

Bibliography:—Gradle, Faith, *Ophthalmic Record*, Kneis, Schmidt Rimpler, C. M. Cobb, *Medical News*, July 1899, Linnell, Galezowski, Gruhn, Trousseau.

UNILOCULAR ADENO-CYSTOMA OF THE LEFT OVARY; OPERATION; RECOVERY.

BY E. S. BAILEY, M. D., SENIOR PROFESSOR OF GYNECOLOGY
IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Miss ———, age thirty-two years. This patient had scarcely passed through a long convalescence from a relapsing typhoid fever, with all that means, when she discovered a rapidly developing tumor in the pelvis. It was so pronounced that it seemed to increase daily, and so without waiting to regain her strength, she requested as early

a removal of the growth as was deemed safe. Two months after her recovery, so as to be able to be about, she was prepared for abdominal section, the tumor developing with the characteristics of an ovarian tumor, of medium size, ovoid in shape, fluctuant; the uterine body could be outlined independent of the tumor, and careful palpation showed a slight independent mobility.



Unilocular adeno-cystoma of the left ovary. Recovery.

In this case, the tumor being nonadherent, it was quite easily removed; only a portion of its fluid contents was removed, the rest, distending the cyst wall, is shown in the illustration as above. Three especial points of interest are suggested in the report of this case.

First. The specimen was found macroscopically and subsequently microscopically to be a unilocular ovarian

cyst. The interest centers in this point, that this was once supposed to be the commonest kind of ovarian tumor, but the microscopical test shows them to be the rarest of the epithelial type of tumors. In one report of one hundred and thirty-eight cases of large ovarian tumors removed and examined in the pathological laboratory, Dr. Howard Kelly reports but three cases of unilocular cystoma; multilocular cystomas occurred nineteen times oftener and dermoid cysts eight times as often. This specimen would occur once in forty-six cases of epithelial cystoma. The microscopical examination was extended to see if the once proposed "ovarian cell" was present (Drysdale's) or the compound granular cell. The examination was negative. The fluid contents of the cyst was thin, gray, its specific gravity 1.012, very slightly ropy and tenacious. It seemed to be the "pseudomucus" described by Hammarstein. The quantity was a little over two quarts.

Second. The recovery was tedious. The nausea induced by the anesthetic (chloroform) continued five days, almost without ceasing. The patient craved water, which after the first twenty-four hours was not denied her, either hot or cold, in sips only or in quantities, but when taken aggravated her nausea and provoked vomiting. Four weeks later the patient said to me that one thing she had observed was that water she could not take at all, even with her meals; it nauseated her every time.

Third. At a point just beneath the skin where a hemostatic forcep had been applied, a considerable tissue became gangrenous in the abdominal wall; there was molecular death of the parts from this traumatism, and was it due to the condition left over from the typhoid fever? I think it was, as the same use of the hemostatic forceps had frequently been made, but no such result ever followed.

March 20. The patient has completely recovered from the operation performed September 30.

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, March 31, 1900.

REPORT OF THE SECTION ON RENAL DISEASES.

E. M. BRUCE, M. D., CHAIRMAN.

XI. RENAL COMPLICATIONS OF SCARLET FEVER. BY GEO. T. SMITH, M. D.—In the treatment of scarlet fever the complications are frequently more formidable, and tax the skill of the physician more, than the disease itself; so that it is necessary to bear continually in mind the possibility of their development, for the mildest form of the disease is frequently followed by the most severe complications. This form of the disease is known as acute diffuse nephritis.

During an attack of scarlet fever, as in all forms of the infectious diseases, there is a mild form of renal inflammation, known as acute exudative nephritis. In this disease there is an inflammation of the parenchyma of the kidney, that may or may not be accompanied by albuminuria, while casts of the variety known as the epithelial or blood are occasionally present. This condition usually subsides as soon as the fever disappears, and is never accompanied by dropsy.

The other variety of the disease, acute diffuse nephritis, is a much more formidable condition than the one just mentioned, it being a more extensive form of inflammation, thus causing a greater destruction of tissue.

Acute diffuse nephritis may begin any time from the first to the seventh week, although the large majority of cases develop during the third and fourth week of the fever. The disease usually begins with a slight rise of temperature, ranging from 99.5° to 101.5°; it may be accompanied by vomiting, pain in the lumbar region, dropsy and a scanty amount of urine.

The dropsy commences as a puffiness under the eyes, and this soon extends to the feet and legs, while later it may be followed by an effusion into the serous mem-

branes. The urine is markedly diminished in quantity. It may be suppressed, high colored, either dark red or smoky, and contain a large amount of albumin, while epithelial, hyaline, blood and granular casts are also to be found.

A diminished amount of urea is also a constant accompaniment of this disease, so much so that clinicians are inclined to look upon the development of this condition as secondary to an accumulation of uric acid and urea in the blood. The total amount of phosphoric acid for the twenty-four hours is also diminished.

The treatment of these conditions is, to a great extent, preventive. A patient having scarlet fever should be put to bed and kept there until the acute symptoms have subsided and desquamation has been thoroughly established, which usually takes from nine to twenty-one days. The patient should be put on a milk diet exclusively, if possible. Sometimes this form of diet will be objected to, the patients saying that they do not like the taste of milk, or that it disagrees with them. The former objection can usually be overcome by adding a little salt to the milk, or by the use of something to flavor it; in some cases the addition of a small amount of vichy water will make it much more palatable and digestible.

Occasionally, when a large amount of milk is taken, it has a tendency to derange the stomach and bowels, the stools containing a large number of undigested curds. This may be remedied by diminishing the quantity given, or by diluting it and adding a small amount of limewater. When it continues to disagree, buttermilk, whey or matzoon may be substituted.

There are three reasons why a milk diet is to be preferred--first, because it contains a small amount of proteid, the quantity of which can be readily increased or diminished; second, it acts as a diuretic; and third, it introduces a large amount of water into the system, thus diluting the solids eliminated.

The return to solid food should be gradual, gruels containing a large amount of milk, crackers, rice, etc., being the first solid foods given; later a small amount of the breast of a chicken or whitefish can be taken; but as a rule proteid food should not be administered until after the seventh week. The patient should also be instructed to drink large quantities of water during the entire course of the attack; this aids in relieving the congestion of

the kidneys and favors the elimination of the waste products from the system that accumulate in the kidneys, thus interfering with the proper performance of their function.

If acute diffuse nephritis should develop, the treatment, as far as the diet is concerned, is much the same, with possibly the substitution of skimmed for plain milk. The patient should be kept in bed and on this form of diet until the dropsy and albumin have entirely disappeared, when there may be a gradual return to solid food, the starchy foods with the lighter vegetables being the first given.

Under the head of remedies aconite is the first choice; if given early it will sometimes abort an attack. It is indicated when there has been exposure to cold, dry skin, high temperature, scanty urine containing blood. Cantharis is another remedy that is found very useful in inflammatory conditions along the genitourinary tract, especially when there is much burning and smarting; apis where the urine is scanty with puffiness under the eyes; while in the subacute or chronic condition arsenicum and merc. corr. are to be thought of.

XII. URINARY ANALYSES AND THEIR INTERPRETATION.

By DR. EDWARD MALCOLM BRUCE.—During the past decade much has been written in regard to methods for the improvement of the technique of urinary analysis, and there has been a great amount of cavil in regard to the best analytical schemes to be used, each analyst thinking for the most part that the method he uses is the only one worthy of general adoption. But as a matter of fact, any of the recognized methods is satisfactory in competent hands. And it is for the most part errors of personal equation and want of general chemical manipulative skill that cause trouble.

The interpretation of the results is the thing that is most important. What in a clinical way do the various and varied facts and figures mean?

One must first know the normal before he is qualified to pass judgment upon the abnormal. And so the question naturally arises what is normal for the urine?

Parkes' tables, supposedly based upon 10,000 observations, give the following for an adult of 150 pounds weight:

Quantity.....	1,500 cc.
Total solids.....	72 grams.
Urea 24 hrs.....	33 "
P ₂ O ₅	3.1 "

This equals per pound per diem

Quantity.....	10 cc.
Total solids.....	0.48 grams.
Urea.....	0.222 "
P ₂ O ₅	0.020 "

Ratio of urea to phosphoric acid 10:1.

The tables of Yron-Berlioz, which are more recent than Parkes', are as follows:

	MEN.	WOMEN.
Quantity.....	1,360 cc.	1,100 cc.
Specific gravity.....	1.0225	1.0215
Urea.....	26.50 grams.	20.5 grams.
P ₂ O ₅	3.2 "	2.6 "

Ratio urea to phosphoric acid about 8:1.

Investigations of any very great extent have not been conducted to my knowledge in America. The appended table is of the analyses of fifty-three medical students, forty-three men and ten women. The results are accurate within the usual limits. I would say, however, that the determinations of phosphoric acid are scientifically correct.

TABLE OF URINARY ANALYSES OF TEN WOMEN.

Lab. No.	Age.	Weight in pounds.	Quantity in 24 hours in cu. cent.	Specific gravity.	Total solids in grams.	Urea in 24 hours, in grams.	P ₂ O ₅ in 24 hours, in grams.
1	33	115	980	1.020	45.66	12.7	1.20
2	24	110	720	1.021	35.15	19.44	1.58
6	38	130	1,335	1.029	90.20	16.02	1.78
16	24	110	975	1.016	36.34	13.65	1.17
21	27	100	1,900	1.011	49.69	22.80	2.80
25	38	130	600	1.023	32.15	10.41	0.96
30	24	110	910	1.022	46.54	11.83	1.55
41	38	130	600	1.020	27.96	7.90	.96
42	24	110	646	1.025	37.28	17.92	1.51
45	24	110	950	1.017	37.62	18.06	1.24
	29.4	120.5	9,610	10.204	437.59	150.62	14.75
Average.	29.4	120.5	961	1.0204	43.759	15.062	1.475
			Cc. per pound per diem.		Grams per pound per diem.	Grams per pound per diem.	Grams per pound per diem.
			8 -		0.3631	0.125	0.0122

TABLE OF URINARY ANALYSES OF FORTY-THREE MEN.

Lab. No.	Age.	Weight in lbs.	Quantity in 24 hours.	Specific gravity.	Total solids in grams.	Urea in grams.	P ₂ O ₅ in grams.
3	23	168	895	1.081	64.73	25.95	2.15
4	23	150	1.000	1.026	60.58	22.00	2.30
5	23	150	1.250	1.020	58.25	21.25	2.12
7	22	165	1.000	1.026	60.58	22.60	2.00
8	21	120	1.321	1.020	61.55	21.14	1.84
9	23	192	1.570	1.019	69.50	22.76	2.76
10	23	167	1.100	1.027	58.20	80.80	2.20
11	23	167	1.000	1.081	72.23	81.00	2.55
12	23	192	1.300	1.026	78.75	23.40	2.79
13	23	192	920	1.023	59.10	21.15	2.37
14	24	175	1.625	1.026	98.44	29.25	2.80
15	23	165	1.050	1.020	49.39	14.31	1.37
17	21	120	750	1.025	43.68	9.75	1.42
18	25	150	1.550	1.017	61.79	23.40	2.26
19	23	150	1.050	1.021	51.37	22.05	2.10
20	26	190	1.100	1.030	76.89	22.00	2.97
22	25	148	720	1.033	55.96	20.15	2.44
23	23	150	990	1.026	59.98	19.80	4.15
24	25	150	1.850	1.013	55.34	22.32	4.46
25	23	167	685	1.032	50.70	19.72	1.43
27	26	153	750	1.027	47.18	19.50	4.20
28	23	165	1.465	1.020	68.27	57.13	4.64
29	23	165	1.580	1.030	110.44	34.49	2.37
31	21	120	1.070	1.020	49.86	15.58	1.55
32	22	165	1.050	1.030	74.39	18.90	2.10
33	27	160	1.050	1.035	80.27	39.90	5.45
34	23	192	1.600	1.019	69.23	27.20	5.07
35	23	192	1.450	1.021	70.95	29.00	2.97
36	25	148	990	1.020	46.13	15.84	1.98
37	23	192	1.335	1.022	68.43	26.70	2.59
38	24	165	1.400	1.023	75.02	28.00	2.52
39	21	150	1.450	1.018	60.80	26.10	2.56
40	23	150	1.140	1.025	66.40	22.80	2.28
43	25	150	810	1.021	39.62	18.60	1.60
44	33	165	1.530	1.019	67.73	12.24	1.83
46	30	140	1.500	1.023	80.38	27.00	2.70
47	25	190	1.400	1.018	58.71	22.40	2.24
48	23	189	1.260	1.024	70.45	30.24	2.72
49	23	167	1.025	1.023	66.87	26.65	1.95
50	26	148	780	1.026	47.25	23.00	2.30
51	25	190	1.000	1.023	65.24	27.00	2.50
52	26	190	1.200	1.010	27.95	20.60	2.84
53	27	160	1.000	1.030	69.90	28.00	2.60
	1.04	6.974	50.586	44.084	2,721.89	1,089.59	110.94
Average.	24.04	162.18	1,176.41	1.024	63.46	24.18	2.580
			Cc. per pound per diem.		Grams per pound per diem.	Grams per pound per diem.	Grams per pound per diem.
			7.25		0.396	0.1497	0.01527

It will be seen by consulting these tables that figures in my work do not reach in actual totals either Parkes' or Yron-Berloiz's. Neither does the average of "per pound per diem," but please notice that the Parkes ratio of urea

to phosphoric acid is almost exactly maintained. The number of analyses in my tables are altogether too small to base anything like a standard upon. But it is not without significance that the Parkes ratio is maintained.

I regard it as an important point in summing up an analysis. If the urea and phosphoric acid are in a 10:1 ratio, then it is not generally of so grave an import if they run a little high or low as it is when they are much out of this ratio. If the urea is high and phosphoric acid low, I am disposed to think of faulty assimilation of food. If phosphoric acid is in greater ratio than 1:10 of urea, I am inclined to think of some nervous involvement.

Acidity or alkalinity. If hyperacid, one must look for increase of some acid salts, or of perhaps uric acid.

If the urine is alkaline when passed, it indicates either lesion of spinal cord or decomposition within bladder or pelvis of kidney.

In regard to abnormal substances, I would fix something like the following rating for the common things:

Urates. If in any great abundance are an indication of a lithemic condition. Family history and general diet had better be carefully looked into.

Earthy phosphates. Not necessarily of any very great importance unless very much in excess.

Oxalates. Depends upon general symptoms. If patient has been eating of plums, strawberries or pieplant, perhaps of no significance. If in large amounts and no history of coming from the fruits, then, of course, the question of oxaluria is to be considered.

Uric acid above the presence of a very small amount explains itself.

Albumin. Is always an undesirable constituent of the urine. It does not always mean structural changes in the kidney, and occasionally is found for long periods of time without any evidence of structural renal alterations; but, as a usual thing, it must be regarded as pathological.

Sugar. That which can be detected by ordinary means is always pathological. If it is accompanied by polyuria, azaturia and phosphoturia, it means a case of diabetes. Mere presence of glucose does not constitute diabetes.

Peptones. I always regard their presence with fear of some morbid process of a suppurative nature.

Pus and blood. These explain themselves, and their significance depends upon the amounts present and the accompanying clinical features.

Casts. Hyaline not necessarily of any grave importance. If large and abundant they mean the beginning of structural kidney changes. Epithelial casts are evidence of decided alterations, granulous ones still more grave and fatty casts mean such changes in the kidney structure as will shortly put an end to its function.

Epithelial cells. Significance depends upon amount and kind.

There are many other things which may come up for consideration in an urinary analysis, but these are the more common ones.

It should be mentioned that there are several conditions in which the quantity and specific gravity of the urine alone are the most important clinical factors.

In closing I wish to say that from year to year I expect to extend the tables and after awhile fix something like a normal for the American kidney.

Editorial.

SHALL THE HOMEOPATHIC PROFESSION DISCOURAGE THE ADVANCE OF MEDICAL SCIENCE?

In one of our recent medical society sessions a paper which attracted unusual attention was read by a practitioner of prominence. The trend of the essay was in the line of commendation for the clinical and symptomatological consideration of disease and against the pathological value of bacteriological investigation. The discussion which followed seemed to be pro and con in accordance with the age and experience of those who took part. In general it was observed that the older practitioners spoke entirely in favor of practical experience and the guidance of symptoms, while the younger men accepted the adjuvant use of bacteriological research in addition to the older method.

From this discussion—which is a counterpart of a similar difference of opinion which always crops out in our medical societies of late—it might be inferred that the younger element depends less upon clinical experience and symptomatology than the revelations of the laboratory. Such an inference is by no means true, for no one who claims to be a homeopathic physician can justly put the law of similars into secondary consideration. It is an established axiom of our practice and can never be put down; nor is this the object or intention of any learned practitioner who, at the same time, does not overlook the scientific advantage which the laboratory gives in addition to the true interpretation of symptoms. He who accepts the modern adjuvants of practice does not and cannot slight the fundamental principle of our school. Nor, on the other hand, is it any more just or correct for him who fears the advance of science to hold exclusively to “old fogy” ideas. Every law has a certain amount of tolerance, and certainly the law of similars is not inimicable to the truths of science.

That the laboratory is an aid to diagnosis and that diagnosis is an essential to the practice of medicine no honest physician will deny. To assert that pathological investigation is not a requirement in homeopathic practice would be an admission that our school is not up to date

in the careful study of disease. To confess that we hold only to the study of symptoms would indicate that we pay no attention to the clinical history of diseases and reject everything that pertains to the general management of the same beyond the use of remedies. Such an assumption would not only traduce the law of similars but exposes us to the ridicule of the professional world.

We must keep constantly in mind the principle we advocate but we must not narrow that principle under any circumstances. There are those who feel called upon at all times to warn us lest we forget our creed. Such people of course believe there is nothing new under the sun and hold tenaciously to the weather-beaten track for fear of contamination by scientific discovery. The question naturally confronts us whether scientific education does not tend to the support of the law of similars? Certainly we should not fear it.

The value of blood analysis, the aid of urinalysis, the microscopical examination of sputum, the bacteriological tests for diphtheria and many other diseases should not be denied in diagnosis and cannot do us harm in treatment. As physicians we ought to accept everything adjacent to the study and treatment of disease, and as for the homeopathic law we are sure that will stand for itself at all times.

H. V. H.

LOCAL ANESTHESIA.

While it is probable that the production of local anesthesia will never in any other field attain such perfection as in that of ophthalmology, it is nevertheless true that our present methods both in general and special surgery are capable of vast improvement. Present indications point unmistakably to the improvement of the local anesthetic with a widening of its sphere of usefulness and consequent lessening of the frequency with which general anesthesia is employed. With better materials and improved technique it is possible that almost complete suspension of nerve function, over limited areas, may sometime be within our power and general narcosis become a matter of extreme rarity.

The Revue de Chirurgie for January publishes an exhaustive article on this subject from the pen of Oscar Bloch, surgeon to the Royal Hospital of Copenhagen.

The author reports the results of an experience extending over a period of eight years, during which time ethyl chloride has been employed in some nine hundred operations. Of these more than five hundred were made with the use of the local anesthetic alone and included many that are usually considered impossible except under general anesthesia. In three hundred and ninety-three cases the author made use of what he calls mixed anesthesia and it was in this that his most gratifying results were obtained.

Acting upon the principle that chloroform is a poison and that lessening the amount employed must diminish the danger as well as the toxic effects, he has adopted the plan of administering only a very small quantity, carefully avoiding the so-called stage of excitement and allowing the patient to remain in a semiconscious condition throughout the operation. When the field is prepared the line of incision is exposed to the ethyl spray until the skin is thoroughly blanched, when the incision may be made without causing the slightest pain. The author argues that as the skin is by far the most sensitive tissue of the organism this procedure eliminates the most painful part of the operation. He finds that the deep tissues may be freely incised with little pain if all squeezing and tearing movements are avoided and the larger nerve trunks are left intact.

In many cases where chloroform was used the amount given was so small as to have no effect upon sensibility, the manipulation merely serving to eliminate the "psychic pain" which, the author says, is often of more importance than the physical suffering. The list of operations made in this way includes herniotomies, tracheotomies, colostomies and excisions of joints; and in all cases were avoided the after effects of chloroform narcosis, while the primary union of wounds was in no way interfered with.

B. D. H.

MEDICAL INSPECTION OF SCHOOLS.

This is a frequent topic for editorials in medical journals to-day, and no doubt the subject deserves the prominence given to it. The matter of prevention of disease has been too long a dormant consideration, both from a public and private standpoint. There was a time when vaccination was decried as an unnecessary and an uncalled

for expedient in the prevention of smallpox; the fact, however, that this measure has been the means of eliminating any serious outbreaks of this pest confirms the wisdom of the precaution, to say nothing of the scientific phase.

For some reason the inspection of our schools, so far as disease is concerned, has been too long submitted to the care of school inspectors, who, for the most part, are politicians, and to teachers, who, in general, are too theoretical for medical protection. It has been found that the common diseases of childhood, such as scarlet fever, measles, diphtheria, whooping cough and mumps, have been propagated in and disseminated from the public and private schools to an alarming extent, therefore it has been found expedient of late for boards of health to insist upon a personal examination by representative physicians for the sake of public protection. Though this inspection is not yet perfect it is certainly a step in the right direction, and as physicians we should encourage and support the proposition.

There is always opposition to all forms of investigation, and it is to be expected that this measure will receive its proportion of obstacles; still it is right and is bound to come.

One of the recent requirements for this procedure has sprung from the criminal negligence and indifference of many families who believe or practice the new fad of Christian Science, so-called. It is to be expected that such people, who ignore and deny the existence of disease, would let their children attend the public schools, whether sick or well; but there is no reason why they should expose other children and scatter disease. Thus it is found that the greatest necessity for this inspection is found in the localities where the more wealthy live, for they, it seems, are more prone to this fad. Where filth is most pronounced and disease is most expected, the law is not objected to, but unfortunately where wealth is most influential the greater carelessness in this respect exists.

It becomes then the duty of public officials to enforce the examination of all school children, and public support should be given to this project.

H. V. H.

Book Reviews.

THIRTY THOUSAND MEDICAL WORDS PRONOUNCED AND DEFINED.
By GEO. M. GOULD, M. D. Published by P. Blakiston's Son & Co, Philadelphia.

This is the fourth edition revised and corrected to date. It is one of the most useful and handy dictionaries for busy practitioners. The author already has a great reputation in this line, but this work will be the most acceptable of all from the fact that it is condensed and published in a handy form. H.

PRACTICAL TREATISE IN THE DISORDERS OF THE SEXUAL ORGANS OF MEN. By BUKK G. CARLTON, M. D., Genito-Urinary Surgeon and Specialist to the Metropolitan Hospital and Polyclinic of the Metropolitan Hospital, New York. Published by Boericke & Runyon Co., New York. Price, \$2.50 net.

This is a revised and enlarged edition. The author is a well known specialist in this and allied subjects. This work takes up all the important topics pertaining to the special diseases of men. Both the surgical and medical treatment are given clearly. It is a valuable book of reference particularly to physicians of the homopathic school. H.

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT. By S. BAUDRY, M. D. F. A. Davis Co., publishers, Philadelphia, 1900.

This is the first book upon this subject that the reviewer remembers to have seen, and although not of everyday use, should be of sufficient use to warrant its publication. Cases are often presenting in which the opinion of the physician is taken as a basis for suit against some company whose liability is in question and the adviser must be both physician and lawyer at times. This book should be a great help in giving this advice and as a text-book covers all the questions that would naturally come up for discussion. One hundred and sixty-one pages. \$1.00 net. C. G. F.

THE ANATOMY OF THE BRAIN. A Text-book for Medical Students. By RICHARD H. WHITEHEAD, M. D., Professor of Anatomy in the University of North Carolina. The F. A. Davis Co., Philadelphia. \$1.00 net.

This little volume is intended chiefly as a guide to those beginning the study of the subject. It is so condensed as to be little more than an outline, but the author has exercised wisdom in exclusions and compressed into small space a very adequate résumé of our present knowledge of brain anatomy. The chapter on conduction paths is worthy of mention as including the results of very recent investigation. The simplicity of the work and its moderate price should commend it to undergraduate students. B. D. H.

LEADERS IN TYPHOID FEVER. By E. B. NASH, M. D. Published by Boericke & Tafel, Philadelphia. Price, 75 cents.

This is a beautifully bound and printed volume of small size. It is pleasing in composition, entertaining and interesting. The author

is one of our best writers on homeopathic therapeutics; he enters upon the subject of treatment with enthusiasm and his careful comparison of remedies will make this little work of great value to the everyday practitioner. One cannot read it without learning something about the use of remedies in the treatment of typhoid. He refers only to the remedies most frequently indicated and illustrates their use from his own experience. Since the days of Farrington we have not had an author who could give a more practical treatise on homeopathic therapeutics. No doctor or student should be without this little volume, and it is hoped this reception will encourage the writer to write more.

H.

KEYNOTES AND CHARACTERISTICS WITH COMPARISONS OF LEADING REMEDIES. BY H. C. ALLEN, M. D., Professor of Materia Medica and the Organon in Hering Medical College, Chicago. Published by Boericke & Tafel, Philadelphia and Chicago.

This is a second revised and enlarged edition which covers the most useful remedies in general practice. Any one who knows of Prof. Allen's enthusiastic interest in the "homeopathic remedy" will be assured of the value of this book. It represents the thought and study of a lifetime in mastering the principal symptoms of useful remedies. It is not verbose or confusing; it is written for the student and the busy doctor and the "gist" of the symptoms under each remedy is put into concise form. Much is made of the comparison of remedies and the index is a very complete one. The first edition has already reached a large sale, and the second will probably be doubled.

H.

NEW AND OLD FORGOTTEN REMEDIES. Papers by many writers, edited by E. P. Anshutz. Published by Boericke & Tafel, Philadelphia.

This is a book of nearly four hundred pages collected, arranged and edited by the manager of the publishing department of Boericke & Tafel. In his extended experience with the homeopathic literature of this large publishing house he has met with many inquiries regarding remedies not mentioned in our materia medicas or text-books. The material is taken from the current journals of all schools and simply states the clinical value of the remedies as mentioned by those who have used them with success.

That it will be a reference book of unusual value we cannot deny, especially as it takes up remedies new and unknown to the majority of the profession. If this work could be carried on in the future much practical information might be given to the profession.

H.

SKIN DISEASES, THEIR DESCRIPTION, ETIOLOGY, DIAGNOSIS AND TREATMENT ACCORDING TO THE LAW OF SIMILARS. BY M. E. DOUGLASS, M. D., Lecturer on Dermatology in the Southern Homeopathic Medical College of Baltimore, M. D., Published by Boericke & Tafel, Philadelphia. Price \$3.50.

This is one of the finest little works on skin diseases that has been published for some time. We say "little" because it is short, concise, and in compact form in every way. The author has the happy faculty of expressing himself in clear and simple language. It is not verbose and the medical student will find it an easy text-book. Better than all, it deals extensively with the homeopathic remedy, and the

comparison of remedies is very complete. Dr. Douglass is known as a careful and thorough student of *materia medica*. For that reason his book will and should receive the support of our profession. H.

LEADERS IN HOMEOPATHIC THERAPEUTICS. By E. B. NASH, M. D. Published by Boericke & Tafel, Philadelphia.

This remarkable book was published last year, and the sale and influence of the same has been wonderful. It places the author in the front ranks of homeopathic writers. Not since the time of Farington have we received so promising a work as this. It is already a text book in all colleges of our school and no active practitioner should be without it.

The style is captivating and no one can undertake its perusal and let it alone. It is interesting and instructive, because it gives us a study of the remedy both from a physiological and a symptom standpoint. It is also rich in comparisons of remedies, which is the most important feature in the study of *materia medica*. It is sincerely hoped that the author may continue this good work in the study of remedies and that he may live long to favor the profession with more books of this kind. H.

A MANUAL OF DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE EYE. With 178 illustrations and two colored plates. By EDW. JACKSON, A. M., M. D. W. B. Saunders, Philadelphia, 1900. \$2.50, net.

It is a well recognized fact that a text-book in ophthalmology must have been written within a year or two to be strictly up-to-date. In order to keep all our specialties as nearly as possible up-to-date, W. B. Saunders instituted, some little time since, a plan of issuing manuals on each one of the important branches; these have been particularly valuable, and as the books have been comparatively small in price, make it possible for the physician to buy the most recent book in his department. Ophthalmology has taken rapid strides, and in no department is it more necessary to have the latest and best.

Dr. Jackson needs no introduction, as his writings are already familiar to the reading oculist. This book covers the whole field of ophthalmology, but in a terse and succinct form, useful alike to the professor and student, and decidedly worthy of reference by the busy oculist. Particularly interesting is the chapter on remedies and their applications; directions for preparing, indications for applying all of the usual remedies, solutions, powders and ointments. The modern anesthetic and its practical use, and the latest of the mydriatics, cycloplegics, myotics and miscellaneous preparations. This chapter should be especially valuable to those whose experience is not so wide. C. G. F.

THE NERVOUS SYSTEM AND ITS CONSTITUENT NEURONES. By LEWELLYS F. BARKER, M. B. TOR., Associate Professor of Anatomy in Johns Hopkins University. New York, D. Appleton & Co. 1899.

This work, begun as a series of articles in the *New York Medical Journal*, in its present form far exceeds the scope of any periodical publication, and is probably the most exhaustive treatise on neurology available to English readers.

The author makes no claim to originality, either in anatomical

research or in theoretical speculation, but presents in a discriminating manner the achievements of all the greatest workers in this field. Beginning with a short review of some of the older theories regarding nerve structures, he very soon passes to a discussion of the neurone concept as given to the world by Waldeyer, Ramón y Cajal, Retzius and others of equal fame.

While adopting in essentials the theory of the individuality of nerve elements, the author is not dogmatic in his views and takes care to give minute consideration to all facts bearing upon the subject pro and con. The work of Apáthy, by some supposed to be destructive to the neurone hypothesis, is carefully reviewed and where facts have been proven they are frankly admitted and shown to be in the main compatible with the essentials of the neurone doctrine. Regarding some of the more revolutionary of Apáthy's conclusions the author asks permission to remain "judiciously skeptical."

Leaving the domain of speculation, we find the major portion of the work devoted to the minute study of the nervous organism, largely from a developmental standpoint, the complexity increasing as we advance, until the most intricate structures are described with remarkable clearness. Throughout the work the neurone conception is consistently adhered to and its compatibility with the most elaborate nervous processes is apparently established beyond question.

Full justice is not done to the work of Professor Barker without recognition of one merit all too rare among medical writers—attention to form of expression. His language is technical and shows no attempt at rhetorical flourish, but there is at all times a dignity of style and a clearness of diction that render pleasurable a study that might easily become wearisome.

In typographical finish and in profusion and elegance of illustration the work is unsurpassed.

B. D. H.

Clinical Miscellany.

GAULTHERIA has pleurodynia with pains in the anterior mediastinum. When the pleurodynia is associated with tuberculosis guaiacum rarely fails to bring relief.

SENEGA assists the fat patients with lax fiber, who when they have a cold, suffer from great soreness in the thoracic walls with much rattling of mucus in the bronchial tubes that is very hard to expectorate, the cough ending with a sneeze.

SQUILLA produces irritation and inflammation of the mucous membrane of the respiratory and digestive tract. There is a violent cough with stitches in the side of the chest. The cough is spasmodic, accompanied with considerable rattling of mucus, and causes a spurt of urine.

CIMICIFUGA is often of service in rheumatic, nervous, hysterical women subject to uterine derangement. The fleshy part of the muscle is most involved, the patient is nervous and restless, and the rheumatic pains are felt in the back and neck; there is pleurodynia, and infra-mammary pains worse on the left side.

BYRONIA also produces a very similar condition. There is constriction of the chest that the patient feels he must breathe deeply, but so doing causes pain in the chest. There are stitches in the sternal region on coughing, compelling him to hold the chest with the hands. These stitches are on the right side of the chest, compelling him to hold his breath.

RANUNCULUS BULBOSUS produces a condition simulating pleurodynia, which is worse during damp weather, or from changes in the temperature. There is oppressed breathing, with burning and stitching pains in the chest, increased by movement or touch; also pain in the back with lassitude and ill humor; stitches in the hepatic region arresting breathing, and stitches and pressure on the top of the right shoulder.

THORACIC PAINS.—Pains due to pressure about the thorax may be dependent upon several different conditions. By careful pressure in the intercostal spaces with the tips of the fingers the area of tenderness may be outlined. When the pain is within the chest wall it is indicative of some disease of the pleura or in which the pleura is involved. Exudative pleuritis, croupous pneumonia and phthisis with thickening of the pleura are the most frequent causes of pleuritic pains. Inflammation and abscesses of the chest wall should be easily diagnosed. When the pain originates in a rib it is circumscribed when pressure is made directly on the affected rib; if fractured there is crepitation and displacement of the fragments. In muscular rheumatism the muscle is sensitive to pressure between the fingers. Intercostal neuralgia has Valleix's points.

It should be remembered that pleurisy or tubercular thickening of the pleura is a frequent cause of intercostal neuralgia. A continuous pain, always at the same point, over the upper section of the lung appearing spontaneously, or the result of pressure, should receive careful attention as it frequently indicates an irritation of the pleura due to tuberculosis of the apices of the lungs. A. L. B.

AMMONIUM CARB.—With marked tendency to accumulation of fat upon the body while the limbs are thin, think of ammonium carb.

ADRENALS IN ATTENUATION.—Extract of adrenals in attenuation has been employed in the treatment of rickets by Stöltzner, of Berlin, with gratifying results.

APPENDICITIS.—In the nonsurgical treatment of appendicitis water should be given freely and the effervescent waters such as vichy are greatly to be preferred.—*Larger in Revue de Chirurgie.*

CREOSOTE IN POTENCY should not be forgotten in painful dentition especially where the gums have a tendency to ulcerate and when the teeth begin to decay almost as soon as they appear.—*Nash.*

CREOLIN, it should be remembered, is a powerful vesicant and should never be applied full strength to the skin. As a dressing it should be diluted to one-tenth at least, and even this will often irritate.

PASSIFLORA IN SCIATICA.—In the *Homeopathic Recorder* D. N. Ray recommends passiflora in acute sciatica and says it will not

only cure but will control the acute pain so promptly as to obviate the use of anodynes. He gives the mother tincture in water and usually with considerable frequency.

POSTNASAL CATARRH.—In acute exacerbations of chronic postnasal catarrh try turpentine with oil of anise applied with swab to mucous membrane. It may be flavored with some of the essential oils and thereby rendered less disagreeable to the patient.

PROTARGOL IN GONORRHEA.—This remedy in weak solutions (1:1000) is rapidly coming into favor as an injection in the acute stage of gonorrhoea. It is used two or three times daily and allowed to remain for five to ten minutes in contact with the membrane.—*Med. Review of Reviews.*

A NEW REMEDY IN WHOOPING COUGH, bearing the name of anti-tussin, has lately been placed on the market, and Heim, of Berlin, reports good results from its use. It is applied as an ointment, and the effects, especially in cyanotic cases are said to be more rapid than from the use of internal remedies.

LACHESIS cannot be overlooked in acute peritonitis, either idiopathic, perforative or secondary to inflammatory diseases of adjacent viscera. It should be studied in metritis, ovaritis, pelvic cellulitis, typhlitis and other abdominal diseases where extreme sensitiveness to pressure is present.—*Forniar in Hahnemannian.*

ADENOIDS AND ENURESIS.—The results of several tabulated reports from various children's hospitals show an unmistakable relationship between adenoid growths and urinary incontinence. As the analysis of the urine usually gives negative results it is probable that the enuresis is caused by the attendant neurotic condition.

CONTRACTION OF PUPILS DURING SLEEP.—Robey, in *Boston Medical and Surgical Journal*, says that it is often possible to examine the pupils of sleeping children without awakening them, and it is therefore well to remember that in normal sleep the pupil is generally contracted. Otherwise in some cases we might suspect unconsciousness from other causes.

NEW INSTRUMENT FOR DILATING THE URETHRA.—Walker, in *Johns Hopkins Bulletin*, describes an instrument for facilitating the passing of urethral bougies that has the appearance of being valuable. The bougie is passed through a glass nozzle which fits tightly into the meatus. Oil is forced into the urethra to put the walls on the stretch and the bougie is then firmly pushed inward.

DANGERS OF HEROIN.—With the wave of popularity that this drug is likely to have as a result of its frequent mention in medical journals, a warning as to its toxic action is not out of place. It is said to be a more active poison than morphia, while as a narcotic for routine practice it is greatly inferior. Its special value is in cases of dyspnea, but it should not be given in cases with valvular disease of the heart.

CITRIC ACID IN OZENA.—The insufflation of equal parts of citric acid and sugar of milk has been found to exert a most happy effect upon the nasal mucous membrane in ozena, in diminishing the purulent secretion and suppressing all traces of fetor. The insuf-

flations should be practiced three times a day and the nostrils washed out every morning. The effect is lasting.—*L'Art Medical.—Homeopathic World.*

SUPRARENAL EXTRACT has been observed by Lawandowsky, when intravenously injected into cats, to cause dilatation of the pupils, retraction of the membrana nictitans, slight grades of protrusion, and raising of the eyelids—in short, all the symptoms indicative of irritation of the sympathetic ganglia of the neck. The symptoms come on very rapidly after the injections, and persist for a short time only. The action seems to be a peripheral one.—*Merck's Archives.—Spencer in Hahnemannian.*

DIFFERENTIAL DIAGNOSIS BETWEEN TOBACCO AND ALCOHOL. AMBLYOPIA.—With tobacco, the amblyopia is oftener unilateral or differing in degree in the two eyes. With alcohol, the pupil is dilated and the accommodation weak, while with tobacco we find contracted pupil and spasm of accommodation. Paresis of accommodation may be one of the first symptoms of chronic alcoholism. The alcoholic form of the disease develops more rapidly than that due to tobacco, while the latter is less amenable to treatment. Sudden blindness with dilated and irresponsive pupils is often seen in acute alcoholism.—*Moore in Am. Med. Jour.*

AESCULUS AND SULPHUR IN HEMORRHOIDS.—Both produce intense congestion of the hemorrhoidal vessels, giving rise to piles of immense size with much burning, itching, fullness and knife-like pains in anus and backache. The piles of sulphur are principally moist or flowing dark blood, with violent bearing down and pulsating pain. The piles of aesculus are usually protruding and blue but seldom bleed and are attended with great dryness, heat and constriction, and the rectum feels as if full of small sticks. The former points more to constipation, the latter to prolapsus and the pains are more violent.—*Am. Homeo. athist.*

ACUTE BRONCHITIS is the subject of a valuable paper by Dr. Anna Clarke in the April *Hahnemannian*. Nearly two-thirds of the diseases occurring in children, she says, are of this class. Predisposing conditions are: Organic heart trouble, hypertrophy of the bronchial glands and obstruction of air passages leading to mouth breathing. Clothing is important and too much is as bad as not enough.

Local applications are of little service and moist ones should be avoided. Dry cotton is a good protection for the chest. Water should be given freely and glycerine may be added for tickling in the throat. Possibility of serious sequelæ should not be forgotten. Remedies: Bryonia, ipecac, ant. tart., kali bich., cuprum.

NASAL REFLEX NEUROSES. Felix Simon (*The Clinical Journal*).—After remarking that medical progress never developed except by jumps, and noticing the tendency to enthusiastic advocacy of new theories beyond their value, Simon, considering Hack's doctrine of nasal reflex neuroses, states that he has been quickly cured of his initial enthusiasm by experience in this particular line. He does not condemn the whole doctrine of nasal reflex neuroses as fallacious, but is deeply convinced: 1, that the frequency and importance of the influence of the nasal mucous membrane on the nerve phenomena at distant parts of the body, has been grossly exaggerated by the

adherents of the doctrine; 2, that we have no real understanding as yet of the mechanism of these reflex processes; 3, that it is most important to determine whether a neurosis really is of nasal origin or not; and 4, whether in cases in which a nasal origin seems to be a likely one, treatment directed to the nose will benefit the patient. He hopes that more reliable indications may soon be laid down for our procedure in cases where nasal reflexes are concerned, as he thinks the present results are very unsatisfactory.—*Journal American Medical Association.*

ACTION OF ARNICA.—Arnica probably acts primarily on the blood and spinal axis, and leads to local disturbances of nutrition, hemorrhages, and especially a peculiar sensitiveness of the peripheral nerves. The sensations which it produces are very similar to those which may arise from local injuries or irritations from toxic applications to the surface. When the effects are due to the absorption of the drug the cutaneous disturbances are apt to be symmetrical, and clinically this has been found to be a very good indication for arnica in eruptive affections. A very common use of this remedy for mechanical injuries and myalgic affections has probably led to its neglect as a remedy in diseases of the skin.—*Dearborn, in Chiro-nian.*

THE TREATMENT OF ALCOHOLISM.—Dr. C. W. Hidden (*Medical Brief*, February) reports very great success with a mixture of which the base is a strong fluid extract of powdered cinchona rubra, to which are added, with a due regard to dosage, *avena sativa*, nitrate of strychnine and tincture of capsicum.

The usual time of treatment is about three weeks. The patient must not drink while taking the remedy. The desire for drink, the author says, begins to fade away on the fourth day. In one week there is complete absence of desire, and the patient begins to feel like himself. The improvement is most marked. The remedy is prepared fresh for each case. A second bottle is rarely needed, so complete is the killing of the appetite.—*New York Medical Journal.*

IODOFORM FOR TUBERCULAR MEMBRANES.—Z. J. Lusk, in *Medicine* for February, calls attention to the value of iodoform topically applied in tubercular infection of serous membranes. He reports several cases of tubercular peritonitis seemingly so severe as to be beyond hope, where, as abdominal section was refused, he had employed this treatment as a last resort with resulting recovery.

His method is to apply a poultice of iodoform in vaseline over the entire abdomen, continuing the application for a period of months. The iodoform, he says, is freely soluble in heated vaseline, and will not precipitate on cooling. This renders its absorption easy, and the local effect is thus obtained.

MASTOID DISEASE IN NEW YORK.—Disease of the mastoid process, according to the *New York Medical Journal*, is unusually prevalent in New York at the present time. For the past few years its chief exciting cause has seemed to be influenza, but that scourge appears not to be prevailing now so extensively as during several preceding winters. The cases of mastoid disease are said to be encountered in greatest number in a district lying to the east of the Bowery. In view of the grave peril to life, as well as to the organ of hearing, in case radical intervention is put off too long, the disease may be

said to threaten a perceptible increase of the general mortality. It is a well established fact that those cases of otitis depending upon acute influenza are more difficult to cure and less hopeful as to outcome than the ones due to simple catarrhal inflammation.

THREE CASES OF EPILEPSY are reported by Carpenter in the *Medical Century* from each of which an important lesson may be learned : First, that in cases originally epileptic and upon which various drug diseases have been engrafted, nux vomica in potencies will relieve and perhaps permanently cure. Second, that œnanthe is a remedy of great value not merely for children but adults as well. Third, that cases of the Jacksonian type may resist all medication and death may result from a tangible local lesion, the removal of which would probably have effected a cure.

SOME REMEDIES IN INFLUENZA.—*Sticta pulmonaria*, where there is excessive and painful dryness of mucous membranes, the secretions rapidly dry and form scales and scabby concretions, which are dislodged with difficulty, cough incessant, racking, causing great exhaustion.

Gelsemium. Catarrh of all mucous membranes with much watery discharge, especially from eyes and nose; "colds" from damp weather or from sudden changes; much chilliness and heavy feeling of head; pulse large, full, quick, but not hard.

Hepar sulphur. In advanced stages; throat dry and painful, with sensation of a "splinter;" sometimes a sensation as though a particle of food had gone into the larynx.

Bryonia. Contusive pains in the back and limbs and lameness in the walls of thorax; otitis media with accumulation of fluid in the tympanic cavity.

TUBERCULAR PATIENTS IN THE ADIRONDACK MOUNTAINS.—Last year, examining and caring for over one hundred such patients, has given me an experience from which I give the following don'ts : Don't send your tubercular patient into some remote part of the woods far from a physician of any school, expecting that with an occasional letter you will be able to guide him. Twenty-one such cases consulted me during the year past and not one did I find doing as he should do.

In this disease the symptoms are liable to change suddenly; then many times the old chronic symptoms yield too slowly to trust one to care for themselves without the occasional aid of one familiar with their surroundings.

Don't send to a health resort patients who have hardly means sufficient to keep them quietly at home. Expenses are necessarily much increased, work is scarce, and when such patients find a place they do not improve as they would to spend six months or a year under the rest treatment before commencing light work.

Don't send all your patients to the old school physicians, thinking they will get into their sanitarium. Only a small percentage of those applying in the first stages get in, and as their statistics show that less than fifteen per cent of the applicants last year were in the first stage, you can see how little chance they really have.

Don't lose faith in homeopathic remedies because they do not cure your consumptive patient while he is surrounded with all the old conditions which produced the disease.

I have seen many nice results from homeopathic remedies and

believe they are a great aid when combined with other proper treatment. Don't treat your patients at home until in the third stage and then advise them that they must have a change of climate. Their chance has passed. Patients in the first and second stages get well, those in the third cannot.—J. HENRY HULLOCK, M. D., Saranac Lake, N. Y.

THERAPEUTICS OF IPECAC.—1. Is an antiemetic when given in small doses, especially valuable in sympathetic vomiting, as vomiting of pregnancy. ℞ gr. $\frac{1}{5}$ or vinum ipecac gtt. iij every hour or half hour until vomiting stops. The first dose should be taken in the morning before the patient rises. The antiemetic effect is heightened by combining with nux vom., especially if there are digestive disturbances.

2. Excellent for nausea during menstruation or lactation. In the morning vomiting or nausea of drunkards it is not as good as arsenicum.

3. Advised in hysterical vomiting and sometimes in chronic vomiting, as from cancer.

4. Good for antecatharrhal effects—has been used in catarrh and in bronchial asthma.

5. In dysentery of children with slightly frequent greenish stools, give gtt. ij of vinum ipecac every hour or until the symptoms abate; also in simple diarrhea of children from mere irritation, with nausea and vomiting, as seen in teething children.

6. As antispasmodic for the treatment of asthma; even in severe cases it gives relief; dose gtt. 3-8 vinum ipecac every 10-20 minutes for 2-3 hours until relieved or nausea comes on.

7. In pertussis it relieves cough with vomiting.

8. In false croup ipecac relieves the vomiting and laryngeal spasm.—*Chironian*.

SENILE HYPERTROPHY OF PROSTATE. Under the above caption Knowlton publishes an exhaustive article in the *North American Journal of Homeopathy* for February. A clear distinction, he says, must be made between the inflammatory enlargement which occurs in young men, and the noninflammatory, which is a disease of later life. Senile hypertrophy of the prostate is closely analogous to fibroid enlargements of the uterus, and could we discover the cause of one we should probably soon understand the other. His conclusions are valuable, and are summed up as follows:

"At least fifty per cent of all men who have passed fifty-five are affected with senile hypertrophy of the prostate, but only sixteen per cent of those affected manifest any symptoms and seek treatment, therefore the rest pass unnoticed.

"The cause of the condition is hypothetical.

"The symptoms are frequency of urination, nocturnal and diurnal; difficulty in starting the stream, loss of force to the stream, and occasionally retention. Later symptoms of cystitis, stone and diseases of the kidneys may be added.

"The treatment is hygienic, medicinal, mechanical and operative.

"The homeopathic remedies that have enlarged prostate among their provings are benzoic acid, iodine and pulsatilla.

"In catheterizing the ever-present danger of infecting the bladder must be borne in mind.

"In cases where operation is called for, prostatotomy, prostatectomy, castration, Bottini's operation and vasectomy should be con-

sidered; and, unless there are good reasons for doing otherwise, vasectomy should be given trial first." B. D. H.

A CONVULSION in the child usually expresses the same condition as a chill in the adult.

RENAL inflammatory or degenerative conditions will be found in almost every case of delirium tremens.

ÆSCULUS GLABRA.—You will be surprised to find how many cases of winter coughs, with great bronchial irritation, hypersecretion and difficult breathing, are met by the tincture of *æsculus*. The diagnosis is not difficult; great difficulty in respiration, the patient wheezes, but has little or no fever. You will probably remember this as our remedy for asthma, especially those cases in which the difficulty of breathing persists and is not paroxysmal. The dose is gtt. x. to ʒss, in water ʒiv, a teaspoonful every two or three hours.—*Eclectic Journal*.

SOLANUM IN EPILEPSY.—I believe *solanum* will prove a really valuable remedy in some, though not in all, cases of epilepsy. Some cases can stand large doses without being brought under the full narcotic influence of the medicament. *Solanum* is a cerebro-spinal depressant, and causes muscular relaxation, and, if the dose is sufficiently large, will produce unconsciousness; yet, it does not depress the action of the heart, or the medulla. Several cases known to me have been affected in a manner by the medicament similar to that brought about by tincture of gelsemium.—*Adolphus in Hom. News*.

Plumbum has its pathogenetic symptoms which lead us to expect good results from its application in deep-seated abdominal inflammation, particularly in serious cases, when gangrene sets in. Under this drug we find: Large, hard swelling in the ileo-cecal region, painful to touch and motion. The abdominal walls are hard as stone, the recti muscles knotty, the navel retracted, and there is anxiety and restless tossing, with cold sweat and deathly faintness. Such are the usual concomitants of the violent constrictive pains indicative of this remedy in the various forms of severe colic. In incarcerated hernia or intussusception, with colic and fecal vomiting, this remedy stands uppermost in the list.—*Fornias, in Hah. Monthly*.

NEURALGIA.—*Magnesia phos.* is the remedy in neuralgia appearing at intervals, relieved by warmth; at times pains in the head, teeth, face and limbs; again cramps in the stomach; lightning-like pains suddenly appearing and disappearing; pains shoot about like lightning along the course of the nerves, relieved by heat, pressure and rest; or a jerking, cutting pain, worse when the body gets cold. Neuralgia which occurs regularly each night; during the day the patient is perfectly well. Intercostal neuralgia of a drawing, constrictive kind. Neuralgia every night, now in the lower limbs in the tibia, or in the thighs, now in the left, now in the right side, accompanied by spasmodic muscular contractions.—*Homeopathic News*.

EUPHORBIIUM.—This drug was prescribed by Dr. E. Jay Clark, says *The Critique*, for an erysipelatous condition of the right cheek, following the picking of a spot upon the bridge of the nose. The condition had been present, growing worse under nearly two weeks' allopathic treatment and the use of *cuticura* and other local applica-

tions. The right cheek was swollen and showed a number of large vesicles, in the immediate neighborhood of which the skin was quite red. No aggravations or ameliorations were discovered upon careful questioning. The sensation was described as burning. Sleep, digestion, etc., were excellent. One dose of the 200 (no local applications) was given and the improvement was noticeably rapid. Hahnemann says: "When used in high potencies and in minimum doses, it will accomplish much."—*North Am. Journal Homeopathy*.

THE LATER TREATMENT OF DIABETES.—Undoubtedly, says the editor of *Medicine*, the older writers believe that if all carbohydrates could be eliminated from the diet and kept out of it for a sufficient length of time the patient would recover. The present conception of the disease regards all this as an error and looks upon all confirmed cases of the disorder as largely incurable, but which, with medical attention, will live for years, leading fairly useful and comfortable lives. The main thing to be avoided by a diabetic is excessive consumption of food, by which the organs of digestion are overtaxed and their function disturbed. The diet should be a mixed one, in which the carbohydrates are considerably reduced, but from which they are not altogether eliminated. The quantity of food taken should be just sufficient to meet the needs of the patient. It should be apportioned carefully for each meal, and under no circumstances should the patient be allowed to overindulge. Careful attention should be directed to the alimentary tract, and fermentation or the results of constipation should be carefully eliminated. In all severe cases, in which there is alimentary disturbance, lavage of both stomach and bowels should be employed.—*Medical Times*.

ZINCUM IN MENINGITIS.—Zincum is a valuable remedy in the later stages of acute meningitis and hydrocephalus. It is indicated in cases where convalescence is slow; weakness of memory; stinging pains in the head; pressing, tearing pains at the base of the brain which shoot through the eyes and into the teeth; stiffness and pain in the cervical and upper dorsal regions; bruised pain in the small of the back; child cries out in sleep; when awakened, excessive fear; rolls its head from side to side; excessive and violent vertigo with nausea and faintness; face pale with much emaciation; flushes of heat in face and head; coldness of body; profuse perspiration; ravenous hunger; tongue dry, feels heavy; lids dry and cracked; urine scanty, turbid, as if mixed with clay; passes urine with great difficulty; stools dry, hard and great difficulty in passing them; obstinate constipation; twitching and jerking through the whole body during sleep; drawing pains in the limbs; cannot keep the feet still; muscles trembling; twitching in the hands and feet. This remedy is of special value where there is great exhaustion of nerve force.—*Homeopathic News*.

IODIDE OF LIME IN CROUP.—Dr. A. G. Beebe, in referring to the use of iodide of lime in coughs, gives his experience as follows:

"Not in coughs in general have I used it, but in croup I have for many years—twenty-five at least. I presume it might be of benefit in other kinds of cough. It is, however, an unstable remedy, and must be prepared fresh for every case. I cannot say in what form of croup, whether spasmodic or membranous, that it is of the most value, nor in which I have used it mostly. The pharmacists have prepared a trituration of what is called the iodide of lime, but it is an

impure iodide of calcium, which is triturated and sold as the iodide of lime. I have brought a bottle of the iodide of lime with me, and, as you see, it is a dark brown crystal. This preparation is made by saturating the lime simply with the iodide, and is called Nichols' iodide of lime. I have used it for all cases of croup (not diphtheritic) for twenty years, and have never lost a case in all that time. I give it in doses of one-fourth to one-half grain of the crude drug repeated at intervals of an hour; or, if the symptoms are urgent, as often as fifteen to thirty minutes for the first few doses. It should be continued until the dry, croupy cough gives place to a moist or catarrhal one, and until all danger of recurrence during the night has passed. After that other suitable remedies may be used. It may be conveniently given mixed (not triturated) with sugar of milk, or it may be put into water. As it is a very unstable preparation it should be exposed to the light and air as little as possible."—*Homeopathic World*.

PLUMBUM IN CONSTIPATION.—What might be termed a very pretty cure of habitual constipation was made by me recently with plumbum, 6x. The patient had been a sufferer for the past four years; complained of a feeling of weight and a sense of uneasiness in the stomach after eating. The appetite at times was feeble, at others could eat almost anything; acid eructations, oppression and difficult breathing were of frequent occurrence; drowsy after meals, restless, easily worried; had been treated by various physicians, but obtained only temporary relief. A digital examination revealed slight prolapsus. I found the rectum filled with small, dry, hard balls of feces. Aside from the other symptoms, this last feature led me to prescribe the plumbum. Together with this remedy I directed a carbo-peptone wafer to be taken after meals, with a great deal of outdoor exercise. I was very much pleased at the rapid improvement made. He came back at the end of a week, stating that the eructations had almost ceased, the gastric disturbances had diminished, and that his bowels had moved normally the first time in several years. The treatment was kept up for several months, lengthening the periods between doses; and he has made a complete recovery.—*Homeopathic News*.

PULSATILLA: AGGRAVATIONS AND AMELIORATIONS.—Aurand, in a lecture on this drug, says: "Symptoms are aggravated in the evening, or every other evening. I have been called many times in the early part of the evening or night to relieve aggravated pains when pulsatilla was the indicated remedy. The warmth of the bed after retiring will frequently so aggravate the symptoms that the doctor must be called at once, and the patient will say that the pains, or other symptoms, gradually grew worse as the evening came on and became so much worse after retiring as to be unendurable. This will occur in skin diseases, when at night the itching will become unbearable. The patient does not feel so well while lying down, especially while lying on the left side. She feels uncomfortable in a warm room. Gastric and intestinal symptoms are usually worse after eating, and especially if fat food, pork, ice cream, fruit and pastry be taken. Our pulsatilla patients do not like wet weather, because they do not feel so well. All symptoms are aggravated just before menstruation.

"Symptoms are ameliorated when the pulsatilla patient seeks the open air, wants to be in a cool place, and has a desire for cold things in general; she says these made her feel better in every way.

She usually feels better from midnight to noon. Dry weather is very agreeable, for all symptoms are relieved, especially in cool, dry weather. She prefers exercise to quiet or lying down, but if lying, gets most comfort while upon the back. External pressure is pleasant because of the relief it brings."—*Am. Homeopathist.*

THE THERAPEUTICS OF CARLSBAD.—At this time, when more than the usual number of American physicians are preparing to visit Europe, and when doubtless large numbers are contemplating a sojourn at this world famous watering place, it is interesting to know something of the springs from a therapeutic standpoint.

Dr. Theodor Kafka, a prominent homeopathic physician of Carlsbad, contributes an article on the medicinal qualities of the various springs, in which, after a somewhat exhaustive discussion, he reaches the following conclusions:

1. That the water of Carlsbad is not diuretic. The quantity of urine passed under its influence is less than the amount of water ingested.
2. That only the urine passed soon after taking the water is alkaline in reaction; that passed later is neutral or acid.
3. That the uric acid is diminished.
4. That the excretion of urea diminishes in most cases.
5. That the alkali phosphates are more freely eliminated during the use of the water.
6. That intestinal action is moderately excited but never amounts to diarrhea. The hotter springs may even tend to produce constipation and may sometimes check a chronic diarrhea.

The water also, says Dr. Kafka, has a marked germicidal action, especially upon the bacterium coli communis.

Many of the beneficial effects of the waters are due to the gases in solution which are lost when the water is bottled and shipped, hence the greatest benefit results from the use of the water at the springs, which should always be used according to the directions of one familiar with its effects.

ADONIS VERNALIS.—This remedy is indicated in dropsical affections where the edematous conditions are due to a disturbance in the compensation and activity of the heart. The secretion of urine is greatly increased, the deposits become less, the specific gravity diminishes, the urates and chlorides increase, and the edema rapidly disappears, after the exhibition of adonis. The heart rhythm is more regular, the beat increasing in force and the pulse slower. It has shown good results also in heart disease, secondary to Bright's disease, and many cases are recorded where the relief was prompt when the action of the kidneys was low and the edema pronounced. As a diuretic, adonis will be found of much service, after digitalis has failed, and is devoid of the evil effects of this remedy. Dr. Herman, of this city, states that he has employed adonis in anasarca, ascites and in asthma, in the latter condition combined with quebracho, with excellent satisfaction. Personally I have used it in but one case, with marked cessation of all symptoms. The patient, æt. twenty-eight, ascites. He had for some time been passing but six to eight ounces of urine daily. Digitalis tincture failed to increase the amount, as did an infusion of the same. Adonis tincture in twenty-drop doses every two hours was then given, and in twenty-four hours the quantity of urine passed had increased to seventeen ounces. The continued use of the remedy gradually brought the amount of urine

excreted daily to thirty-eight ounces, the dropsical symptoms disappearing rapidly. The dyspnea was less pronounced, the pulse more full and the cardiac pulsations strengthened. Perfect relief was secured, and the patient has remained fairly well since. Adonis will never supplant digitalis, yet in such cases where the latter remedy fails to produce diuresis, the diuretic influence of adonis will be quickly demonstrated. *Vogel, in Homeopathic News.*

TONGUE SYMPTOMS OF SEVERAL REMEDIES.—In the Spanish homeopathic journal, *La Revista Homeopatica*, of Barcelona, the lingual symptoms of a number of important remedies are given as follows:

Apis.—Tongue a bright red, dry and covered with vesicles; the tongue trembles and comes in contact with the teeth in trying to protrude it. The margins and tip are red and covered with blisters. Swelling of the tongue in diphtheria.

Arnica.—Dry tongue, with a darkish strip in the center (typhoid fever). A yellowish and pasty coating on the tongue (dyspepsia).

Arsenicum.—Tongue raw, red and excoriated, as well as dry; the tongue is covered with a dark-brownish and sooty coating (typhoid fever); mapped tongue (acute diseases).

Baptisia.—Tongue with a brownish strip in the center, the borders being of a bright red color. Tongue dark brown and dry (typhoid fever).

Belladonna.—Dry tongue, with red tip and margins, and the center white. The papillæ prominent and increased in volume (strawberry tongue, scarlatina); trembling of the tongue.

Borax.—Aphthæ on the tongue.

Bryonia.—White tongue or a whitish yellow coated tongue; in typhoid fever the center especially is whitish, and the borders are clean. Tongue dry, and looking as if scraped (typhoid fever).

Camphora.—Cold tongue.

Chelidonium.—Tongue covered with a yellowish coating which shows the marks of the teeth (diseases of the liver).

China.—Tongue heavily coated, white or dirty yellow.

Colchicum.—Tongue covered with a dirty yellowish coating, or red, with a pasty coating at the base.

Gelsemium.—Tongue as if paralyzed (dulcamara).

Hydrastis.—Tongue broad, flabby, swollen, with viscid dirty yellowish coat, the tongue showing the impression of the teeth. Sensation of having been scalded.

Hyoscyamus.—Tongue red, dry, fissured (bell.), with a yellowish coating.

Iodium.—Two lines of mucus or foam upon the tongue (pancreatic diseases).

Kali Bichromicum.—Thick, broad tongue, with a dirty yellowish coating, or smooth, red and shining. The borders full of painful ulcers. Sensation of a hair at the root of the tongue.

Mercurius.—Tongue moist, flaccid, soft, spongy, swollen, and with the marks of the teeth. Painful and ulcerated tongue, covered with a dirty and yellowish coat.

Mercurius Iodatus.—Base of the tongue covered with a thick and yellow coat, while the anterior portion is red and clean (diphtheria).

Phytolacca.—Tip of the tongue very red and sensitive, with blisters on the margins. Pain in the root of the tongue on swallowing.

Pulsatilla.—A grayish white coat on the tongue.

Rhus Toxicodendron.—Dry tongue as though slightly burnt; dark,

with a triangular red portion at the tip. Tongue of a dark brown color, fissured and bloody. Tongue smooth and red (in scarlatina).

Stramonium.—Tongue red or whitish, and dotted here and there with reddish points. A darkish yellow coating, dry and fissured, particularly in the center (typhoid).

Sulphur.—White tongue, with tip and borders red (acute affections). Dry tongue, with a red tip; difficulty in speaking in typhoid pneumonia.

Terebinthina.—Dry tongue, which is brilliantly red in color (typhoid fever and peritonitis); tongue smooth as though the papillæ had been scraped off.

Veratrum Viride.—A strip of bright red in the center of the tongue (fever and meningitis).—*Pritchard in Hak. Monthly*.

H. V. H.

LUFFA ACUTANGULA OR CYLINDRICA POISONING.—The fruit is smooth, three inches to five inches long, ovoid, marked with ten prominent longitudinal ridges and having at the apex a small operculum rather more than one-half inch in diameter, which is deciduous. The seeds are gray, and marked with small, irregular black prominent specks. The fruit is said to be strongly cathartic and emetic.

SYMPTOMS: *Mind.* Restlessness reigned supreme. He could not stay long in any position; always changed position to find relief.

Head. It did not act in any way upon the cerebral system.

Eyes. Nothing abnormal was marked in the condition of the eyes.

Ears. Nothing could be noticed in them.

Nose. All right.

Face. Pale, sunken, cold and death-like.

Mouth. The mouth was very cold.

Throat. Icy cold.

Stomach. Great uneasiness was felt in the stomach. The patient vomited large quantities of blood mixed with bile, which brought on complete collapse without impairing the sense and consciousness of the patient.

Abdomen. Uneasy feeling was experienced in the abdomen.

Bowels. Great uneasiness and burning were felt in the bowels.

Stool. Bilious, bloody and gushing stools came on in enormous quantities, with decided prostration; afterward bloody mucus stools, like scrapings of the intestines.

Urinary organs. The urine was totally suppressed.

Respiratory organs and chest. Suffocation was felt by the patient.

Heart and pulse. The heart was very weak. The pulse was totally gone.

Neck and back. Icy cold.

Extremities. Icy cold.

Skin. The whole body was as cold as ice, and perspiration appeared in every part of it.

Sleep. Disturbed.

Temperature. The temperature was below 93°.

History. Babu Narendra Lal Panja met with a sannyasin who was used to take two of the fruits of luffa acutangula daily for improving his health. The sannyasin told Mr. Panja that it would do him immense good and improve his already good health, if he could take its freshly made juice every morning. He did not mention the

dose to be taken. Mr. Panja extracted juice from a middle sized fruit of *luffa acutangula*, and took the whole quantity in the morning of the 6th November, 1899. He was as healthy as could be expected when he took the juice. The quantity of the juice did not exceed two ounces in weight. This produced symptoms of great poisoning. He experienced a sense of suffocation as soon as he took the juice. He vomited the contents of the stomach and bile two minutes later on. Purging commenced two or three minutes afterward. Violent purging and vomiting appeared in quick succession in ten or twelve minute intervals, with complete prostration and collapse. They contained pure blood in enormous quantities. The blood did not coagulate and came out of the nostrils as well. The first paroxysm of vomiting brought on complete collapse without doing the least possible injury to the cerebral system. The pulse at his wrists could not be felt, although the heart still continued to beat with a feeble, fluttering effort. The pulse was, in fact, entirely gone. The patient was so restless that he could not stay long in any position. The whole of the body was as cold as ice. The spectators thought that he would meet with swift death.

The evacuations and vomiting became more numerous and copious and contained only blood in excessive quantity. They were passed without tenesmus or colic. The most remarkable phenomenon was that he had no cramps or spasms and retained sense and consciousness all along. No functional irregularity was marked in the brain. General coldness appeared *pari passu* with electrical rapidity and traveled over the whole of the body with cold sweat. The tongue, breath, knee, finger, head and all other parts of the body were icy cold. Great restlessness, anguish, and constantly-changing place took place. The face was pale, earthy and death-like. Excruciating, insatiable, burning thirst came on which troubled the patient very much. By the prompt administration of our appropriate homeopathic remedies, both vomiting and purging stopped on the 10th of November, 1899, and the patient gradually came round. Such is the history of the poisoning which took place by taking the juice. I am confident that the fruit will turn out an excellent homeopathic remedy. With this firm belief, I have made a tincture from the fresh fruit. I am now trying my best to make a thorough and scientific proving of this tincture. We have, no doubt, arrived at an unsatisfactory proving by coming across this case of poisoning. I shall publish an account of my humble attempt at an early date. I appeal to our American and British colleagues to help me with any practicable advice or suggestion that they may think proper. I shall be very glad to send a sample bottle of the tincture to those who are willing to examine both its therapeutic and pathogenetic properties.

DR. SARAT CHANDRA GHOSE,
Midnapore, Bengal.

THE STUDENTS' CONTRIBUTION TO THE HAHNEMANN MONUMENT.

By a unanimous vote, the class of 1900 of Hahnemann Medical College of Chicago has decided to give up the annual banquet and contribute the amount that would be thus expended (approximately \$400) to the Hahne-

mann monument fund. Such a sacrifice as this will be approved and appreciated by the profession in general, for all know what a commencement banquet is to the student.

The graduating exercises will be held, as usual, at 2:30 Thursday afternoon, April 26, at Steinway Hall. At 8 o'clock, on the evening of April 25, at the college building, will be held the annual meeting of the Alumni Association, which will be followed by a reception to the graduating class. A special program of unusual interest has been arranged, including an address by Dr. W. S. Briggs, of St. Paul, president of the association, and a lecture by Dr. E. S. Bailey, dean of the faculty. Dr. Bailey's lecture will be profusely illustrated by stereopticon views showing some of the work done in the various departments of Hahnemann College during the past year. All students, alumni and friends of Hahnemann College are cordially invited to be present.

The special practitioners' course will open, as announced, April 19, at 3:30 P. M., and continue until commencement day.

Miscellaneous Items.

The eighteenth semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association will be held at Elkhart, Ind., April 12.—The alumni day of the New York Homeopathic Medical College and Hospital will be celebrated May 3. The alumni dinner will be held at Delmonico's.—Dr. E. H. Pratt was married to Miss Charlotte E. Kelly, of Galva, Ill.—Dr. Marie Winchell was recently married to H. O. Walker, of Chicago.—Dr. O. L. Smith was recently operated upon at the Hahnemann Hospital for appendicitis. He is now recovering rapidly and will soon be at his business.—Dr. C. D. Collins left the city on the 20th of March, for a five months' course of study in skin and venereal disease, in Europe. Dr. G. W. Petit, who has been associated with him during the last year, will take charge of his practice.—The Bureau of Surgery will report at the next meeting of the Clinical Society, the last Saturday in April, Dr. G. F. Shears, chairman.—Dr. O. A. Palmer has moved from Warren, Ohio, to Cleveland.

He will take charge of the Dr. Martha Canfield Sanitarium. —In the Denver County Hospital four graduates of "Old Hahnemann" have received prominent appointments. They are the following: Drs. Geo. E. Brown, Edwin J. Clark, E. G. Freyermuth and S. S. Kehr. Homeopathy seems to be at the front in Denver.—Dr. F. H. Blackmarr was called suddenly to the South on account of the death of his child. Due sympathy is extended.—Dr. G. F. Shears has been ill for a time with a lame shoulder, the result of overwork. He is now attending to business again.—Dr. C. E. Fisher is contributing regular letters from Cuba to the *Chicago Record*.—Dr. J. J. Garth Wilkinson, of London, one of the early homeopathic physicians in England, died not long ago at the advanced age of eighty-seven.—The Minnesota State Homeopathic Institute will hold its thirty-fourth annual session in Minneapolis, May 15, 16 and 17.—The Kentucky Homeopathic State Society will be held at Paris, Ky., May 23 and 24.—Dr. M. R. Barker has been laid up for a week as the result of a surgical accident.—Dr. R. H. Street is in the hospital for the treatment and possible operation for appendicitis.—Reprints of the popular lectures delivered in Hahnemann College during the winter session may be procured from the registrar, Dr. Jos. P. Cobb, 2813 Cottage Grove Ave.—Dr. Stanley A. Clark, of Galien, Mich., has been quite ill with pneumonia, and has come to the city for rest and treatment.—Dr. F. C. Spales, '83, of St. Paul, Minn., has been attending our clinics recently.—Dr. Grace Dowling, '96, has gone to Southern California for her health.—The American O. O. and L. Society will meet at the Shoreham, Washington, D. C., on June 2, 4 and 5, just prior to the meeting of the American Institute.—Changes of address: Dr. M. G. Violet, from Milwaukee to Butternut, Wis.; Dr. May B. Hadley, from 1047 N. Clark St. to 2470 N. Paulina St.; Dr. Mary Willing Owen, from Wheeler, Ind., to Chicago, 2731 S. Park Ave.—Dr. Julia S. Baright has gone to Bradley Beach, N. J., for the season.—Dr. E. H. Lane is at present at Cedros Island, Lower California, Mex.—Dr. J. M. Hicks, of Huntington, Ind., has gone to Europe for a few months' study.—W. S. Hamilton, '95, has been appointed to State Board of Health, Oklahoma Territory.—The graduating class of Pulte Medical College have also contributed the cash of their banquet to the Hahnemann Monument Fund. It is hoped that other homeopathic colleges may do the same.

THE CLINIQUE.

VOL. XXI.]

CHICAGO, MAY 15, 1900.

[No. 5.]

Original Lectures.

*A SPECIAL CLINICAL COURSE.**

THE GYNECOLOGICAL DEPARTMENT.

SERVICE OF PROF. E. STILLMAN BAILEY.

The special clinical course offered to the practitioners and now formally opened, is really the outgrowth of requests on the part of doctors who can spare but a few days from their work at home, and at the same time have a great desire to see as much as possible in all the different branches of medicine and surgery in this course. The faculty therefore present in this week the clinical resources of this great institution and bid you welcome. This most interesting course needs no word of comment. The course, as outlined in the circular, will be given in exacting detail and we most sincerely hope that your stay here will be most profitable.

The clinical work to be obtained in this institution has become simply enormous in proportions, embraces all the specialists' fields of labor, and what you see this week is being repeated daily and weekly throughout the whole clinical year. The course will be repeated another season and bids fair to be of greatest interest.

Case 1. CATHETERISM OF THE URETERS, WASHING THE PELVIS OF THE LEFT KIDNEY IN A CASE OF PYELITIS FROM TUBERCULAR KIDNEY.—Interest in this case centers in two facts. First, the patient, Miss —, age twenty-six years and always well until a year ago, submitted to a surgical operation for the removal of a tumor from the mammary gland. Following the operation the nurse, in using a

*A brief clinical course for post graduates was held in the Hahnemann Medical College and Hospital of Chicago April 19, 20, 21, 23, 24, 25, 1900, a report of which is given in this issue.—[EDITOR.]

catheter, infected the bladder, and this infection gradually crept to the kidney. The first few weeks there were all the symptoms of hydronephrosis, the enormous quantity of urine voided in twenty-four hours reaching three gallons. At times the urine contained pus. The introduction of the uretal catheters, and permitting them to remain long enough to get several ounces of urine from the separate kidneys, determined accurately for us that the left kidney was the one from which the pus came. This diagnosis was again confirmed by finding in the eye of the catheter upon removal a clot, which upon analysis was pus.

The second point is that washing the kidney with a solution of boric acid, ten per cent, six ounces seemed to bring great relief after a few days, and the amount of pus materially lessened after each thorough washing.

In presenting this case for your observation this morning, with the uretal catheters in situ, the urine flowing into separate receptacles, the note should be made that the quantity of urine coming from the left kidney is twice that of the right kidney in the same length of time.

I passed the uretal catheters before the clinic hour and in private, as the large quantity of urine frequently expelled from the bladder made it a very undesirable exhibition before a critical audience like this. I prefer the knee-chest position and the Kelly cystoscope in cases of this kind. In this case no anesthetic was administered, the patient preferring not to take it. The suffering was very great.

The subsequent history of this case. Vomiting continued four days, and a well marked uretal fever, 104°, followed.

The diagnosis of tubercular kidney has been arrived at after great difficulty, the bacillus itself being elusive; the physical signs determining. I take pleasure in presenting this case as showing the possibilities of the method of examination and local treatment in obscure and in well defined cases. I may be permitted to add a word that the facts impressed themselves upon me that the diseases of the female bladder, ureters and kidneys are frequently overlooked and are underclassed, as shown in the number of cases found in the general clinic where attention is directed to the urinary tract. The diseases of the female bladder are numerous, and as a rule are particularly easy influenced by proper treatment.

Case 2. HYSTERECTOMY, COMPLICATED WITH A RUPTURED INTRALIGAMENTOUS CYST; RECOVERY.— Operation before an audience of one hundred. Mrs. —, age forty-seven years. This patient has had an eventful clinical history, it being printed in detail, page 98, *THE CLINIQUE*, 1898. Briefly, it is that in 1892 she was in bed all the summer because of hemorrhages from the uterus. I was asked to administer galvanism and succeeded in arresting the hemorrhages, which did not return for seven years. The patient decided point blank that she would never submit to an operation for the removal of a large fibroid which was easily found at each and every examination. Six months ago the patient called at my office and declared that she felt in fine health and suffered the very slightest inconvenience from the presence of the fibroid; some days she found it difficult to find it. Four months ago I received word that the tumor seemed to be growing rapidly, and two weeks ago the patient presented herself in marked distress for breath and looking the very picture of despair. An early operation was decided upon, the tumor being called at this time a large fibro-cystic growth. The night following the examination the patient retired, but sat upright in bed because of the labored breathing. She must have slept, for on awaking she became much frightened because of the almost entire disappearance of the tumor and the perfect ease in respirations. Two days afterward she was operated upon, the fibroid involving the body of the womb, necessitating a complete hysterectomy, which was done with celerity, and the subsequent removal of a densely adherent intraligamentous collapsed sac was tedious, the adhesions being very dense at the lowest portion of pelvic floor. The patient was put to bed without drainage being left in the pelvis, and save from the bladder difficulties has made an uneventful recovery. The points that particularly interest me are that by the use of a few galvanic treatments the uterine hemorrhage was controlled and kept in a fairly normal condition for a period of six years. The last year the patient has not menstruated at all. The subsequent development, rupture of the cyst and entire disappearance of the large quantity of fluid contained in the cyst without causing any appearance of temperature or infection, seems interesting.

Before leaving this case I wish to call attention to the condition of the intestines. They are so collapsed as to

have the ribbon-like shape. You have noticed that during this entire operation, and the incision is from the pubes to umbilicus, that the intestines have not given one moment of delay or interference. They have been taken care of in the preparation, and this of itself is of great clinical importance in abdominal section work. I shall take pleasure in giving you the formula by which this excellent result is obtained. I may add that while it may not be entirely new, its various details have been worked out so satisfactorily that at present it is the one used in cases of our hospital preparation for surgical work, and is to be known as the Dr. Chas. E. Kahlke's method of preparation of patients for abdominal section. Dr. Kahlke is chief surgical assistant in this department, and is before you now closing the abdominal wound, and I accord him great credit for the very satisfactory preparation of the cases in this department. The after dangers and sufferings are thereby very much lessened.

Preparing the patient for abdominal section.—Beginning forty-eight hours before the time appointed for the operation. This preparation is none too long unless for extreme emergency cases.

First.—A tub bath or soap and water bath in bed, the vagina to be thoroughly cleansed.

Second.—The entire quantity of urine for twenty-four hours to be obtained and analysis and report made and to become a part of the nurse's record of the case.

Third.—The second night before the operation, mercurius dulcis ix. , eight tablets at bedtime, and soda bicarb. grs. v.

Fourth.—The day before the operation another tub bath, and vaginal cleansing or bath in bed.

Fifth.—Magnesia sulph. ʒii. every two hours, until the patient has had four or five good bowel movements.

Sixth.—Salol grs. v. , sub. nit. bismuth grs. xx. , to be given at 1, 4, and 7 o'clock P. M.

Seventh.—Enema, high of glycerine ʒii. , sterile water ʒiv. , to be given at 4 and at 7 o'clock P. M.

Eighth.—The abdomen, pubes and vulva to be shaved, at 8 o'clock P. M. These parts are to be scrubbed with brush, using green soap, warm sterile water, rinse with sterile water, rinse again with alcohol (scrub); rinse with ether (scrub); rinse with mec. bichloride 1 to 1000; (scrub); rinse with sterile water or the normal salt solution. Special attention to be given to cleaning the navel.

Ninth.—After thoroughly cleansing the vagina with sponge, green soap, sterile warm water, give the following vaginal douches: (1) plain sterile water, one gallon; (2) merc. bichloride 1 to 2,000, one gallon; (3) plain sterile water, one gallon. Apply over the abdomen wet dressing of boric acid, bind in place with roller bandage.

Tenth.—The day of the operation, plain enema one quart warm water.

Eleventh.—Douches as above one hour before the operation.

Twelfth.—Sterilize the patient's hands just before the operation and use the catheter.

Thirteenth.—Diet is very important. Beginning forty-eight hours before the operation allow nothing but liquids. Give plenty of water. No milk unless peptonized. Peptonized broth strained and skimmed; peptonoids, etc. About four hours prior to the operation, give three or four ounces of coffee with a drachm or so of cognac or whiskey or peptonized beef tea with same quantities and stimulants.

Fourteenth.—If the patient is particularly nervous give morph. sulph. $\frac{1}{8}$ gr. hypodermically one hour before operating.

Fifteenth.—At the close of the operation, under anesthesia, with patient in the Trendelenburg position, give high enema, consisting of the following: Ammonium chloride, grs. xx.; peptonized beef tea, \mathfrak{z} iv.; whiskey, \mathfrak{z} i.; normal salt solution, \mathfrak{z} x.; temperature 102° .

Case 3. CURETTMENT. REPAIR OF THE LACERATED CERVIX, RUPTURED PERINEUM AND RELAXED VAGINAL OUTLET. RESULT PERFECT.—By request I present this case for operation, the electric hand light affording sufficient illumination so that many can see.

The clinical history is the common one. A young mother, hard work, poor nourishment, too early after confinement resumed cares of the home and of her child. Menorrhagia, subinvolution, and all the ills; bearing down, pain in the back and thighs, tender spine, occipital headache, neurasthenia, loss of sleep, mental depression, relapsing conditions after local treatments, constipation, cervical laceration, with granular cervicitis, rupture of the perineum almost complete and relaxed outlet, endometritis with hemorrhages, and the picture is so complete that all will recognize it.

The operation in this case without irrigation has for

its sole object the restoration of the parts as before the accidents incident to childbirth, a process that is at once reparative and curative in a vast majority of the cases.

My experience now extends in an operative way to two hundred and seventy of these cases and the rapidity with which patients recover and are made absolutely well and themselves again causes me to advocate these operations with the assurance that they are positively the best that can be done for such sufferers as the one before us. That for the cervix still holds the reasonable place in surgery as when first recommended by Dr. Emmet, of New York, and the excellent "butterfly operation" for relaxed outlet, by Dr. Kelly, will thoroughly repair the perineum. After fourteen days the stitches were removed and the result is simply perfect.

Case 4. MYOMECTOMY.—I take pleasure in presenting this patient upon whom I operated nearly three weeks ago. The single subcutaneous stitch of silkworm gut introduced to approximate and hold the edges of the incision will now be removed, and it is as easy done as said.

I also show you in this specimen jar, as it has been finely mounted for the museum, the tumor itself. It is a fibroid that grew directly from the anterior surface of the womb and is, as you see, large enough now to weigh six times as much as the womb, and is three times or more the size of this undeveloped uterus, the patient being unmarried and thirty years of age. The patient was in constant pain prior to the operation, the tumor frequently pressing the bladder in a serious way against the bony portion of the pubes. Its growth had been for several years, and as the patient was a hard working woman it caused her much trouble. The operation of removing the fibroid and leaving the otherwise healthy womb and healthy adnexa was the operation of selection.

The cut edges of the uterus were united with silk sutures, the bleeding was easily controlled, and now, six weeks after the operation, the patient reports herself as having suffered not the slightest inconvenience from the operation and has been perfectly relieved of her pain thereby.

Case 5. DOUBLE PYOSALPINX.—I also take pleasure in presenting from the hospital ward this young Miss of twenty years upon whom I operated three weeks ago before a sub-class and removed both tubes and ovaries for pus.

This case seems directly traceable to the traumatism of falling from a bicycle several months ago, striking the handle bars in a peculiar way, simulating puncture, the immediate pain being noticed and has been continuous. The specimens are elegantly preserved for the museum, are here for your inspection and are particularly interesting. She has made a perfect recovery.

Subsequent to this general clinic three other operations were performed, the physicians being invited. One case of cystic ovary, being removed and the recovery is fine; one case of inoperable cancer of the womb, the curette and chemical cauterization being freely used to remove necrotic tissues. One case of double ovariectomy and salpingotomy, with recovery.

I have also to note that the sub-clinics conducted by Dr. Alice Brown and Dr. Katherine B. Clapp were well attended and the methods used in the touch course and in local treatments were most carefully explained.

The reorganized department, as it now exists, is for the first time presented to the friends of this institution, and the appointments have been kept, illness only excepted.

The clinics in this reorganized department are held as follows :

Monday, 9:30 A. M. : Uterine Massage, Miss Lillie Westman, Stockholm Graduate, etc., Clinical Assistant.

Monday, 10:30 A. M. : Touch Course—Examinations and Treatments, Katherine B. Clapp, M. D., Clinical Assistant.

Tuesday, 10:30 A. M. : Diseases of the Female Bladder, H. R. Street, M. D., Clinical Assistant.

Wednesday, 11:30 A. M. : Surgical Gynecology, E. Stillman Bailey, M. D.

Geo. Martin McBean, M. D., Hospital Intern.

Julia Strawn, M. D., Clinical Assistant.

Thursday : Gynecological Electro-Therapeutics, F. H. Blackmarr, M. D., Clinical Assistant.

Friday, 10:30 A. M. : Medical Gynecology, E. Stillman Bailey, M. D.

Friday, 11:30 A. M. : Touch Course—Examinations and Treatments, Alice Barlow Brown, M. D., Clinical Assistant.

THE GENERAL SURGICAL DEPARTMENT.

SERVICE OF PROF. GEO. F. SHEARS.

I have to present to you to-day three cases of appendicitis, each presenting marked characteristics of its own; two cases of tumor in the neck, one of tubercular adenitis, the other sarcoma, involving the trachea and the soft structures of the neck; a case of congenital malformation of the rectum and one of prolapse of the bowel and hemorrhoids.

Case 1. RECURRENT APPENDICITIS, WITH LONG CONTINUED PERITONITIS.—L. B., age twenty-three years, had good health until last September, when he was taken with severe cramping pains in the abdomen accompanied by vomiting. The pain was at first near the umbilicus, but afterward was more severe in the right lumbar region. As the disease progressed the pain extended down the right inguinal region to the pubis. At the expiration of four days the pain disappeared, but tenderness remained for some time. In the middle of October he had a second attack, somewhat similar to the first, but more severe. This was accompanied by marked bloating of the abdomen. Recovery from this attack was less rapid, indeed; the soreness and pain had not disappeared when the third attack took place on February 10. This attack was accompanied by the usual symptoms of pain, vomiting, tenderness and bloating of the abdomen. Inasmuch as at the expiration of eleven days the temperature was still 102° and the abdomen distended, he was sent to the hospital.

Examination. Patient was emaciated, complexion sallow, abdomen distended, tenderness of the whole right side, especially over McBurney's point, slight induration in the region of the appendix; temperature $100\frac{1}{2}^{\circ}$. From both the statement of the patient and the physician there seemed to be some improvement during the twenty-four hours following his admission; it was therefore deemed best to delay the operation. Improvement continued from day to day, but it was not until four weeks after the last attack that abdominal distention disappeared and the temperature became normal. I present him to-day I believe in excellent shape so far as his general condition is concerned. There still remains an indurated mass at about McBurney's point.

Operation. I shall make the incision to the inside of

the right border of the rectus, open the rectus sheath, retract the muscle, divide the posterior sheath and the peritoneum. The omentum I find adherent to the abdominal parietes and it is therefore ligated and divided. The appendix is adherent to the brim of the pelvis and surrounded by a mass of exudate. In separating this a small abscess is found, which communicates with the canal of the appendix through a small perforation in its wall. The abscess cavity is disinfected, the appendix excised and the abdominal wound closed. A small gauze drain surrounded by a piece of gutta-percha tissue is introduced down to the abscess wall.

Remarks. The danger of operating on cases of moderate or diminishing severity consists in the liability of breaking down abscess walls and infecting the general peritoneal cavity while the peritoneum is in a state of irritation and most sensible to infection. In this particular case the depth of the appendix from the surface, its firm adhesions, the presence of perforation, would have made the case a very serious one for operation at the time he first came to my notice; and I felt that inasmuch as we had entire control of him and could make an operation at a moment's notice if the symptoms became unfavorable, that the best interests of the patient were conserved by waiting until all inflammatory symptoms had disappeared. I do not feel that there is the same danger of infection in these cases of old abscesses that exists in the case of more recent ones, the contents of many of them being almost innocuous. I did not make in this operation the opening recommended by McBurney, and which you have seen me practice in this clinic, because I felt assured the adhesions would be pronounced and a large opening would be necessary in order to get readily at the parts involved. McBurney's incision is only advisable following the lighter attacks, in which serious complications are not anticipated.

Result. The gauze drain was removed in twenty-four hours, the temperature never went above $99\frac{1}{2}^{\circ}$ and the patient made an excellent recovery.

Case 2. OVARIOTOMY; APPENDECTOMY.—In connection with the case just operated I desire to exhibit to you these specimens of an ovarian cyst, inflamed tube, and appendix, which were removed before a sub-class day before yesterday. The history of the case is as follows: Mrs. W. D., aged twenty-eight years, two years ago had a miscar-

riage followed by peritonitis. Curettment was made, but without special relief. For nine months past she has had her menstrual period every two weeks. The flow has been severe and painful. Upon the fifth day, as the flow began to cease, she had been seized with severe pain and had what appeared to be a typical attack of catarrhal appendicitis. The severe symptoms would disappear in about five days, but some tenderness remained. The condition of the patient was most deplorable. Painful menstruation existed for five days, a sharp catarrhal appendicitis for five days, then four days of comparative relief and then the process commenced again.

Examination. The patient fleshy but very anemic, abdomen sensitive to the touch over the region of the appendix and over the region of the ovaries. Rectal and vaginal touch discovered the right ovary very much enlarged with thickened tubes. The appendix could not be palpated. A diagnosis was made, salpingitis, cystic ovary with probable adherence of the ovary to the appendix.

The abdomen was opened in the median line and the appendix found to be inflamed and very much thickened throughout the lower two-thirds, but not adherent to the ovary. The right ovary, as you see from the specimen, is about the size of a hen's egg and entirely cystic; the tube is very much inflamed and thickened. The left ovary is slightly enlarged and is also cystic. Both were removed.

Remarks. The direct connection between the ovary and appendix in this case it is difficult to make. That the original cause of her trouble was an infection following miscarriage, seems probable from the history. If the appendix had been adherent to the ovary the direct connection between the ovarian inflammation and the appendicital inflammation would be more easy to trace, but that this connection did exist seems very probable from the regularity with which appendicitis followed menstrual period.

Result. With the exception of some incarcerated flatulence on the third day the patient made an uninterrupted recovery.

Case 3. APPENDICITIS, ABDOMINAL ABSCESS, FECAL FISTULA, LUMBAR ABSCESS; APPENDECTOMY.—J. L., age forty. Two years ago was operated for appendicitis. A large amount of pus was evacuated, and following the

operation a fecal matter appeared in the discharge. Two months after the first operation an opening was made in the lumbar region from which pus and fecal matter discharged. He has been an invalid ever since the first operation, two years ago. He believes the appendix was removed.

Examination. A scar four inches long was found in the right side at McBurney's point, and in the lumbar region a fistulous opening which discharges pus, but no fecal matter. A probe introduced extended anteriorly to McBurney's point, and was felt very near the integument. Posteriorly it extended up under the ribs in the region of the kidney, a large cavity being present in this region. In March an incision, similar to that made in nephrotomy, opened a large abscess cavity in the lumbar region and the fistulous tract extending forward was dilated. Both cavities were curetted and packed with iodoform gauze. The lumbar cavity filled up promptly, but the fistulous tract extending anteriorly did not close. I propose to-day to open into this tract from the front and let my line of procedure be determined by the conditions present.

Operation. The probe is introduced into the lumbar region, its point being found under the integument in the right iliac region, near McBurney's point. An incision is made carefully over the probe. The structures are matted together, and upon cutting down on to the probe it is impossible to recognize the different tissues. I find I have entered the bowel. It was evident, therefore, that the probe must enter the cecum at some point higher up. The incision is, therefore, carefully extended up above the anterior superior spine and the colon separated on its under surface. Closely adherent to its posterior surface is found the appendix. Following this up into the loin, I find at the extremity of the appendix an opening into which our probe has passed. It is evident, therefore, that in entering the probe in the lumbar region it first passes up the fistulous tract, enters this perforation of the appendix, traverses the appendix, passes into the cecum and is felt through the cecum, which is only covered by thin scar tissue. After thorough disinfection I close up the incision in the cecum by two rows of sutures, excise the appendix, curette the lumbar fistulous tract and close the anterior abdominal wound, leaving a drain extending down to the incised tissue.

Remarks. This is one of the most serious and difficult

cases that I have ever met. The various inflammations and abscesses had so welded together the parts that anatomical relations are obliterated. A statement that the appendix had been removed is misleading. The peculiar position of the appendix, its perforation without fecal discharge, the long lumbar fistula and the ease with which the probe after traversing the fistula entered the appendix, traversed its canal and appeared in the cecum is still more so. The case illustrates the many complications that are liable to arise, the necessity for caution in accepting the statements of the patient and the anomalous position an appendix may assume.

Result. The patient, while still in the hospital, is doing well and the prospects are that complete recovery will ensue.

Case 4. CONGENITAL ABSENCE OF THE RECTUM; OPERATION; RECOVERY.—This little child, now two years of age, is, as you see, strong and vigorous, but his early history was not so promising. Shortly after birth the physician, Dr. Freda Baker, discovered that there was no anal aperture and as soon as practicable, some twenty-four hours later, I saw the patient in consultation. The child appeared normal in every respect except there was no opening in the anal region and some fecal matter was passing through the urethra with the urine.

After careful preparation the child was placed in the dorsal position and an incision made from a point just behind the scrotum in the median line to the coccyx. Careful dissection was then continued upward, keeping as close to the sacrum as possible. At a point nearly two inches from the integumental opening a blind rectal pouch was found and opened. The bowel was then separated from surrounding tissue and with some difficulty brought down to the integument and sutured. The peritoneal cavity was not opened. The connection between the bladder and the rectum was not discovered, but it must have been high up. The stitching to the integument was continued laterally and posteriorly, but anteriorly a gauze drain was introduced in order that if any fecal matter exuded it might easily be washed out. Adhesion of the integument and bowel took place promptly and the wound anterior to the rectum soon filled in.

No fecal matter has passed out through the bladder since the operation, but on two occasions when the bowels were much constipated urine passed through the

rectum. On these occasions the little patient showed marked symptoms of collapse. No urine has passed through the rectum for several months. The patient has had occasional convulsions, but these have been preceded by constipation and do not differ essentially, I believe, from the reflex disturbances from which other children suffer as a result of intestinal irritation. The patient strains some upon urinating and is brought here to-day both that I may examine the patient and that you may see the results of a rather unusual operation.

Examination. Shows the anal orifice sufficiently large to receive my finger and the urethral orifice unobstructed. There is a slight adhesion of the prepuce to the glans penis, which may cause him some irritation. This I separate with a probe.

Remarks. These congenital malformations are simply defects in the normal process of development. The rectal and anal portions of the bowel develop separately and become continuous by the disappearance of the septum interposed between these culs-de-sac. In early fetal life the rectum and genito-urinary tract constitute a common cavity, which becomes divided into the normal channels. Any interruption, therefore, in the progress of development may leave these organs united. The simplest malformation is that in which the anus is occluded by a membrane, all the other organs being perfect. A more severe form is that in which there is an absence of the anal cul-de-sac, the rectum ending all the way from one to two inches from the anal region.

In another form there may be a perfect anal opening; the rectum may extend up half an inch and then cease, there being no connection between this anal pouch and the rectum itself. In another form the rectum may terminate in the bladder, the urethra, the vagina or the rectum, as in the case before us. Occasionally there is no rectum whatever. There was a patient born in this hospital several months ago in which the pelvis was absolutely solid, there being no rectum, no urethra, no bladder. In a large share of these cases the diagnosis is easily made because no anus is present, but in the class of cases in which there is an anal pouch closed at its upper extremity, unless the child is carefully watched to see that the bowels move properly, one may fail to recognize the deficiency until several days have elapsed.

Such a case was brought into our hospital during the

past winter. The obstruction was not recognized until the fifth day, when the abdomen became bloated and symptoms of peritonitis presented. The prognosis in these cases depends largely upon the character of the malformation. The most favorable are those in which there is a communication between the rectum and the vagina. Those in which there is no communication, in which the rectum ceases high up, are very unfavorable. Those in which the rectum terminated in the bladder are usually followed by cystitis and death. In an operative way it may be said that about 66 per cent of those in which it is necessary to open the colon in the groin or lumbar region die. That about 33 per cent of those die in which the incision is made through the peritoneal region.

Case 5. TUBERCULAR ADENITIS; EXCISION.—C. N., age sixteen. A year and a half ago this young girl noticed a swelling of the cervical glands on the left side. They rapidly increased in size until the swelling extended from the ear to the clavicle and produced a most pronounced deformity. There was no special inconvenience. During the last two or three months the patient's health began to decline, she lost flesh, her appetite failed, and she was unable to pursue her vocation as a child's nurse. Her temperature was about a degree above normal. Her mother died of consumption and her grandfather and great-grandfather on her mother's side also died of consumption. Fourteen months ago these glands which occupy the anterior triangle on the left side were removed. The patient's health immediately began to improve. To-day she presents herself with a chain of enlarged cervical glands in the left posterior triangle of the neck. These have not attained large size, but the entire chain seems to be affected.

Operation. An incision is made from the mastoid process almost to the clavicle and the whole posterior chain dissected out.

Remarks. Tubercular adenitis is a common form of tuberculosis, and is one that is susceptible to cure, if the operation be made at an early date. Infection usually takes place through some break in the skin or mucous membrane and I am inclined to believe that decayed teeth are often the channel by means of which the soft structures become infected. It is interesting to note the progress of the disease, step by step from gland to gland, until the whole chain becomes involved to the clavicle or

even below it. The early repair of all buccal defects and the prompt removal of all infected glands, especially in those predisposed to tuberculosis, will I believe prevent serious results. Prompt improvement of the general health following the removal of the glands even when suppuration has not taken place is one of the best evidences of the value of operative treatment.

Case 6. MALIGNANT TUMOR INVOLVING THE TRACHEA AND ESOPHAGUS.—Mr. D., aged sixty years. Enjoyed good health until September last. At that time he fell from a hay wagon, striking upon his head and twisting and straining his neck. This injury was followed by a cough and hemorrhage from the mouth and throat. Soon after he noticed a swelling on the right side of the neck near the larynx. This swelling increased rapidly and soon began to give him some difficulty in breathing. In October he lost his voice and has since been able to speak only above a whisper. He cannot sleep lying down and even when in the erect posture his breathing is labored. Anything which excites a cough produces choking and threatens asphyxiation. He is able to swallow liquids, but not solids. The tumor extends from the jaw to the clavicle, is hard, nodular, immovable and the skin over it is slightly red.

Remarks. The appearance of this tumor, its hard feel, its rapid growth lead me to believe that it is of malignant character. The loss of voice, the difficulty of breathing and the difficulty of swallowing indicate that the growth presses upon the trachea and esophagus. The early history of hemorrhage from the trachea indicates that in all probability the growth started from the trachea itself. The prognosis in this case therefore is very unfavorable. Any operative procedure would necessitate preliminary tracheotomy and the progress of the operation would necessitate the removal in all probability of the larynx and portion of the trachea. The patient insists that if I cannot promise a cure he does not want an operation. As I cannot do this, he will be sent to his home.

THE SURGICAL CLINIC.

SERVICE OF PROF. HOWARD R. CHISLETT.

Case 1. RECURRENT APPENDICITIS; APPENDECTOMY; RECOVERY.—Mr. A. D., American, aged twenty-nine.

History. The family history is good. The previous history: The patient had typhoid fever nine years ago. He made a good recovery and remained well for one year, but since that time has not been quite up to par. About three years ago he began having attacks of pain in the abdomen, localized mostly in the splenic region. This was especially noticeable after exertion, and even when free from pain would tire very readily. A year ago last winter he had a light attack of appendicitis, not sufficiently severe to confine him to bed. Last winter he had a more severe attack, lasting about five weeks, two of which he spent in the hospital. At present he complains of considerable pain of a dull, drawing character, located in the right inguinal region.

Examination. A heart somewhat dilated and with a slight mitral regurgitation. In other respects the physical examination was negative, except a tenderness in the region of the appendix, and an appendix which could be readily felt through the relaxed abdominal wall. This appendix seemed to run from the cecum downward and inward for an inch or more, and then, by an acute turn, change its direction and pointed to the umbilicus.

Operation. An oblique incision two inches in length was made over the site of the appendix, the peritoneum opened for a distance of one inch, and the cecum brought into the world. There were no adhesions to speak of, save one band passing from the ileum about the appendix, which caused a decided constriction at the point an inch and one-quarter from the cecal attachment. This band caused the deviation in the direction of the appendix spoken of in our examination. The mesappendix was ligated, a cuff of peritoneum and muscular structure reflected and the mucous tube ligated at its attachment to the cecum. After introducing a purse-string suture through this reflected flap the appendix was removed close to the ligature and the stump sterilized with pure carbolic acid. The purse-string suture being then tied over the stump the remains of the appendix were invaginated into the cecum by a second purse-string suture a third of an inch from its cecal attachment. The denuded

surface of the mesentery was covered with peritoneum and the abdominal wound closed with four layers of sutures.

Result. The stitches were removed on the eighth day, the wound healing perfectly by first intention.

Case 2. VARICOCELE; EXCISION; RECOVERY.—Mr. F. S., American; aged twenty-one. Family history, good. Personal history: Was sick three weeks about ten years ago with a severe attack of pleurisy. Four years ago he had "nervous prostration," since which attack he has been more or less nervous and irritable. In 1898 he noticed that the left testicle was enlarging and he suffered from occasional sharp, shooting pains through the cord and testicle. For the past six or eight months these pains have been much more frequent, and occasionally will run clear down the leg and into the heel. He has some pain in the back and nearly always a dull aching extending from the testicle into the left groin. The patient's general health is fairly good, the bowels regular, but he is inclined to melancholia and worries a great deal about nocturnal emissions which occur sometimes as often as two or three nights a week.

Operation. An oblique incision over the external ring exposed the cord at its exit from the inguinal canal. The anterior plexus of veins was isolated for a distance of an inch and one-half, two ligatures applied, one above and the other below, and the intervening section removed. The ends were brought together, thus shortening the cord about one inch. The wound was closed with interrupted sutures of silkworm.

Result. Union by first intention. The stitches were removed on the eighth day.

Case 3. LEFT SCROTAL HERNIA; UMBILICAL HERNIA; HYDROCELE OF THE RIGHT TUNICA VAGINALIS.—Mr. G. S., aged forty-six.

History. The patient has never had any serious illness. About seventeen years ago he was thrown from an engine, sustaining an injury in the left inguinal region. He says he was "ruptured," a "bunch" the size of a hen's egg appearing soon after. For many years he was able to retain this protrusion with a truss and suffered little inconvenience from it. Three or four years ago, however, the protrusion became so large that a truss would not retain it. This enlargement was gradual and for the past two years he has been unable to reduce the

swelling entirely. After discarding the truss he has simply worn a bandage, and that only part of the time. He is not positive when the right side began to enlarge, but at the present time there is a right-sided hydrocele as large as the fist. This, together with the hernia, gives us a tumor of the scrotum nearly ten inches in length and between seven and eight inches in width: About two years ago another protrusion appeared at the umbilicus. This, at the present time, is about the size of an ordinary apple. The patient's general health is good and he suffers no pain from these difficulties. The case is presented more for exhibition than for any help we are able to offer him, as he will have no operation unless everything can be attended to at once. He has been persuaded, however, to have the hydrocele tapped and injected with carbolized glycerine. About all we could promise so serious a case by operation would be the reduction of the hernia and the enabling him to retain it by truss pressure. The patient weighed 256 pounds, and the great lengthening of the mesentery could not very well be remedied by suturing the inguinal canal.

Case 4. TUBERCULOUS ARTHRITIS OF THE WRIST; ATYPICAL EXCISION; RECOVERY.—Mr. O. B., American, aged twenty-five.

History. His father died from an accident, his mother is still living and well. One brother died from tuberculosis of the kneejoint. In January of 1899, when alighting from an engine, he caught his foot and in swinging off was obliged to hang on with the left hand to prevent falling. This wrenched the hand and wrist very badly. The swelling was slight, but the wrist was very tender and sensitive to the slightest jar. The following month he went into a hospital, where he remained seven weeks, during which time he had a small piece of granulation tissue removed from the back of the hand. The following May he went to work, and while the wrist remained weak and pained him after using it, he continued in his occupation as brakeman until August. In January of the present year both swelling and pain increased, and the wrist and hand was so sensitive that he was unable to use it all. When he came to the clinic eight weeks ago, he had the typical spindle-shaped joint of tuberculosis. A treatment of rest and iodoform injections was tried, but as the patient was not improved we have advised excision of the diseased bone.

Operation. The wrist joint was entered by a radio-dorsal incision. Through this all the carpal bones save the pisiform were removed. The ends of the third and fourth metacarpal bones were also chiseled away and the outer third of the articular surface of the radius was removed by means of the chisel and curette. After dissecting out the diseased soft tissues the cavity was sterilized with tincture of iodine, a counter opening for drainage was then made between the flexor and extensor carpi ulnaris and the wound closed with interrupted sutures of silkworm. The arm was placed upon a splint with the wrist extended and the fingers flexed. At the present time, eight days after the operation, the patient is able to move the fingers and thumb and the edematous condition is fast disappearing.

Case 5. TUBERCULOUS ADENITIS; EXCISION; RECOVERY.—Mrs. O. P., aged thirty-two.

History. Father died of pneumonia. Mother living and well. Brothers and sisters also well. About nine years ago this patient noticed a lump the size of a bean on the right side of the neck just below the ear. This did not pain her, but kept enlarging, and six years ago she had it opened, curetted and drained. Last October it became once more infected and was opened and curetted. Soon after this another lump appeared lower in the neck, and these have continued to increase until the glands of the submaxillary region and those in the posterior triangle are all involved. Every time she takes the least cold they swell up and cause her considerable pain, and for the last four weeks the pain has been continuous.

Operation. The upper group of glands were removed through an oblique incision, one of them being so badly degenerated it ruptured during the removal. Those in the lower group were taken out by a straight incision along the posterior border of the sternocleido muscle.

Result. The lower wound healed by first intention. The upper one being drained on account of the contamination from the ruptured gland, has been longer in closing.

Case 6. HEMORRHOIDS; CLAMP AND CAUTERY; RECOVERY.—Mr. F. P., American, aged thirty-one.

History. Father died of pneumonia. He had two brothers, both of whom were troubled with "piles," and one died as the result of an operation for their cure.

Aside from an attack of typhoid fever he had when young, he has always been well. He has been bothered with hemorrhoids for the past ten or twelve years. They have been especially severe for the past three or four months, during which time, in spite of treatment, he has had many hemorrhages. The bowels have always been constipated and he has taken cathartics almost daily.

Operation. The hemorrhoids were removed by means of the clamp and cautery. The recovery was uneventful, save that the patient suffered more than is usual after this operation, and for several days was unable to void his urine naturally.

DEPARTMENT OF CLINICAL MEDICINE.

SERVICE OF PROF. H. V. HALBERT.

Case 1. THE TREATMENT OF PULMONARY TUBERCULOSIS; GUAIACOL; SANGUINARIA.—This patient, a young woman twenty-eight years of age, has been coming to my clinic for several months. The diagnosis of pulmonary tuberculosis was made from the clinical symptoms and the physical examination; unfortunately the sputum has not been analyzed because the expectoration has not been sufficient to permit us to do it. The history of the case shows a family tendency to tuberculosis and a recurrence of bronchial affections, which have favored the present condition. A persistent cough, dry in character and with considerable aphonia, seemed to torment her mostly; an afternoon rise of temperature, pronounced night sweats and extreme emaciation completed the general picture of tubercular invasion. The physical examination of the chest fully confirmed the diagnosis, as the right apex revealed the characteristic consolidation.

I present this case to-day for the purpose of discussing the treatment of pulmonary tuberculosis, though I would have preferred some of the more characteristic cases which have been under my care, in which the diagnosis has been confirmed by sputum examination.

The treatment of this terrible disease is the subject of much discussion, and unfortunately a favorable prognosis is not generally given. Still, we cannot turn these sufferers aside, and medical science and clinical investigation must continue to seek relief, if not a cure. Climatic changes so far have given the best results, but unfortu-

nately it is thus reduced to a matter of dollars and cents, for the poor cannot leave home for the sake of climatic relief. It is this class we must work for with our treatment to the best of our ability.

The destruction of the bacillus is, of course, an important consideration. If this could be done our hope would be more secure. If it cannot be done, we may possibly do something to prevent its rapid or dangerous development. Antiseptic inhalations and internal parasiticides are still worthy of consideration, though no evidence exists as to positive cures by these methods. Inhalations, without doubt, may arrest the growth of the bacillus, and this certainly should encourage us to resort to this method. Creosote, with chloroform and alcohol, has been used for some time, and still has advocates; carbolic acid, phenic acid, iodine, and other antiseptic preparations have been lauded by various clinical teachers. Formaldehyde has come into recent notice, and I believe it will yet give us results in this disease which will make it an adjuvant of value.

I take pleasure in showing you to-day an inhaler invented and manufactured by one of our own graduates, Dr. C. H. Myers, of South Bend, Ind. You will observe that it is made of aluminum and rubber, thus making it a light instrument to use. It fits easily into the nostrils and is attached by a rubber band around the head. The patient is supposed to use this while asleep or for stated intervals. The following formula is suggested by the doctor as an inhalant: Creosote $2\frac{1}{2}\%$, formalin 2%, and iodine crystals 1%. I have used this with some degree of success, and I shall continue to use it more generally, for I believe it is one of the best formulas and the best inhaler we have yet found for this purpose.

The question of using an internal parasiticide is yet an interrogation of doubt. I believe we may get good results in this way. A true parasiticide will overcome the soil conditions favorable to the propagation of the bacillus, and will to a certain extent limit its destructive power. That is surely a desideratum to be considered, for without the soil conditions the bacillus will not thrive. Again there is no doubt that septicemia or rather pyemia is the true cause of death in tuberculosis. Overcome the development of the streptococcus and we shall remove the infection which really causes death. If the soil condition

is not favorable this will not occur. Here again we seek the aid of creosote as the best agent yet known for this purpose. Guaiacol, to my mind, is the best preparation, as it does not interfere with gastric and intestinal digestion. I have given it in five to ten drop doses in milk with gratifying results. It is best administered after meals, and it does not interfere with any indicated remedy. It has been given to this case, and the improvement observed warrants all I say of it.

The diet is a matter of greatest importance. The patient must be nourished, else the destructive waste overcomes all our efforts. Forced feeding surely should be applied in this disease. Eggs and milk, at least an abundance of the albumen factor, should be persisted in. I give them raw eggs with whiskey up to the limit of stomach endurance. As Dr. Gatchell says, "we must maintain the proper equation of resistance," and this is obtained by food principally. We admit the necessity of pure air, that the patient shall live in the open air as much as possible; but that we cannot always obtain in a changeable climate like ours, and particularly in our dirty and crowded cities. Until they can make a change in residence we are obliged to do our best with remedies and general care, and that is the point I am trying to make in this case. This woman, like many others in my care, is certainly improving under the treatment, notwithstanding the fact that she must remain in Chicago.

As for internal remedies, let me say that we should not be discouraged with our homeopathic remedies, for much can be done with these. I would refer particularly to such remedies as calcarea carb., calcarea phos., kali carb., ferrum phos., phosphorus, iodine and the iodides, for they have special action in cell nutrition; that is a consideration always to be thought of in this disease.

Sanguinaria was given to this patient, because it encourages resolution and the removal of catarrhal exudation, which in itself is a cause of the dreaded sepsis. The fact that she continually improves is a proof that we have the right remedy. Hepar sulphur and tartar emetic may be considered under the same head. The iodide of antimony, in the second or third decimal potency, is also of value in this respect. It is one of the newer remedies, but in many cases far outclasses the others. The iodide of tin is also spoken of favorably. Baptisia should not be overlooked when the fibrile conditions are pronounced.

It is one of our best remedies for the septicemia. Nor should we overlook arsenicum for the characteristic cachexia and anemia.

I make so much of this subject because we are losing our courage too easily when we face this disease. Something must be done for those who cannot leave home. With the proper adjuvant treatment, with due attention to forced feeding and with the homeopathic remedy we may do more than we realize, providing we persist and are determined.

Case 2. HYPERCHLORHYDRIA.—Mr. C., age forty-six, has been an attendant at my clinic for several months. He has been suffering with a gastric hyperacidity, which has become a chronic disease. A careful study of his case has confirmed the diagnosis of hyperchlorhydria, and I therefore take this occasion to speak upon that subject.

I fully believe that the majority of stomach disorders are of this character, either in the beginning or during different stages of the disease. Therefore, it is of the greatest importance to recognize this condition early, in order that we may ward off a serious impending disease. We must recognize, in hyperchlorhydria, something more than a simple hypersecretion of hydrochloric acid. We find always an increase in ferments and the amount of gastric juice. This is attended or preceded by atonicity of the mucous and peptic glands, and there is always a tendency to ulceration. Rapid digestion and gastralgia are always complicating features.

If we look into the clinical symptoms we find that pain is a constant factor, and always occurs soon after digestion is completed, i. e., two or three hours after eating. It lasts for an hour or two and then suddenly ceases. Relief from pain always occurs soon after eating and from the injection of an alkali; albuminoids and water always agree. The hyperchlorhydria patient has a good appetite, but objects decidedly to acids. There is no cachexia except from starvation, which is unfortunately frequently due to the wrong theory of diet in these cases. The majority of sanitariums are inclined to starve these patients when they should be well fed. Constipation is almost always a feature of the disease and neurasthenic symptoms persist.

The objective symptoms reveal an increased area of tenderness in the epigastric and left hypochondriac re-

gions. The stomach is found to be empty a few hours after eating; the contents show an abundance of HCl and ferments; meat is thoroughly digested and egg albumen digests quickly in the filtrate. The great trouble in these cases is the fact that starches do not digest well.

The test meal is important. For this purpose a meal consisting of a roll and a cup of dilute tea, without sugar or milk, is given, and in one hour this is taken from the stomach by means of the expulsion tube, which I now show you. This is filtered through four thicknesses of filter paper, and the tests are applied. For the purpose of understanding these methods, I will take your time long enough to briefly explain the important tests.

First. Congo red paper will immediately turn blue if acid is in abundance. Second. Gunzburg's phloroglucin-vanillin test for HCl is a very simple procedure. It consists of two parts of phloroglucin-vanillin and thirty parts of alcohol. One drop of the filtrate is put into a porcelain dish, and to this is added one drop of the test. If acid is present a cherry-red color will appear after heating slowly. In a healthy stomach this may be diluted eight or ten times and the reaction will appear. If a further dilution shows the cherry-red color we may know there is an excess of acid. Third. The phenolphthalein test for total acidity is a very good one. This is a 1 per cent solution of phenolphthalein. To 10 c. c. of gastric filtrate add two or three drops of the solution; then drop from a burette sufficient deci-normal caustic soda to turn the mixture red. Read the burette, multiply by 10, and this will give the total acidity. Fourth. Toepfer's 1 per cent solution of dimethyl-amido-azobenzol combined with the phenolphthalein test is a very good one. To 10 c. c. of gastric filtrate add one drop of phenolphthalein and one drop of Toepfer's solution. This mixture will turn red. Add the caustic soda until the mixture becomes yellow; read the burette, multiply by 10, and it will give a figure representing the free HCl. Then continue adding the caustic soda until the red color returns, and multiply the burette reading by 10, and we shall have a figure for the total acidity. For the percentage we multiply these numbers by .00365.

One or all of these tests are absolutely necessary for the careful examination and for the care of these cases.

So far as the treatment is concerned we should first attend to the diet. These patients demand food, and

meats in particular. The stomach should be kept full sufficiently long to dilute the acid. Eggs, milk and meat are always favorably received by the stomach. If the stomach does reject them at first we should persist in that line of diet. Three meals are not generally enough—four or five would be better.

Water should be given ad libitum. Hot water before the meals will dilute the acid and prepare the stomach for a more natural digestion. Lavage is an important adjuvant in the treatment, and in severe cases should be employed once daily and just before the hearty meal. We cannot make a mistake by attending to the neurosthenic condition. This is often the complicating irritant.

Among the remedies I have found magnesia phos. 3x of great usefulness. It overcomes the gaseous eructations, the burning pains, and to a great extent corrects the constipation. *Robina* I consider homeopathic to this particular disease. It corresponds more closely to the symptoms than any other remedy. Eructations and vomiting of sour fluid, burning pain in the gastric region when the stomach is empty and relief from taking food are its characteristic symptoms. *China arsenicum* should be given when there is an alternation of hyperacidity and a deficiency of the same. *Argentum nit.* is a very good remedy in the later stages when the peristaltic action is weak. It relates more particularly to the condition of gastric dilation when food remains too long in the stomach and fermentation is pronounced. The gases are excessive, and are ejected with great force. There is always an apathy for food and "nervous dyspepsia" may be said to exist. *Orexine tannate* is a newer remedy which I have used successfully when hyperchlorhydria has been followed or attended intermittently by a condition of chronic gastritis. It is indicated when the stomach seems irritated by undigested food and when the appetite is variable.

Hydrastis should not be overlooked in these stomach conditions. It has been given to the case I present to you and has relieved him very much indeed. It is called for when the gastric secretions intermit, and when there is a tendency to a purulent character. With the hyperacidity there is an apparent torpidity of the stomach function; besides this there is a gastro-intestinal and hepatic involvement. Hence we may say that it is indicated when there is an atonic dyspepsia with acidity, when there are severe abdominal and hepatic pains, when

there is a peculiar goneness, faintness and weakness in the stomach and particularly when the patient is beyond thirty.

Case 3. RHEUMATOID ARTHRITIS.—Mrs. T., age forty-two, has been afflicted for some time with a condition diagnosed by the familiar term rheumatism. She suffers mostly with pains in her first and second fingers of either hand. These parts are gradually enlarging and with this are appearing pronounced neurasthenic symptoms. Rigidity of the muscles as well as the joints involved is pronounced and there is considerable spasticity. This is to my mind a confirmation of the neurological pathology of this disease.

We find, in this disease, that the enlargement is due to a cartilaginous increase, and that it is symmetrical as is always the case in rheumatoid arthritis, but not necessarily in rheumatism or gout. Again, the involvement in this disease is observed first in the phalanges, while in gout it is generally in the lower extremities. In rheumatism there is much more pain, different joints are involved, the inflammatory symptoms are more pronounced and cardiac complications are frequent. It is not the same in this disease. Therefore, I am inclined to take the neurological side of this question, and I am convinced by a considerable experience in this respect.

In the treatment the diet must be nourishing and abundant in fats; the urine must be kept up to the normal amount by the use of distilled and alkaline waters; hot baths will be of some service and galvanism will aid the absorption and possibly correct the hyperplasia. Among the remedies I would mention colchicine for the local pains, 1 grain to 1 ounce alcohol, two or three drops q.i.d.; benzoated lithia, 1x; benzoic acid, 3x; rhododendron, 2x; but above all a remedy which relates to the neurotic condition. I do not wish it thought that I use picric acid too frequently, but it has been so useful to me in neurasthenic conditions that I desire to apply it in this case. The lady has taken it for some time, and I expect a perfect cure, inasmuch as I have seen such good results in similar cases.

Case 4. SPECIFIC ULCER OF THE TONGUE; NITRIC ACID.—Mrs. C., age forty; came to my clinic only last week, and her case serves to illustrate how easy it is to be deceived by a patient's statements unless we make a thorough examination. She said her suffering was due

only to a stomach disorder, that she had suffered with gastric ulceration and purpura. This was her "doctor's" diagnosis, and she had taken the "usual tonics" but could endure the "strong medicine" no longer.

Upon further questioning I learned that she complained of a headache—"as if her head was in a vise." She used these very words. She had coryza with a soreness and bleeding of the nose; she complained of blisters or ulcers on her tongue and a constant "sticking pain" in her throat; she also suffered with extreme fulgurating pains at night. Her skin was dry and scaly; there were purpuric spots on the legs, her tongue had a deep fistulous ulcer, and her soft palate showed signs of syphilitic invasion of long standing.

This was such a beautiful picture of nitric acid that I gave it to her in the thirtieth potency one week ago. She says to-day she is much better, and I shall raise the potency. I believe I should have done this in the beginning. It will be interesting to note the progress of this case, as it comes to us after "drugging" has failed. I am sure I shall cure her, because nitric acid is a powerful specific remedy, and it will surely work results here, as the characteristic symptoms are so clearly indicated.

Case 5. CHRONIC CONSTIPATION; IRIS VERSICOLOR.—Miss B., aged twenty-five, had been troubled with constipation for many years; cathartics and other heroic medicine had only served to make her worse. She is now entirely dependent upon a cathartic, and her general health has suffered very much. She complains of a throbbing headache, mostly upon the right side and in the right eye; nausea always attends it; she is bothered by a profuse flow of saliva, her mouth seems scalded, and she shows a debility from long-continued intestinal indigestion. She is very anemic and nervous.

Iris versicolor 1x was prescribed six times daily. She was instructed to take a cup of hot water every two hours, and she was permitted to have a full diet of meat and vegetables, believing it to be necessary to give the bowel sufficient to induce a vigorous peristalsis. She has reported from week to week as much improved, and now she says she is absolutely well and the bowels move regularly each morning. The remedy is still kept up, but less frequently.

I cite this case from the fact that chronic constipation is one of the most difficult conditions to overcome. The

fact is, most physicians are too prone to give a cathartic, and hence we have such obstinate cases to deal with. The systematic drinking of water will often overcome it, but patients will not do this unless we state the hour they shall take it, the same as medicine. In conjunction with this I frequently give a teaspoonful of unground flaxseed in a cup of hot water at bedtime.

Iris versicolor is a remedy which really has cathartic effect if used in a low potency and continued for any length of time. I frequently use it in tincture tablets or in ten drop doses of the tincture. It increases the secretions of the gastro-intestinal tract and the liver as well. It also stimulates the liver peristalsis as no other remedy will do. Again, it has a powerful action upon the pancreas, thus helping the digestion of fats. I am free to commend it as one of our best remedies in constipation when the characteristic symptoms are present.

Case 6.—AORTIC AND MITRAL INSUFFICIENCY; IGNATIA.—Mr. H. came to my clinic several months ago complaining of severe constipation, cystitis as the result of an old gonorrhoea, and a great inability to perform any work on account of a shortness of breath and cardiac irritability.

The physical examination revealed a greatly enlarged heart with both aortic and mitral insufficiency and a considerable dilation of the left ventricle. This evidently had a primary association with the gonorrhoeal attack and a rheumatic tendency. For the cardiac irritability he was given crataegus, five drop doses four times daily, and in many respects he was much improved in a few weeks. This is a remedy which I value highly in cardiac conditions, where the tension is high and the compensation is not perfect. Still he did not seem to mend rapidly enough for our satisfaction.

After a more extended examination as to his symptoms the following was elicited: His dyspnea was a tended with a peculiar sighing characteristic; he was always striving to take a longer breath; the larynx seemed constricted; he felt as if he had a weight on his chest constantly. He was constipated, with a tendency to rectal constriction and ineffectual straining. He had also a sensation of weakness and emptiness in the stomach, even after eating. Again, he was an excessive user of tobacco, and he had the typical neurasthenic headache.

These symptoms formed such a complete picture of ignatia that I stopped the crataegus and gave him this rem-

edy, first in the third, and later in the thirtieth potency. His improvement has been remarkable. You may examine his heart to-day and you will find a much healthier action, and when you hear him say that he is feeling "so much better in every way," you will certainly give some credit to the remedy.

We learn from this case the necessity of considering the symptoms even in an extreme case like this.

Case 7. CHRONIC GASTRITIS; NUX VOMICA.—Mrs. H., age forty-three, has been under our clinical care for some time. Her chief complaint has been relative to her stomach; she always has gastric distress after eating, no matter what may be her diet; she has no appetite and has suffered with a condition pointing to catarrhal stomatitis, with nausea and much vomiting. Gaseous eructations, a bitter taste in the mouth, with much heartburn, disturb her at periodic intervals. The gastric contents show HCl to be deficient with the presence of butyric acid and much food decomposition. Her tongue is heavily coated and she constantly craves an acid.

So far as her symptoms are concerned, the following are characteristic: Hypochondriac mood; frontal headache, worse in the morning and worse from taking food or coffee; hunger, but aversion to food; bloating in stomach after eating; pain in gastric and abdominal region, griping in character; constipation, with frequent and ineffectual desire for stool. These indications were so clearly suggestive of nux vomica that she was given the third potency, six times daily. Her improvement has been marked from week to week.

Adjuvant to the remedy she has had lavage every other morning on an empty stomach. This has been done with the White recurrent tube, which, to my mind, is the only one to use. Ten drops of a 10 per cent solution of HCl, given in a cup of hot water immediately before each meal, has also been employed. In the way of diet she has been advised to abstain from meat, inasmuch as there is not sufficient acid in the gastric juices to digest it. Vegetables and broths at stated intervals have been employed for nourishment, and fruits she has been permitted to have unless the stomach seemed to be disturbed by them.

It should be observed here that the diet list in the treatment of chronic gastritis should be directly opposite to that in hyperchlorhydria.

In connection with this case I wish to refer to another

case of chronic gastritis which calls for a different remedy. The young woman you see here is only twenty-three years old, yet she has been afflicted with this trouble for four or five years without any help. Her symptoms have pointed to a more pronounced catarrhal involvement, both naso-pharyngeal and gastric. There are tough and stringy discharges coming from the nose and stomach; the tongue has a very heavy coating. She has also a tendency to rheumatic symptoms with the gastritis; the bowel movements are diarrhetic in character and filled with stringy and ropy mucus. Kali bi:chromicum 3x was given to her, and under the influence of this remedy she has gradually improved. I expect to cure her with this alone.

This remedy is rarely thought of in diseases of the stomach, but it should not be overlooked by any means. I believe it is one of our most valuable remedies when the catarrhal exudation is extreme and particularly in cases of long standing.

Case 8. NEURASTHENIA.—The case which I now present to you is one of the most pronounced neurasthenics I have ever had in my clinic. In fact her case borders upon typical hysteria, and is only differentiated from that disease by the absence of anesthesia and the peculiar characteristic contractions. As you observe carefully the clinical symptoms I now obtain you will see a most instructive picture of this affliction.

First we notice that she has the helmet headache, beginning in the occipital region and ending in the vertex; this is more of a pressure than a real headache. Next we find the paresthesia resembling, many times, the feeling of crawling insects. Vasomotor perversions are pronounced; for at one time her hands and feet are hot and then they are cold. Special sense disturbances are manifest, and she has a decided limitation of vision. If we ask her to close her eyes we find that she would fall to the floor, thus giving a perfect Romberg sign. A fine tremor of the hands soon becomes exaggerated into a real intentional coarse tremor. The knee reflexes are greatly exaggerated and there are decided gastric perversions, such as anorexia, gastralgia and dyspepsia. These always attend the extreme cases.

In all neurasthenic cases we find what might be termed the relaxed hepatic function, as jaundice and constipation appear frequently. Besides we have a neurasthenic

heart; feeble, excitable and irregular. Every case so extreme as this is sure to give us, in the later stages, this cardiac trouble which by no means should be confounded with an organic condition or other functional states. Then again we observe, in her case, a very common symptom, polyuria, which in neurasthenia is always worse at night.

So far as the treatment of this disease is concerned we have much to consider. Unfortunately this disease is generally given up as a bad job, sent to a rest cure or palliated by a change of climate. We forget that it is functional, and that our remedies are surely available if we only persist with patience. Rest, food, systematic employment, electricity, massage and the psychrophor are the best adjuvant considerations. The first three are generally understood. Electricity, I believe, should be given in the form of the static breeze; massage can be estimated by its individual action; some will gain under it while others cannot tolerate it. The psychrophor, which I now show you, is my best help in this disease. You will observe that it is simply a recurrent plug to be inserted into the rectum, and through this ice water is allowed to run slowly. I employ it when the patient is prepared for bed, and it invariably induces a pleasant sleep, and at the same time restores the spinal nerve cells to healthy action. My success with it in the hospital and in private practice has been phenomenal.

When we come to the use of remedies we should be guided by symptoms and a desire to restore lost protoplasm. In my experience no remedy is better for this than picric acid. It relieves the cell irritability and the exhaustion. When anemia is pronounced I add iron in the form of ferrum picricum; when the exhaustion is extreme I add zinc in the form of zincum picricum. This is the preparation used in this case and the results certainly confirm the choice of the remedy.

When neuralgia is a characteristic symptom I have found physostigma and methylene blue of great value. The former refers more particularly to facial neuralgia while the latter should be used for the fulgurating pains of the body. Hyoscyamus, stramonium and belladonna have always served me well when insomnia or great mental excitement are present. For the hypochondria the following remedies are generally indicated: anacardium when mental excitement is pronounced; pulsatilla when genital or gastric perversions are present; aurum when

despondency with a suicidal tendency persists. Asafetida should not be overlooked in cases with severe irritability and ill humor, and particularly with "globus hystericus" and other extreme sensory disturbances.

Hypnotics I always avoid in the treatment of these cases, and, in conclusion, I give as my last suggestion, the advise that you hold to and persist with your indicated remedy.

Case 9. CHOREA; AGARACINE.—I present here a case common in our practice, but often confusing so far as treatment is concerned. This young lady, sixteen years of age, is just at the time of life when these acquired neuroses appear. She begins to drop things from her hands; she does not walk easily; she is hysterical and morbid, and there are signs of twitchings. As a cause for this condition we may look back to her schooling. As in many similar cases, she has been overurged mentally at a time when physical development is most necessary. For that reason I cannot speak too harshly against the present infernal method of developing the mind at the expense of the body.

As in a majority of cases, we find here signs of rheumatism and a previous endocarditis, for there is a slight mitral murmur. Then, too, we observe a tendency to anemia and digestive disturbance. To a certain extent it is taking in the paralytic form, for she does not use her arms with any degree of perfectness.

The pathology of chorea points strongly to a cortex irritation, and as a result the unusual discharge of nerve force is interrupted, thus making voluntary impulses incoördinate.

The treatment of this disease requires rest, change in surroundings, a regulated diet, the hot bath and enforced rest for the parts disturbed. Internally we have many remedies. Cimicifuga is one of the best. It is a muscular depressant, increases contractility of muscular fibers and has the tearing pain so often noticed when rheumatism is factor. I would like also to call attention to the valerianate of ammonia when hysterical symptoms prevail; to veratrum viride when there is rapid cardiac action with a rapid and full pulse; to lobelia when the medulla and pneumogastric nerves are affected. In such cases nausea persists, gastralgia and chest oppression are present.

This case I have given agaracine 1x for the following

symptoms: Muscular twitchings, flatus and distressing cramps in the abdomen, deep spinal pains, tremors in the hands, and violent, involuntary convulsions which cease during sleep. I regard this as one of our best remedies, and I am positive we shall gain good results with it in this case. No treatment offers us more encouragement than the homeopathic remedy, and this is fortunately a disease of the nervous system in the care of which we are sure of a cure.

SERVICE OF PROF. A. L. BLACKWOOD.

ARTERIO-SCLEROSIS.—Mr. K., age fifty-five years. He came to the clinic March 22, 1900. His father died of some form of heart disease, his mother of tuberculosis. Apart from a sunstroke thirty years ago, he was well until four years ago, at which time he had pneumonia, and has not been well since. He complains of a constant pain in the region of the heart, which varies; at times it is dull in character, and again it is sharp, extending to the left shoulder and down the left arm. Vertigo is present much of the time; he suffers from a frontal headache, a lumbar pain, and has frequent desire to urinate. The bowels are constipated and the appetite is poor. He feels exhausted and has a continuous thirst, with burning in the mouth, throat and stomach.

Physical examination shows the patient to be markedly emaciated, the skin yellowish and dry. The arcus senilis is developing, and the temporal artery is becoming prominent. The apex impulse is below and external to the left nipple. Percussion shows the cardiac area to be enlarged downward and to the left. Auscultation reveals an accentuation of the second aortic sound, but there is no murmur. The high arterial tension, the hardened arteries, the hypertrophy of the left ventricle, and the accentuation of the second aortic sound leads us to arterial sclerosis as a diagnosis. In this case the indiscretion of youth and heredity we believe to be responsible for the condition. In this class of cases, when the symptoms are confined to the head, and is expressed by vertigo, tinnitus aurium, etc., it is known as the cerebral type. When the vessels of the kidney are markedly affected, narrowing their lumen and limiting the blood supply to the kidney, it is known as the renal type. When the arteries of the extremities suffer most, the parts do not receive sufficient blood, it is known as the peripheral type. When the

vessels of the lungs are involved with the heart, it is known as the pulmonary type.

While met at any age, it is a disease of middle and advanced life. When it appears early in life it is usually the result of some poison, as alcohol, syphilis, gout, lead poisoning or chronic nephritis.

Of all the arteries the aorta is the one most frequently involved; next to this the coronary. The process may be circumscribed, or diffused, of which this case is a type; the process being distributed through a greater part of the arterial tree. There is found to be an extensive proliferation of the endothelial connective tissue and a hyaline degeneration of the media, especially in the larger vessels; the elastic tissue and muscular fibers having almost totally disappeared. In the smaller vessels necrotic degeneration and calcareous deposits are observed as late changes, giving rise to rigidity of the walls of the vessels, and on account of the narrowing of the lumen of the vessels atrophy of the liver, kidney, or heart, may follow. In the circumscribed variety primary changes are in the middle and external coats. There is a localized infiltration which weakens these coats, and a compensatory process is established in the inner coat which consists of a hyperplasia with a deposit of round cells, which causes a gradual thickening.

These patients should not overeat, especially meat, and alcohol should form no part of their diet. Plenty of pure or sodic water should be taken, but no calcareous or iron water. Exercise should be regular, but no marked physical exertion allowed, nor should they go to any marked elevation. The skin should be kept active and the bowels regular. The iodides have given the best results in this class of diseases. On account of the marked prostration, the vertigo, the severe burning pain in the stomach, with heat in the mouth and face, the tightness of the chest and anxiety of the precordial region this patient was given the iodide of ars. He states the medicine is surely helping him. I have used this remedy in several cases, in some of which the renal vessels appear to be most involved, with marked benefit. When syphilis has been the basis of the trouble the iod. of pot., the chloride of gold, and cup. sulph. have assisted. When constipation has appeared with involvement of the kidneys the iodide of lead and plumbum has given relief.

SCIATICA.—Our next patient is forty-five years of age;

his father died of smallpox, his mother of dropsy. He came to the Clinic on February 22, 1900, and stated that he had been suffering for three years and a half; during the past six months here has had no relief whatever, but continual pain which follows the course of the sciatic nerves; the left one being the worse, but both are affected. The pain is dull, aching, burning in character; worse at night, especially after midnight; obtains no sleep on account of distress. The pain is slightly relieved by hot applications.

Physical examination showed the patient to be well nourished; there was some tenderness along the line of the sciatic nerve of the left leg; the one from which the patient had always suffered most is one-half inch smaller than the right. Our diagnosis was sciatica.

On account of the regular exacerbation every night at one A. M., the burning character of the pain, the relief from warmth, aggravation from cold, that was increased by vigorous and relieved by gentle movements, the general sick feeling and the restlessness during the exacerbation, arsenicum alb. 30 was given. March 8, he reported feeling a little better, but still suffers much at night. Arsenicum 200x was given; on the 22d of March reported much relieved. Sleeps better, pain and tenderness along the nerve less; can now walk with his canes; was given ars. 1M. one dose and placebo. March 29, he reported feeling better than for months. April 5, feeling fine, and on April 19, considers himself well. There are many remedies that may be indicated. There are four that every physician should think of when seeing a case of sciatica; they are colocynthis, rhus tox., lycopodium and arsenicum. Colocynthis is indicated in recent cases where the pain appears suddenly and with great severity; it is constant and aggravated by cold or motion. There may be a feeling of numbness in the whole extremity. Rhus tox. is of use in those cases that have existed for some time. There is a burning, tearing, stinging pain, more during rest, and alleviated for a short time by motion; but if the motion is continued, becomes worse and lameness, heaviness, and actual paralysis may be present. There is attack of cramp and pains in the calves of the legs. Lycopodium is indicated in chronic cases; the pain is chiefly burning or of a fine stinging character, worse during the close of the day, and from rest. There are complete intermissions of pain and there is apt to be

marked twitching of the muscles and constipation is present.

BILIARY CALCULI.—Mrs. O., aged twenty-six years. She is a housewife. This patient came to the clinic three weeks ago. She had always been very healthy and robust until about one year ago when she began having severe paroxysms of pain, the starting point of which is in the right hypochondrium and radiates from this point to back and up to the right shoulder; with the advent of the pain there is chilliness and vomiting of the contents of the stomach. There is jaundice at the time of the attacks or shortly after. There has been as many as two attacks during one week, and there remains a marked soreness. Morphine has been employed to relieve the pain.

A physical examination showed the body well covered with adipose tissue. Nothing abnormal can be determined from a tenderness in the region of the gall bladder. When we consider the location of the pain, the nature of the attack, the appearance of jaundice, I believe we are justified in claiming that we are to do with a derangement of the liver and probably biliary calculi. In treatment of these cases there is something to be done apart from the therapeutical treatment. Too much rich food and too little exercise should be avoided, as the waste products are increased in the system and the secretions are rendered abnormally acid. These conditions demand a moderate diet with as little saccharine and starchy food as possible; a regular systematic exercise that will promote metabolism and assist the circulation through the liver, such as horseback riding, bicycling, a habit of taking systematic deep breathing, are especially beneficial, as they assist the hepatic circulation. Stimulants that affect the liver should be forbidden as well as those articles of diet that contain cholesterine, as brain, yolk of egg, etc. Drinking water an hour before meals is of service, as it flushes the liver.

At our first examination of this case we believed that chelidonium majis to be indicated and gave it in five drops of the tincture four times a day, with one ounce of olive oil three times a day. Her report to-day of but one attack in the past three weeks justifies continuing the treatment. Some of these cases demand surgical treatment, but I have known them to be cured by the use of remedies and a careful regulation of their diet and exercise. It should be remembered that in those cases where

the calculi are removed by operation that the patient must be treated for a time that the abnormal condition of the bile be corrected.

MITRAL INSUFFICIENCY.—Miss B.'s age is fifteen. Her home is in Iowa. Her parents are both living; the father is well but her mother suffers from rheumatism. The patient has never been well; when a baby she had the measles; following this she had whooping cough; has had chorea four times. She always takes cold at the slightest exposure. Since having the measles there has been a shortness of breath and pain in the left side when climbing stairs or walking rapidly. There is a continuous cough which is attended with an expectoration of whitish mucus. The patient is restless and nervous at night. The bowels are regular and the appetite is good. The extremities are cold.

Physical examination shows the patient to be below normal in nutrition. There is a slight spinal curvature, a chicken breast. The cardiac impulse can be seen to the axillary line. Palpation gives much the same information, the apex beat being diffused over a large area; percussion outlines a dullness extending into the mid-axillary region. Auscultation reveals a murmur that is systolic, heard best at the apex, conveyed around the body to the left, and replaces the first sound. Our diagnosis is mitral regurgitation with cardiac dilation. There is present a degree of hypertrophy. While this patient gives no history of rheumatism, there is a history of chorea that is frequently a factor in producing heart lesions. There is also a history of measles and whooping cough, either of which act at times as the exciting factor.

The treatment should be general. So long as compensation is perfect, I would not advise the use of any cardiac tonic. This patient should wear flannel the year round. There should be regular and regulated exercise in the fresh air, plenty of good nutritious food and all the organs kept in as healthy a condition as possible. I would advise the use of hypophosphate of lime the 2x at present time; our aim is not to remove the valvular lesion but to bring about a healthy condition of the myocardium and prevent further dilation.

GENERAL MEDICINE: DEPARTMENT OF
PEDIATRICS.

SERVICE OF PROF. JOS. P. COBB.

FOUR CASES OF APHASIA.—I have selected aphasia as the subject of our clinical talk to-day because it seems to me that the subject deserves more consideration by the general practitioner and the laity than it now receives.

At the present time much is being done for the care of the insane, for the care of idiots and imbeciles and for the treatment of physically defective children; the child, however, who is not physically defective and whose only marked developmental defect is inability to talk, is usually neglected until his most favorable time for education has been lost. The average child begins to talk between the ages of one and one and one-half years; precocious children may begin to talk earlier and children who are slow in mental development may be somewhat later. Tardiness in beginning to talk may be a family trait, when there will be some other example of the tardiness of speech as a precedent in the family.

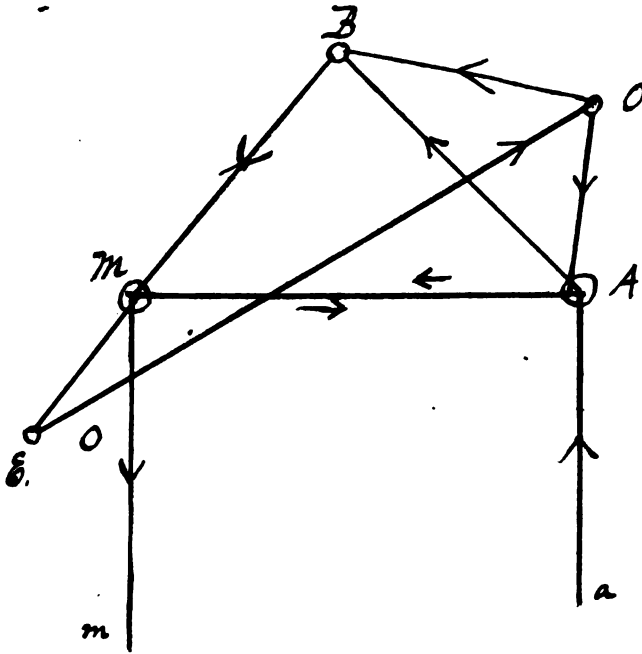
The late acquisition may be the result of debilitating disease manifestations near the close of the first year; or speech once acquired may be lost as the result of disease. The environment of the child also plays a part in the child's education in this particular as in other directions.

If a child has not acquired some power of speech at the end of two or two and one-half years it should be the subject of special examination by the physician. In the majority of children defective development of speech is but a part of a general defective mental development. Speech, however, is the function of certain special areas of the brain; and while it is rarely the only defect it is often the most pronounced defect.

Defective speech may be parental in origin when it is associated with idiocy or imbecility and is more properly described as dysphrasia. It may be due to difficulties during labor, when it is usually associated with some form of paralysis (a long impaction in the birth canal is more productive of this defect than the use of the forceps), or it may be acquired after birth as a result of an accident or disease and be associated with paralysis, imbecility or epilepsy. Defective speech is also a part of the cretins impairment, sporadic cases of which appear from time to time in our clinics.

Before speech is acquired a child learns to under-

stand language. Names of persons and of objects are heard over and over again, and the child learns to associate the sound memories with the objects they represent; then he begins to utter words and to repeat what he has heard. The auditory impressions, including those of language, are stored up as auditory memories in the first temporal convolution. The muscular memories of articulation are stored up in the third frontal convolution where Broca located the center for speech. These two



LICHTHEIMS' DIAGRAM. (Adapted.)

A.—Auditory center.

aA.—Path to auditory center.

M.—Center for memory of movements.

mM.—Path from center to organs of articulate speech.

E.—Eye. O.—Visual center.

B.—Concept centers—all areas of the brain which are concerned in the connection of speech centers and speech paths, probably a part of the functions of certain tracts of the associated fibers.

centers are in the left hemisphere. Visual impressions are preserved in the angular gyrus bordering on the occipital

lobe. Any impairment of the areas of the brain which has to do with language will be followed by defects of speech, which is termed aphasia.

If the perception of spoken language is defective it is called "sensory aphasia"; if the defect is in uttering it is called "motor aphasia."

Wernicke has further divided both sensory and motor aphasia into cortical, subcortical and transcortical aphasia.

Cortical sensory aphasia is due to a lesion in the center A. The patient cannot understand what is said to him nor repeat language, but of his own volition he can speak freely, yet will confuse words.

Subcortical sensory aphasia is due to a lesion in the path aA. The subject cannot understand nor repeat words, but he can speak freely of his own volition, and his speech is not confused.

In transcortical aphasia the lesion is in the path A B. The patient cannot understand what is said, but is able to repeat words; to imitate language without any memory or special understanding of language.

In cortical motor aphasia the lesion is in the center M. The subject understands language, but is unable to utter it or can say but a few words. He cannot speak of his own volition or call up words. (This is the most frequent form of the ailment.)

Subcortical motor aphasia is due to a defect in the path Mm. Here a correct conception of memories is preserved, but speech only is lacking. He can be taught to write accurately.

In transcortical motor aphasia the lesion is in the paths represented by B M. The subject has a perfect understanding of language; can repeat language, but can not speak of his own volition.

A combination of some of these various types is often observed in individual patients, and in children who have not learned to write or to read, or who have not had the advantage of any attempts at training, it is not easy to determine the type which they represent.

The following cases are introduced as illustrative of the subject under discussion:

Clinic case 2520.—Silte Van Eck, age six years. Parents living, apparently well. Mother's mother was insane last six months of her life. Mother's father died of consumption. There are two brothers, aged eleven and nine years; one sis-

ter age thirteen years. The sister has psoriasis every winter. Has a brother eleven years old who, when two years old, had indigestion for three weeks, then had brain fever; he is not bright in school and does not speak plainly. The brother nine years old seems normal in every way. This boy was breast fed eighteen months. Had stomach trouble all of the first three years, and frequently when having an exacerbation of this trouble, would have very high fever and become delirious. He was constipated during the first two and one-half years of life. Between his second and third years he had pneumonia and was ill a long time from its effects. Is said to have had brain fever three times during the first two years. He appears to be physically well developed. He frequently has ear-ache; at present, ear is discharging foul pus. He is extremely nervous and excitable. He does not talk much or well, uses very few words, none of two syllables, unless the second is but a repetition of the first, as in pa-pa. He seems to understand perfectly all that is said or that goes on about him. His mother says he is very bright in every way except talking:

Physical examination. Heart and lungs are normal. Elongated, nonadherent prepuce. Left knee reflex dull, right normal. Face and head a little asymmetrical. Has some decayed teeth. Tongue deeply furrowed. Mucous membrane of mouth pale. Urine occasionally milky in appearance. Dr. Swan reports "no evidence in eyes of any brain disease." \mathcal{R} Silicea 30th t. i. d.

Subsequent history. He seems to be gaining, in that he is more quiet, showing less excitability than when he first came; appears to have a little more control over himself. Has taken cold twice since he first came, both colds have increased ear discharge, and bowels have been constipated.

Blood analysis was made by Prof. Wilson with a view to help in determining the presence of syphilitic stigmata.

Report of blood analysis:

Gross appearance.....	Normal.
Rate of clotting.....	Normal.
Count of red corpuscles.....	4,800,000
Count of white cells.....	29,000
Specific gravity.....	1.053
Hemoglobin.....	70 per cent.
Pathology of the red corpuscles: Paler than normal; a few very small form; not much deformed; no nucleated cells.	

Lymphocytes and large mononuclear.....	40 per cent.
Polynuclear neutrophils.....	59 "
Polynuclear eosinophiles.....	1 "
Myelocytes.....	None.

Clinical significance. Tuberculosis and a rachitic diathesis being excluded clinically the problem is, is the aphasia complained of due to arrested development or inherited syphilis?

This is a secondary anemia of a not very severe type. It is a secondary anemia with absolute lymphocytosis. It is the form of anemia common in children from any cause. A child of six is approaching the period where his blood becomes like that of an adult. In adults syphilis is the only disease outside of the primary anemia which produces an absolute lymphocytosis.

There is no reason to expect that a traumatism of several years standing would produce this condition. The two most common causes, viz., tuberculosis and rickets, being excluded clinically, there is but one choice, syphilis. It must be added, however, that this cannot be stated with as much certainty as in the case of adults.

This boy represents a fairly good example of cortical motor aphasia in whom there is no other pronounced mental defect. He cannot talk at all, only pronouncing a few words upon which he has been repeatedly drilled; he hears and sees, and knows what he hears and sees; understands language and is mentally bright in every other way. His appearance, his teeth, the facial and cranial asymmetry and his early history suggested hereditary syphilis; the occurrence of a similar, though less pronounced, history in the case of an older brother, strengthened the suspicion, and the blood analysis seems to confirm the suspicion.

It is probable that one of his attacks of brain fever was leptomeningitis, with endarteritis, and that a lesion in the center for the memory of muscular speech efforts remained—the lesion is not on the path from the center to the organs of articulate speech, because he can articulate some monosyllables distinctly.

It is probable that persistent training will teach the right hemisphere to assume the function of the impaired center of the left and that the boy will learn to talk.

Case 2554. James Egan, age ten years; father living and well; mother not living; cause of death not known. She was subject to rheumatism. No record can be obtained of family history as to consumption or syphilis or nervous diseases. There are no other children in family; had had some of the diseases peculiar to children, but which ones and when cannot be ascertained. He had typhoid fever when four years of age, and since then has

had rheumatism. In the first attack of rheumatism his neck became stiff, with marked torticollis. It is worse whenever he has a return of rheumatism. He has never talked plainly. It is an evident effort, and he says but few words. He does not learn readily; has attended school for three years and is yet in the first grade. He does not remember well. He is very nervous and appears afraid of every one.

Physical examination. Left dorsal curvature; right shoulder drops down and forward; sides of body not symmetrical in neck, back or chest; left arm one-quarter inch longer than right arm; apex beat displaced to left; mitral insufficiency is present; left ventricular hypertrophy; drags his feet when he walks; testicles not descended. \mathcal{R} Kalmia lat. 3x t. i. d. Thyroidin 2x t. i. d.

Urinary examination. Amount passed in twelve hours, 220 c.c. Color, straw; odor, sweetish; reaction, acid; specific gravity, 1.029; total solids, 14.84 grammes; chlorides, normal; sulphates, normal; phosphates, .638 grammes; urea, 5.50 grammes; sugar, absent; albumin, absent; peptones, absent. Microscopical, some bacteria, a few oxalates of lime crystals.

Typhoid fever and rheumatism are each recognized as occasional causes of aphasia. They are both toxic diseases, both lower the resistance and elasticity of muscular and fibrous tissue and thus favor the occurrence of both cortical and deep hemorrhagic infarcts. This boy evidently developed endocarditis, which has left him with a damaged heart. The same agency which caused the endocarditis (whether you believe it was uric acid or toxic microorganisms) could cause an endarteritis. Next to syphilis rheumatism is the most common cause of arteritis and endarteritis.

Here the aphasia is associated with considerable paralysis, and we must conclude that the lesion affected an area which would involve the muscular center of speech, some of the centers for the arm, neck and trunk muscles. The muscles on the right side are better developed than on the left, so we cannot infer that the lesion was a simple left-sided cortical one, but that more probably the tracts from the centers to the various organs were also involved. This, with the history of his inability, would lead me to say that his is a mixed type of both cortical and subcortical aphasia.

Case 2581. Is sent to us by our assistant, Dr. Smith.

Willie S., æt. eight years, was breast fed for one year. There is nothing in the family history suggestive of any dyscrasia. There are two other children, a boy æt. eighteen years and a girl æt. fifteen years, both of whom have always enjoyed good health.

This child was a sickly, puny child from birth and was called a "blue baby," though there is no heart lesion existing at present. The labor is described as long and hard but terminated without instrumental interference. He did not grow, nor gain in strength as he should; did not walk until he was over four years old. He had measles when he was nine months old and was very ill. When he was one and one-half years old he could say papa and mamma; he has never spoken distinctly and now says very few words. He is not mentally bright but understands what is said to him and recognizes objects, knowing their names when spoken. His general health is now good.

Physical examination. Boy is very much undersized but fairly well proportioned; heart and lungs normal; no enlargement of liver or spleen; body is symmetrical. His tongue is large; teeth small and backward in erupting; head is small, micro- and brachycephalic with very little occipital protuberance; his fingers are short and stubby, and face is inclined to be flat. He is dwarfish both mentally and physically, but without any paralysis.

This boy is very suggestive of the cretin type, not a pronounced cretin but showing many of the conditions which would remain in a case of cretinism that had outgrown the complete infantile impairment of cretinism. His aphasia is of the motor type and the result of imperfect development of centers of speech but without any marked impairment of perceptive centers. At his age, eight years, and with his history there is not much promise for his future.

CLINICAL TALK ON RICKETS. BY GEO. T. SMITH, M. D.
—Rickets was first described by Glisson in the year 1650. This is a disease that is very prevalent in the European countries, especially those in the southern part. The disease is frequently encountered in this country, principally in the northern states, and the children most frequently affected are the Negroes and Italians. It usually attacks children between the ages of six months and three years.

The main etiological factors in the development of this condition are improper feeding and unhygienic surroundings; therefore we find it prevalent in the poorer districts where the children are crowded into small apartments which the sun never penetrates. Lack of proper food is also an important factor. This includes an insufficient amount of food, or a sufficient amount of a quality that does not contain the essential ingredients. Thus we see that it is not confined to the poor but may be found among people of wealth. Some cases are the result of too early or too late weaning. In the first case, the mother not being able or not caring to nurse the child, it is put on a diet, usually some proprietary preparation that does not contain the necessary ingredients for it to thrive upon. Thus it develops this condition. In other cases it may be due to too late weaning, the mother's milk being watery and deficient in food principles, thus producing conditions favorable to its development. Under this head is also included frequent pregnancies, the mother nursing one child while the other is in utero, thus requiring her to produce double the amount of lime ordinarily required.

In this disease there is a deficiency of calcium phosphate in the system. This is frequently due to a diminished amount being introduced or because of its being taken in a form that cannot be assimilated and converted into the anatomical structure of the body.

Calcium is taken into the system in the form of calcium phosphate. In the stomach this is decomposed by the hydrochloric acid into calcium chloride and phosphoric acid. In the small intestines the fats are saponified, being converted into fatty acids and glycerin; the glycerin then combines with the phosphoric acid and forms glycerophosphoric acid. This then acts on the calcium to form the calcium phosphate that is taken up by the cells of the body. Thus it can be seen that it is not only essential that a proper amount of lime is taken into the system, but there must be a certain proportion of fat taken with it.

Lactic acid fermentation may also produce this condition, thereby deranging the stomach and bowels, and thus interfering with the proper performance of their functions.

The lesions in this condition are confined principally to the osseous structure, they being due to a proliferation of the cartilaginous cells located between the epiph-

ysis and the shaft. At this point there are two layers of cartilage, the outer layer consisting of a proliferating layer of cells that multiply rapidly and arrange themselves in rows; while the inner layer contains the osteoblasts or bone-forming cells, the line between the two being well defined. In rickets there is excessive proliferation in the outer layer, and their development is irregular, thus resulting in excessive growth at this point, while in the ossific layer there is an imperfect development of the points of ossification. The line separating these two is not well defined, the two merging into the other.

The inner layer of the periosteum undergoes the same change, while the central canal or medulla of the bone increases in diameter, thus resulting in a thinning of the shaft, which predisposes the patient to a form of fracture known as green-stick fracture. The bones instead of containing sixty-five per cent of inorganic matter contain from thirty to forty per cent.

These cases are usually well advanced before they are brought to the attention of the physician through the parent consulting him on account of other ailments, such as failure in learning to walk, ceasing to walk after having learned, or deformity of the bones, or some similar condition, the parent having been in ignorance of the true state of the child.

In studying the symptoms of this condition, there are a few that usually suffice to guide us to an early recognition of the disease. One of the earliest to manifest itself is a tendency to perspire about the head, the pillow being drenched in some cases in the morning. With this symptom is associated a nervous condition, the child being restless at night. Dentition is delayed and there may be a slight rise in temperature, accompanied by three or four loose bowel movements. There is also a tendency toward catarrhal trouble, both of the gastro-intestinal and respiratory tracts, slow closure of the fontanels, slowness in learning to walk, and the development of cranio-tabes, especially in the parieto-occipital region.

Later in the disease we find the bone lesions developing. The head is broad in front, flat on top, with a thickening of the frontal and parietal bones; the lower jaw is more angular at the insertion of the canine teeth, the clavicles are deformed and there is thickening at the sternoclavicular articulation. Deformities of the chest are usually found, the most pronounced being the pigeon breast, or

beading of the ribs, the latter being an enlargement at the junction of the ribs and costal cartilages. External to this is a depression of the ribs known as Harrison's groove. It is so marked in some cases as to interfere with the proper performance of the function of respiration. There is also a diminution in the anterior-posterior diameter of the pelvis in some cases, while in others the sub-pubic angle is more acute.

The epiphyseal extremities of the following bones are also enlarged: tibia, fibula, radius, ulna, humerus and femur. Genu varum and genu valgum are also found in this condition, they being caused by allowing the child to walk when the bones are not strong enough to support the body.

This class of children are usually anemic, the red blood cells being deficient in hemoglobin. There is also a pronounced leucocytosis, while the number of red blood cells is not materially diminished. Prominence of the abdomen is also a marked symptom. This is due to a weakness of the abdominal muscles, while in some cases it is caused by some enlargement of the liver and spleen.

In the treatment of this class of cases the main thing is to put the child on a proper diet, one rich in phosphates and not deficient in fat. For a growing infant modified milk is the best food. The main objection to the cereal foods, malted milk preparations, etc., is that they are deficient in fat and if used cream should be added. Care as to too early and too late weaning should also be attended to.

A patient having rickets should be kept out in the sunshine and not crowded into dark and poorly ventilated rooms. These cases should never be compelled to walk when they are not strong enough, but should be kept off their feet. Massage and rubbing should be used to improve the muscular tone.

The main remedies that are of value in this condition are cal. phos. and cal. carb., their indications being well known. Occasionally silicea, sulphur, and arsenicum may be indicated, while cod liver oil is useful as a food.

Illustrative Cases. Case 2419. Boy, seventeen months old. Family history good; no other children in the family. He has had none of the children's diseases; he was breast fed, but now eats a table diet during the day and nurses at night. The patient cut his first tooth at the seventh month.

The child is not strong; he has a cold most of the time;

has attacks of indigestion; perspires constantly about the head; the pillow being saturated when he awakens. He is a very restless sleeper, some nights sleeping only a few hours; he is also extremely peevish.

The patient first came because of a rash on the face and body; he also had a sore throat and enlarged tonsils. This was cured in a few days. His subsequent visits have been for the relief of acute colds or attacks of indigestion. He is at present pale and anemic; his remedies have been bell., bry., kali bich., tart. emet. and ars. alb.

Case 2387. Girl, three years of age. Father is living and well; mother has epilepsy. The patient has a brother six years of age and one sister nine years old. She has had none of the children's diseases. Was fed on Mellin's food during infancy. First tooth was cut at eighteen months; began walking at two years of age.

The patient has always taken cold easily; she is a mouth breather; does not sleep well and her nose is always stopped up. At present the child has a severe cold which she has had for a week; she also is subject to attacks of vomiting that are accompanied by high fever, foul breath and frontal headache, the attacks lasting usually three or four days.

Physical examination revealed an enlarged abdomen, decayed teeth and adenoids. The remedy given was cal. phos. 6x 4 T. D.

The subsequent history shows some improvement, but there is still some rattling of mucus in the bronchi; continued restlessness at night, and the attacks of fever and vomiting recur, but less frequently. The prescription has been changed according to the indications, she having had ars., iod., hepar sulph., puls. and tart. emet.

DEPARTMENT OF OPHTHALMOLOGY.

SERVICE OF PROF. C. GURNEE FELLOWS.

We have so many interesting cases this afternoon that it will be necessary, in the short time at our disposal, to have two operations going on at the same time, and, in order to allow you all to see them, half of you will gather about one table, where Dr. Swan will operate, and the rest will gather about the other table, where I will operate, and you can see better than from the amphitheater seats.

Case 1. The first case for operation is Mrs. S., age seventy-two. Senile cataract, which has been developing

in the left eye for eight years, and for a little less time in the right. She is, to all intents and purposes, blind; her perception of light and projection are good; in other ways, the retina, as far as we can judge, is in good shape to carry on useful vision if the cataract is removed. I perform the operation, as I consider safest for such cases, by linear incision with iridectomy. The lens, as you see, comes out nicely after the capsulotomy, and appears in perfect form without the loss of any of its substance; this is generally true of people of her age. You notice, in replacing the parts, that we have a good black pupil, and that the operation is quickly over and is eminently successful.

NOTE. The eye has been watched carefully, and to-day, April 30, Mrs. S. sees to distinguish different people in the ward when we uncover her eye for the purpose of dressing it.

Case 2. Mrs. W., age fifty-eight, has been going blind for ten years. The right eye commenced to fail first and has been blind for more than two years, whereas the left eye has been failing for only a couple of years and is her one useful eye. Examination reveals no perception of light whatever in the right eye; increased tension with a diagnosis of cataract complicated with glaucoma. Simple cataract of the left eye.

We are confronted with a peculiar condition here, and find, upon inquiry, that the patient remembers an attack of neuralgia, comparatively severe, which was treated by a local physician who undoubtedly used atropine, as the patient says the pupil was dilated. We have therefore a history of simple glaucoma, aggravated by the use of atropine, with a condition at present of an eye absolutely blind. Were I to operate upon this eye, as the patient suggests, for the removal of the lens, she still would be blind from the glaucoma. Therefore, as the eye is useless, and to facilitate the removal of the second lens, we will do a preliminary iridectomy of the left eye, following the usual steps.

NOTE. The wound healed nicely, and after careful examination I decided to remove the lens, which I did to-day, April 30, one week after operation, so that I hope to save the second eye for this patient.

Case 3. Mr. W. H. F., age fifty-eight, an old soldier, who has been drawing a pension for some heart trouble, has been blind in both eyes for eighteen months. The

left eye having begun to fail first, his right eye has gradually followed. Urinalysis proves his kidneys to be normal, and in spite of any heart complication, we will operate on the case. The patient asks me, you notice, which eye I am going to operate first. He has been led to believe that we should operate upon the best one, in other words, the eye which had gone blind last. My explanation to him is what I believe to be just—that if the perception of light is good, all things being equal, we should try the blind eye first, so that if we are successful the patient has much more chance in the second operation, and if we fail in the first we can have all the experience to assist us in operating upon the second eye. The lens was successfully removed by the usual method.

NOTE. April 30, the patient is doing well. The pupil is quite black; after removing the bandage and allowing the patient to become accustomed to the light, he is enabled to distinguish the different people in the room, see my features for the first time, and is consequently delighted with the success of the operation and the result upon his worst eye.

SERVICE OF PROF. C. J. SWAN.

Case 1. OPERATION FOR THE EXTRACTION OF SENILE CATARACT.—Mrs. R., aged seventy-six. Sight of right eye became impaired three years ago. At present with this eye she can only differentiate between light and darkness. Inspection by means of focal illumination shows the whole lens to be involved in the degenerative process, and is only permeable by strong rays of light, a few of which are able to struggle through its changed structure and reach the retina. This is proven by the verbal evidence of the patient, as well as by the quick reaction of the iris to light, light rays, as is well known, only affecting the iris through stimulation of the retina. The left eye shows some opacities of the lens, but the whole structure is not involved, and vision with this eye is still useful.

I will say in passing, that the reason for waiting for the whole lens to become involved before operating, is that the opaque portion of the lens, in becoming opaque at the same time become hard, so that it is easily extracted, while the portion which is transparent is soft, and part of it is apt to be left in the eye, as because of its transparency it cannot be seen. These transparent portions afterward become opaque, thus often necessitating a secondary operation.

The patient in addition to having very small and deeply set eyes, was of the variety called by oculists "refractory." That is, when told to open the eyes, would close them firmly, and when instructed to close them, would open them to the fullest extent; when told to look to the right or left, she would rapidly revolve the eyes about in their orbits in all directions.

The operation for extraction of the right lens was performed under cocaine anesthesia by the "combined" method. That is, a cornea-scleral incision was made including in the cut the upper one-third of the corneal circumference, followed by excision of a piece of the iris, rupture of the lens capsule and extraction of the lens. "Simple" extraction is performed by some operators and differs from the combined in that the incision is altogether in the cornea and there is no iridectomy performed. Simple extraction has some advantages over the method used by me, but to my mind its disadvantages in most cases more than counterbalance the advantages. This is a fruitful subject for discussion among oculists, and there is too much to be said on both sides for me to go at length into the subject at this time.

In spite of the many difficulties attending cataract operations in a refractory patient, the various steps were accomplished without accident, and both eyes having been carefully bandaged the patient was sent to her bed in the ward. Two days later the eye was examined and dressed. The pupil was black and vision restored, with every prospect of an uneventful recovery.

Case 2. SIMPLE TENOTOMY FOR CONVERGENT SQUINT OF A LOW DEGREE.—Miss R., aged eighteen; granddaughter of the "refractory patient." The left eye in this case is amblyopic with vision about one-twentieth of normal. Vision in the right eye is normal and examination of the refraction shows hypermetropia 1.5 dioptries in both eyes. Correction of this error has failed to render the eyes parallel, there being about fifteen or twenty degrees of convergence, apparently nearly all in the left eye.

Simple tenotomy of the internal rectus of the left eye will, in this case, restore parallelism. The operation was performed under cocaine anesthesia. The steps of the operation after anesthetizing the conjunctiva with a five per cent cocaine solution, are as follows :

The lids being widely separated by the blepharostat, the conjunctiva over the scleral insertion of the tendon

is seized with a pair of fixation forceps, a small vertical slit is made in the conjunctiva which is dissected away from the muscle. A strabismus hook is then inserted under the muscle and its attachment to the sclera is entirely severed with a pair of scissors. In four days the wound had practically healed. A pair of correcting glasses for the refractive error were given, with the result of perfect parallelism of the two eyes.

Case 3. TENOTOMY AND ADVANCEMENT FOR CONVERGENT STRABISMUS OF A HIGH DEGREE.—J. L., aged twenty-four. Vision and refraction of the right eye is normal. The left eye was injured during childhood and is almost absolutely blind, converging at an angle of about sixty degrees. Excursions of the eye outward are limited to about one-half. The early wound has left no unsightly scars and the only abnormality apparent to a casual observer is a high degree of squint. In this case, both on account of the marked convergence and the limited excursions of the eye outward, a simple tenotomy would fail in producing the desired effect. In addition to this operation, it is, therefore, necessary to resect and shorten the external muscle, the operation technically termed advancement. The following are the steps of the operation :

After thoroughly cocainizing the eye with a five per cent solution, simple tenotomy of the internal rectus is made, as described in the foregoing case. The external rectus muscle is then carefully dissected out, and a piece of the length required to sufficiently shorten the muscle to bring about parallelism of the visual axes is removed, and the orbital end of the muscle is reattached to the globe by a peculiar pulley stitch. The eye was bandaged and dressed daily. At the end of seven days the stitch was removed, and it was found that not only had parallelism been restored, but the excursions of the eye outward had become quite normal.

DEPARTMENT OF RHINOLOGY AND LARYNGOLOGY.

SERVICE OF PROF. ORRIN LELROY SMITH.

A composite picture of this group of six cases suffering from adenoid disease would give you the typical mouth-breathing countenance, or so-called "adenoid facies." This girl—and boys are more prone to this adenoid enlargement of the post-nasal tonsil—lacks but one characteristic, that of impaired hearing, and due to the *central* location of the adenoid tissue. Impaired hearing frequently exists in these children for years unrecognized by parents and teachers and improperly translated as indifference. This, with the insufficient amount of oxygen afforded by mouth-breathing explains the dull, heavy expression and animus so characteristic of these unfortunates. Such children—confirmed mouth-breathers—are often regarded, to say the least, as dullards, and what is worse, treated as such. But once normal nasal breathing is established and the child is found to be of more than average intelligence. In New York City its significance is such that "dull" children are examined for the presence of such growths by physicians delegated by the Board of Health. If present, the parents are requested to have the child properly treated. In operating patients with impaired hearing, every adenoid vestige near or overlapping the Eustachian tube must be removed, else your operation will prove a failure. Too, one must be careful not to mutilate or cut across the orificial tissues of the tube, since the resulting cicatricial contraction usually results in deafness of the corresponding ear. The operation seems a very simple one, probably because it is done by sense of touch instead of sight. Yet it is not devoid of danger, as a number of recorded cases prove.

Some care must be exercised that the posterior extremity of a turbinal body is not shaven off, else a very troublesome hemorrhage will be precipitated. Again, too much pressure must not be made against the vault or your adenotome will crush through the sphenoid bone, softer in these children, with a resulting abscess and meningitis. In some children the seventh cervical vertebra determines a pharyngeal prominence that must be avoided in the downward sweep of the curette if your patient is to escape a retro-pharyngeal abscess.

We refuse to operate these cases in this clinic without

an anesthetic, because of the post-operative nervous symptoms, sometimes almost choreic, from the fright induced. In children local anesthesia is wholly impractical. Anesthesia induced by gas is too short to permit of a thorough and satisfactory operation. Ether is unsafe because of the bronchitic tendency of these children; besides the large amount of tough mucus attendant enmeshes the blood and materially increases the chances of laryngeal spasm. We believe chloroform, when carefully given, to be the safest and most satisfactory anesthetic. In this clinic it has been successfully administered to two patients suffering with mitral regurgitation. Since the eye reflex in children is of no practical service we depend upon the pharyngeal reflex, which means that the patient is not anesthetized beyond the swallowing point. When such point is reached the child's head and shoulders are drawn to the edge of the table and the head depressed, so that the blood flows *away* from the larynx and into the pharyngeal vault, the excess being swallowed or allowed to flow out through the mouth by reversing the patient. We find these adenoid growths are responsible for more enlarged tonsils than all other causes combined. Therefore in operating, unless the tonsil is tough and filled with connective tissue, it remains untouched.

We are frequently asked if removal of the tonsils impairs the voice. We find as soon as the patient adjusts his respiratory apparatus to the freer air spaces, his voice is invariably better. There is a class, however, to which we cannot promise such improvement. In those singers whose voices after fifteen or twenty years of hard work begin to fail, tonsilotomy and the temporary rest following, is often followed by a marked decrease of vocal power. Operation in such cases must be undertaken at the patient's own risk. We have as yet had no reason to credit the lay idea that tonsilotomy favors atrophy of the testicles. Indeed, the consensus of special opinion argues an increase of those organs. In two cases we have noted the disappearance of nocturnal enuresis in children after tonsilotomy.

The principal danger from tonsilotomy is hemorrhage, and from which a number of deaths are recorded. This can be partially guarded against by the invariable custom of passing the index finger over the tonsillar surfaces excluding aneurisms, etc., before operating. In tonsil

otomies upon adults—"patients past the age of puberty"—Bosworth confines himself to the exclusive use of special snare, thereby avoiding hemorrhage except of the most trivial character. The practice is a good one, but we use the snare in only those adult cases where the tonsillary tissue is predominantly cicatricial.

CLINICAL MICROSCOPY.

SERVICE OF PROF. A. C. HALPHIDE.

Scientific medicine is emphasizing and illustrating the value of clinical microscopy as an aid in diagnosis and treatment. It is important that its value should be understood by every practitioner. It has made such rapid progress in the last few years that none but recent graduates and those who have kept in touch with scientific research have a competent knowledge of its importance.

In attending the various medical society meetings I have been struck by the emphasis placed upon the law of similars. Many have stated that the law is not only universal in its operation but also universal in its application. The discoveries of Hahnemann have been lauded to the skies and his writings said to be so perfect that no advance has been made or ever can be made upon the philosophy of homeopathy as he set it forth in *The Organon*. It has been insisted that the indicated remedy, given in a single dose, is sufficient to cure any disease which the human flesh is heir to. Symptomatology and drug pathogenesis are set forth as the two important factors in homeopathic therapeutics.

Any law has its limitations; while the law of similars is undoubtedly universal in its action it is not so in its application. Within the scope of its application it has no equal, but beyond that scope it will fail just as any other law that is applied outside of its sphere of application. The law of gravitation is universal in its action, but it is not the only law that must be considered in a study of mechanics. Just so in medicine, we must use adjuvants to relieve cases where the use of drugs fail. Recently several prominent homeopathic physicians, in telling their experiences in practice, confessed that in the early years of practice their belief in the universal application of the law of similars, which was almost fanatical,

led them to sacrifice precious human lives rather than use any other therapeutic agent beside the carefully affiliated remedy. One man cited an instance where he carefully took the symptoms, and as carefully sought the indicated remedy which he administered in its several potencies without avail. The patient died. He stated that he was sure that if he had properly opened and drained an existing abscess, as well as administered the indicated remedy, he might have saved his patient.

The law of similars is not universal in its applications. It is necessary to use adjuvants. He who considers it a cure-all is a dangerous person, for he will try to apply it where it is not applicable, thus neglecting other means by which patients might be cured and lives saved. Symptoms and drug action are both important, and none can know too much about them; however, we should remember that symptoms do not constitute the disease. They are simply signs or distress signals exhibited by the diseased body in its appeal for aid. If the simile of the sailor in distress could be carried out it would only be necessary to recognize the distress signal and send a boat to the rescue—any boat; but it cannot be carried out for the signals of disease require not any drug but the particular one suited to the case. This cannot be given unless we are able to interpret the meaning of the signal or symptom. Similar symptoms may have very different causes. It is the work of clinical microscopy to interpret the meaning of the various symptoms.

It goes without saying that the physician who understands the meaning of the various symptoms he finds in a patient is better able to prescribe for that patient than he who simply recognizes the symptoms but is unable to interpret them and prescribes for the case. In other words, the man who can make a correct diagnosis is the one who intelligently prescribes and not he who simply treats symptoms. The microscope is one of the most important means of diagnosis. You have just listened to the application of a microscopical study of the blood for diagnostic purposes and what has been said of the blood may just as truthfully be said of the examination of the urine, the feces, the sputum, the contents of the stomach and the various pathological products.

The microscope reveals many things that were unknown a few decades ago and solves mysteries that were considered unsolvable. The importance of symptoms in-

terpreted by the aid of the microscope can hardly be overestimated in their value to the prescriber. Let me illustrate by giving an instance. A few years ago a graduate from this college, who had been taught the value of microscopical diagnosis, had a case that he considered very serious and warned the members of the family that a fatal termination was likely to soon occur. They wanted him to call counsel and he called in one of the best prescribers in the city in whom he had great faith. The counsel made a superficial examination, took the symptoms and affiliated a remedy. The case was a typical arsenicum case, as both physicians easily recognized. The expression, the clammy perspiration, the semicollapse, and the stool, were all characteristic. The counsel was very hopeful and assured the physician and family that a few doses of the remedy would speedily bring about a favorable change. The change came, the last change, for death claimed his victim. The first physician knew the gravity of the case because his microscope had revealed tubercle bacilli abundantly present in the stool and he knew that no remedy could stop the dread malady that was rapidly doing its work. The counsel was deceived by depending wholly upon symptoms and so shall we be deceived if we do not seek the interpretation of them.

A colleague, not long since, brought me a specimen of sputum for analysis. By all the means at his command he was led to diagnose the case as one of galloping consumption, but knowing the importance of the presence of tubercle bacilli, he withheld his diagnosis for the microscopical report. There were no tubercle bacilli present in the sputum, so he made the diagnosis catarrhal bronchitis, with a favorable prognosis; and the result justified our conclusions, for the patient soon recovered. Not long after that the same doctor brought me another specimen of sputum, saying he had another case of the same sort and that he expected the same favorable result. The micro. examination of the sputum revealed a different state of affairs; tubercle bacilli were abundantly present, so the diagnosis was quick consumption, with a fatal prognosis. The conclusions were justified by the early death of the patient.

It is not only in these pronounced cases of tuberculosis that the microscope is an important aid to diagnosis; perhaps its most important office is the determination of the early stages of tuberculosis, so that the patients

afflicted with it may be sent to a favorable climate and put upon the proper remedies and appropriate diet. Many such cases could be mentioned where men and women, comparatively well, owe their health to an early diagnosis and removal.

These cases will suffice to illustrate the importance of clinical microscopy in tuberculosis. Other cases might be recorded to illustrate its value in other examinations, as, for instance, the urine, where the chemical examination that was formerly considered complete is substantially supplemented by a micro. examination of the sediment. The microscope reveals the epithelial cells and tube casts, etc., and frequently enables one to determine the seat and character of the lesion, whether it is in the kidney, the ureters, the bladder, or the urethra. In like manner the examination of the contents of the stomach may reveal a carcinoma in its incipency.

It is not alone in medicine that the microscope is important, but in surgery it is equally, if not more useful. Our rapid methods make it especially helpful in many instances; for example, the surgeon who is operating for tumor of the breast, and is uncertain whether it is a carcinoma or an innocent growth, may call to his aid the microscopist, who can make an examination and diagnosis as to its malignancy while the operation is in progress. When the operator has cut down upon and exposed the growth, he removes a small portion of it and gives it to the microscopist, who in twenty minutes, by the aid of his freezing microtome sections, hardens, stains, mounts and examines the specimen and makes his report to the surgeon, who can then finish his operation, removing more or less tissue according to the diagnosis.

Sometimes physicians belittle the value of pathological examinations on the ground that they are post-mortem or post-operative, saying that they give their testimony too late to be of service to the patient, as he has already been operated upon or is dead, and, therefore, cannot be benefited by the examination. If we lived unto ourselves or died unto ourselves, this might be true; but we do not. It is not so much for the benefit of him who has been operated upon or who is dead that we want our information, but for the living who shall be similarly afflicted and come to us for treatment. Most of the knowledge of pathology recorded in our text-books and important in the understanding and treatment of diseases

has been obtained by post-mortem and post-operative examinations. Little was known of the several stages of pneumonia, the congestive, red hepatization, gray hepatization and resolution, until pathologists made careful examinations of subjects who died in these various stages of the disease. Our knowledge of the disease and its pathology is none the less important because it was obtained by post-mortem examination.

It is possible that some of us may be as extreme in our notions of the importance of pathology as those who think that symptomatology is everything, but undoubtedly they are both important and should both be well understood. The homeopathic school has too long allowed the other schools to lead in what is known as "scientific medicine." This ought not to be so. The homeopathic physician should be qualified in all of the branches pertaining to medical science and add to this a competent knowledge of the law of similars. We do not minimize the therapeutic law, for none believes it more thoroughly than we, but insist upon and emphasize the importance of clinical microscopy as an aid to diagnosis and treatment.

A physician owes it to himself and to his patients to investigate and use everything that will better fit him for the high calling he has elected. "The physician's highest and only calling is to restore health to the sick, which is called healing." The means by which he accomplishes this is a secondary consideration. Let us "prove all things and hold fast that which is good," so that we may meet the requirements of our calling.

*DEPARTMENT OF BLOOD ANALYSIS FOR
CLINICAL DIAGNOSIS.*

SERVICE OF PROF. W. HENRY WILSON.

Report of four cases of leukemia. Case 1.—Master E. D. Boy, aged fourteen. Had been considered a healthy, strong boy until February, 1900, when his mother began to notice that his usually easy tasks began to be very difficult and to cause shortness of breath. The inguinal glands on the right side were already enlarged, but had not been considered of great consequence. About this time it was also noticed that the sternum was bulged out to an unusual degree. He was becoming rapidly paler and emaciated. The family physician looked him over but could reach no

conclusion as to the nature of his sickness. He was examined by several others but with no better results. One of these gave an unfavorable prognosis. March 19 he entered Hahnemann Hospital, where he was kept under observation until April 4. On this day a blood examination was made, but before a report could be sent the patient was taken home. He is still, however, under observation and treatment.

Family history. The father is forty-seven years old, a car builder in good health. The mother is forty-five, but not in good health. She has in fact never been in good health. She was pale and sickly as a child and suffered from several attacks of pneumonia. From her statements I suspect she has always been anemic. An examination of her blood gives the following:

Specific gravity.....	1050½
Hemoglobin	85%
Count of red cells not made.	
Small mononuclear.....	13½%
Large mononuclear.....	4⅓%
Polymorphonuclear.....	61⅔%
Eosinophiles.....	2⅔%
Myelocytes	None.

Her blood condition somewhat resembles chlorosis. There are two children older than this boy; one a girl of eighteen, the other nineteen. Both of these girls have typical chlorosis. The mother states that during the period of gestation of these three children she was in extremely poor health. She was confined to her bed a good part of the time. This was not true in the cases of the younger children, all of whom are in apparently excellent health. There is no history of tuberculosis in the family. The mother's mother died at the age of forty-two from gastric ulcer. The family history strongly suggests a congenital defect of the blood-forming organs.

General physical condition. The temperature ranges from 96°F. to 99⅓°F. It follows no fixed rule but is usually down in the morning and up at night. The pulse varies from 92 to 126. Respiration 26 to 50. About six weeks ago the feet and ankles became edematous. During the three weeks following he was obliged to sit up day and night. On April 5 the feet were tapped. An analysis of the urine shows the following:

Total amount in twenty-four hours.....	600 c. c.
Color.....	Amber.
Odor.....	Normal.
Reaction.....	Acid.
Specific gravity.....	1022.
Total solids.....	30.75 grams.
Urea.....	15 grams.

The bowels are nearly normal in action. The appetite is good and he eats and digests well. He complains of no pains.

The physical examination shows the following :

Inspection. Chest bulging anteriorly and laterally; respiration 39, with short, difficult inspiration. Palpation reveals an increase of vocal fremitus on left side above the fourth rib, but a decided decrease below seventh rib. On the right side there is a general increase of fremitus. On percussion we find dullness on the left side below the seventh rib in the axillary line, but in the parasternal and mammary line the dullness extends as high as the third rib. On the right side the line of dullness runs from the fourth rib anteriorly in a direction downward and backward. Auscultation reveals an increase of the normal respiratory murmur on the left side above the fourth rib anteriorly, and the same condition above the seventh rib in the axillary and dorsal regions, but below this rib in the side, and especially over the back, we find a very pronounced bronchial breathing. On the right side the respiratory murmurs are increased above but bronchial breathing is quite marked below the tenth rib in the dorsal region.

The heart shows a distinct apex beat in the sixth intercostal space in the nipple line. The dullness extends from second to the sixth ribs, and from one inch to the right of the sternum to three-fourths of an inch to the left of the nipple line. The second pulmonic sound is somewhat increased. The liver flatness begins at the fifth rib in the nipple line and extends to a point one-half inch below last rib. The diaphragm is freely movable. The spleen extends downward and forward, reaching a point in front three inches to the left of the umbilicus, and below to a point one and three-eighths inches to the right of the superior iliac spine.

From these physical signs, then, we would make a diagnosis of pneumonic consolidation at the bases of both lungs, this condition being more extensive on the left side; general cardiac enlargement with marked dilatation of the right ventricle; enlarged spleen and liver.

The axillary, cervical, inguinal and mediastinal glands are all enlarged. The mediastinal glands have caused considerable bulging of the sternum. The right inguinal glands are larger than the left. The mesenteric glands are apparently not enlarged. There is some abdominal ascites and some swelling of the face at night.

The pathology of this disease is very tempting, but it is my intention to state only facts as they were found.

Blood analyses. April 4, 1900.

Gross appearance..... Color reduced.
 Rate of clotting..... Not apparently changed.
 Count of red cells..... 3,100,000.
 Count of white cells..... 103,000.
 Specific gravity..... 1,045.
 Hemoglobin..... Forty-five per cent.
 Pathology of red cells.... Rather pale. Considerable variation in size and form. Very large and very small cells numerous. Normoblasts and megaloblasts are both present but not abundant.
 Small mononuclears..... 10 per cent.
 Large mononuclears..... 87 per cent.
 Polymorphonuclear neutrophiles.. 3 per cent.
 Eosinophiles..... None could be found.
 Myelocytes..... Not found.
 Diagnosis..... Acute lymphatic leukemia.
 Prognosis..... Very grave.

April 10.

Specific gravity, hemoglobin and red cells unchanged.
 White cells..... 35,000.
 Lymphocytes more numerous with a corresponding decrease of large mononuclears.
 Total mononuclears..... 98 per cent.
 Two myelocytes were seen.
 One eosinophile in four slides.
 Normoblasts present.

April 18.

Sp. gr..... 1.045½.
 Red cells not so much deformed.
 Mycrocytes and megalocytes still numerous.
 No nucleated red cells could be found.
 White cells... 35,000.
 Mononuclear..... 90 per cent.
 Polymorphonuclear..... 10 per cent.
 The polynuclears found at the first examination were decidedly pathological in appearance. These looked rather more normal than on April 18.

Treatment. Rest in bed, eggs raw and soft boiled, beefsteak. Chapman's albuminate of arsenic and soda with hemoglobin. He takes one drachm after meals and one-half drachm at 11 P. M. This treatment was begun April 7. Since then he has rested well at night, his gen-

eral strength has increased and he has felt better. The available breathing space of the lungs has increased. The polynuclear cells have increased and the red cells are becoming more normal. The subsequent course of the case will be reported later.

Case 2. In this, as in the other two cases that follow, none of the clinical features can be given as they are not at hand at this time. A Mr. P. was referred to me by Dr. Chislett for blood examination to determine (1) if malaria existed or had existed; (2) if melanemia existed; (3) if the large tumor in the left hypochondriac region was a tumor of the spleen or left kidney. He was ruddy faced and fairly robust looking. He had been attending to his duties as bartender. He complained especially of pain when the stomach was distended, the pain being due to pressure on the tumor in the left side; had had repeated chills.

The blood analysis showed the following:

Count of red cells.....	3,100,000
Count of white cells.....	305,000
Specific gravity.....	1.048
Hemoglobin.....	55 per cent.
Small mononuclear cells.....	3 "
Large mononuclear.....	8 "
Polymorphonuclear.....	60 "
Myelocytes (eosinophile and neutrophile).....	30 "
About one in every 500 red cells was nucleated. They presented the usual changes of severe anemias.	

Diagnosis. Spleno-medullary leukemia. No malarial infection existed. The tumor was the very much enlarged spleen, which extended below the umbilicus. The patient was lost sight of and the subsequent history is not known.

Case 3. Miss Laura C., age about twenty-three. Complained of a recurrent sickness which she found it difficult to describe. Dr. Halbert suspected leukemia, and referred her for a blood analysis. The examination showed the following:

Red cells.....	3,750,000
White cells.....	1,000,000
Specific gravity.....	1.052
Hemoglobin.....	70 per cent.
Normoblasts abundant, about one in every 1,000 red cells.	
Polymorphonuclear cells.....	45 per cent.
Eosinophiles.....	1 "
Mononuclear.....	2 "
Eosinophile myelocytes.....	12 "
Neutrophile myelocytes.....	18 "

Diagnosis. Spleno-medullary leukemia.

Case 4. Boy, four years old. Had been examined by so many doctors that the presentation of a new one caused him to cry with fear. Had a very tender and very much enlarged spleen. Dr. Kahlke at once suspected leukemia, and referred him to me for a blood examination. I found as follows:

Count of red cells.....	2,220,000
Count of white cells.....	600,000
Specific gravity.....	1.060
Hemoglobin.....	.65 per cent.
Pathology of red cells: The red cells present all the pathological changes except the worst forms of megaloblasts. All except a few are too large. A few mycrocytes are present. Normoblasts are numerous, more numerous than megaloblasts. Polychromatophilic cells are numerous as are also necrobiotic cells.	
Small mononuclear and large mononuclear.....	7 per cent.
Polymorphonuclear.....	53 "
Polynuclear eosinophiles.....	5 "
Myelocytes.....	35 "
Neutrophile myelocytes.....	28 "
Eosinophile myelocytes.....	7 "

Diagnosis. Spleno-myelogenic leukemia.

A very grave prognosis was given. The patient died two weeks afterward.

I have reported these cases because the disease is a moderately rare one, or, more properly, it is a disease rarely discovered. All of these patients had been repeatedly examined, and in every instance the diagnosis was missed for want of a blood analysis. The diagnosis cannot be reached in any other way. I incline to the opinion that this disease is not rare, but is rarely discovered.

DEPARTMENT OF ELECTRO-THERAPEUTICS.

SERVICE OF F. H. BLACKMARR, M. D.

I desire to assume at the outset that there is not to be found among this distinguished body that prejudice against electricity as a therapeutic agent which formerly existed. That beneficent force that permeates all life, whose origin we do not know, but whose effects we can compute with marvelous exactness, has become the servant of the physician in the interest of humanity.

A remedial force is now at our command whose effects are so instantaneous, so durable, a force so attractive in

its application, so certain in its results, that the physician who deliberately refuses to investigate its action is robbing a large class of patients of what may be their only cure, or the certain alleviation of their suffering. Many diseased conditions formerly considered curable only by radical surgical interference, have yielded to electricity. Thousands on whom medicinal agents have been tried in vain, whose lives were burdens wearily borne, are now actively and happily engaged in their daily vocations.

Inasmuch as the analogy is so perfect between life as an electrical phenomenon and disease as a disturbing condition of electrical equilibrium, why should we not regard and treat the human structure as a piece of electrical mechanism? As certainly as the electrical dynamo responds to the proper adjustment and electrical influence, so will this great human dynamo, influenced in disease by a weakened vital energy, respond when this beneficent, all-potent force is added. Where medicine has failed, where surgery has failed, a consideration of the vast amount of favorable clinical evidence warrants us in turning to electricity as the curative agent with some degree of confidence. I take pleasure in presenting new evidence of our faith in several clinical cases.

Case 1. PULMONARY TUBERCULOSIS.—Mr. McM. Sputum analysis revealed tubercle bacilli, mixed infection; had had night sweats, afternoon temperature. Treatment: Hypodermic injection of serum and the daily exposure to influence of X-rays. In one week's time claimed that he was better than for months. The night sweats began to cease, and by the end of the second week of treatment afternoon temperature could not be recorded. The sputum at this time became clearer, like glary mucus. Coughed less, mucus easily raised. Last analysis failed to reveal the bacillus of tuberculosis, and, as he will tell you, he feels like a new man. This gentleman has no hesitancy in permitting me to introduce him to you. Mr. J. D. McMichaels is now employed at Steinway Hall, Van Buren Street.

Case 2. Mr. S. has presented this affidavit for your consideration, and will be glad, I am sure, to answer any and all questions put to him. The affidavit gives the history of his case.

Affidavit of Mr. H. E. Snyder, Berien Springs, Mich. Present address: 197 41st Street, Chicago. Treated under the direction of F. H. Blackmarr, M. D., Chicago.

I take pleasure in making this statement in regard to the present condition of cancer treated by X-ray influence. I began treatment on the 16th day of April, taking treatment daily. After the fourth treatment I began to notice an improved condition; the inflammation began to subside, discharge became less, odor markedly less. At the present time there is hardly any inflammation, no odor, and about 300 per cent improvement in my feelings. Heretofore when I endeavored to talk or eat I did so with discomfort and pain. At present I am enabled to talk and eat without any annoyance. I do not even experience the stinging sensation about the margin of cancer. My affliction is of eight years' standing, located at the right side of, and has completely eaten out that nostril. It measured two inches long, one inch wide, and one and one-fourth inches deep. In all I have had twelve treatments. I also notice that new, healthy tissue has begun to fill in.

Cancer specialist with whom I have treated for some time was called upon in consultation and his statement was that "a great change has taken place."

Cordially given,

H. E. SNYDER.

Subscribed and sworn to before me this 27th day of April, 1900.

L. B. CLARK,

Notary Public.

Case 3. Mrs. V. This patient has very kindly come from one of the suburbs this morning to show you the result of X-ray influence upon tubercular glands. The result of our work in this case is, to my mind, somewhat remarkable, inasmuch as the glands lower down on the neck have been removed. After the fifth treatment a slight change was to be noticed, and to-day, after eleven treatments, she will tell you that the glands have almost reduced in size by one-half. Dr. Julia C. Strawn kindly vouches for this case.

Case 4. INTERSTITIAL NEPHRITIS.—Mrs. D., age fifty. All symptoms at the first of uremic intoxication. Urine 2,000 c. c.; specific gravity 1.002 to 1.006. Analyses by Dr. E. M. Bruce and Dr. Mitchell: (few epithelial and granular casts). Patient uncertain of herself; has not been inside of church, theater or reception room for a period of two years. After a course of static treatment during a period of three months, tri-weekly, uremic symptoms disappeared, albumin became less by one-half, casts were not to be found, patient perspired as she had not done for years, and was able to go about at will, attending church, theater and reception with perfect confidence in her new-found strength. (Specific gravity 1.010 to 1.014.) Treatment: Static breeze and spray over kidneys, followed by static sparks over body. No remedies were used.

Editorial.

POST GRADUATE COURSES AND MEDICAL SOCIETIES.

Within the last few years it has become a common custom for physicians to seek the medical centers in order to brush up a little and add to their fund of experience. This very fact has been an inducement to the medical colleges to put forth their best efforts, during the spring time, to give a special clinical course which shall redound to the benefit of physicians and surgeons. Such a course, as outlined by a partial report of the cases appearing in this issue of *THE CLINIQUE*, certainly ought to be encouraging to the busy physician who likes to steal away for a short clinical course. This only represents a one week's session and the counterpart of this continues in Hahnemann College and Hospital the year round.

Many of our older alumni are perhaps not aware that the clinics are flourishing in this manner. Perchance if a visit, now and then, was paid to Alma Mater it would be somewhat astonishing to see the crowded clinics, and to observe the variety of experience obtained thereby. Not alone is this true of Hahnemann College, but it seems to be the general tendency in all colleges as well. The result is, the more physicians rub up against each others' experience, the more we talk matters over, the more we try new remedies and new methods of treatment, and the more we accept the advantages of scientific achievements, the better able are we to cope with the great responsibility which comes to a physician.

The other factor in this spring course business is the State society. The fund of experience which may be obtained through this means is unbounded. The physician who comes to the society with a paper which relates to his experience and his practice cannot help being an instructor. More than this, the doctor of standing attends a society to learn something and, the moment seekers after wisdom meet, there is sure to be a gain in knowledge. Therefore a State society is a natural resource for clinical information.

There is nothing better for a practicing physician than to compare his methods, both of diagnosis and treatment, with those of a brother physician, hence it should be the

united aim of the whole profession to patronize and support the clinical societies of this kind.

Unfortunately there are objections to all things and no assemblage of people is exactly perfect in every thing. The matter of entertainment and arrangement may be faithfully planned and carried out by the officers, but something is bound to disturb the program when so many are seeking recognition. Probably the first and worst objection is the young physician who seeks notoriety by frequent discussion of subjects he knows little about. This may be tolerated, or at least be forgiven, from the fact that a novice is inclined to such things and sometime will learn better. The second, and a decidedly worse objection, is the older man who has bored the society for many years. He does not seem to think he has passed his day and measures the value of what he says by the number of words he uses; this man has always seen a "similar case," he always has a "cure-all," or else he appeals indefinitely to the "indicated" remedy; he does not use antitoxine for diphtheria because "pieces of ice in the mouth" or "salt pork" on the outside has cured all of "his cases;" and then, too, he always warns the society lest some physicians will forget how Hahnemann practiced. And alas! the name of homeopathy has been trusted to such uneducated and undeserving men! By such people, who always monopolize the talking, we are too often estimated in the outer world.

A still further objection is found in the "young professor" who takes up the time of the society in reading text-book articles which sound too much like the book. To be sure this may help him "to the front," though it does tire the society.

There really should be a "censor's committee," which should not alone propose new members, but which should rigidly pass on the papers before they are read, and in some way allot the time and service so that a medical society, like a college clinical course, shall give instruction to the mass of physicians. This is a mandate we must observe or, before we know it, the medical society will become distasteful to those who really attend for the sake of obtaining knowledge. More than all we must remember that the dignity and standing of our schools are estimated, by the outside world, through their societies.

H. V. H.

Commencement Exercises.

OF THE HAHNEMANN MEDICAL COLLEGE AND
HOSPITAL OF CHICAGO.

SESSION OF 1899 AND 1900.

The fortieth annual commencement exercises of this institution were held at Steinway Hall, Chicago, Thursday afternoon, April 26, at 2:30. The audience was unusually large and enthusiastic. The organ selections by Prof. De Coster and the tenor solos by Mr. Newton were very entertaining. The address to the graduating class, by Rev. R. A. White, was unusually instructive and appropriate, while Prof. C. E. Kahlke, as master of ceremonies, was at his best.

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 fortieth 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 one hundred and seventy-six matriculates; of these fifty-one have been members of the fourth year class, and forty-two are to-day recommended to you for graduation.

Each and every one of these candidates has complied with the full legal requirements of the State of Illinois and of the American Institute of Homeopathy. They have attended four or more full courses of lectures; they have received two years' clinical instruction in actual clinics and hospital work, and they have been scientifically drilled in well equipped laboratories.

The curriculum for this last year has included nineteen hours of didactic lectures, fourteen hours of general clinical work, eighteen dispensary sub-clinics and an average of nineteen hospital bedside or operative clinics each and every week of the entire seven months' course.

The total number of patients who have been received in the hospital during the year just completed is 1,092, of whom about one-half have been charity patients and have served as object lessons for this class.

The total number of patients presented to this class for examination, study and treatment in the various dispensary clinics during this year is 12,540.

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 these rigid exactions forty-one students have severed their connection with this class during its first three years with us; a few of these have joined lower classes in our college, but the majority have enrolled themselves in other colleges whose requirements are far less rigid than those exacted by Hahnemann, and who seem to aim at fulfilling the letter of the legal requirements without any appreciation of its spirit. Two members of this class left at the end of their first year and were graduated by one of our recognized sister colleges last year, one year sooner than they could have received a degree if they had remained with us.

THE CONFERRING OF THE DEGREE.

BY PROF. C. H. VILAS, PRESIDENT.

The ceremony of conferring the degree was preceded by a few appropriate remarks by the president. The graduating class was reminded of the responsible calling assumed and they were charged to be loyal to the interests of the institution which had prepared them for their life work. After this 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."

LIST OF GRADUATES.

Bower, Charles A. Iowa.
 Brown, Grace Illinois.
 Burdick, Jesse R. Nebraska.
 Brady, Charles Stuart Illinois.

Carey, George H.....	Wisconsin.
Clippinger, Wilbur H.....	Ohio.
Cook, Wilber D.....	Illinois.
Cornell, John Webster.....	Michigan.
Crebbin, John Thomson.....	Louisiana.
Cushing, Guy Maynard.....	Indiana.
Davison, Lizzie Margaret Miller.....	Illinois.
Fish, Henry Manning.....	Illinois.
Flanagan, May Louise.....	Michigan.
Foster, Frederick Lewis.....	Wisconsin
Hammond, Frederic Waite.....	Oklahoma.
Hammond, Katheryn.....	New York.
Hutchins, Edwin Stevens.....	Illinois.
Jacobs, Anna.....	Illinois.
Kelley, J. Joslyn.....	Michigan.
Lackner, Frank.....	Illinois.
Laird, John W.....	Iowa.
Linn, Wilbur N.....	Iowa.
Millard, Frances Jane.....	New York.
Nelson, Olive Ophelia.....	Indiana.
Phelps, Alonzo S.....	Iowa.
Piper, Ralph S.....	Illinois.
Pogue, Mary Eugenia.....	Illinois.
Poland, Monterville Edward.....	Illinois.
Price, Charles J.....	Illinois.
Quinn, Martin E.....	Minnesota.
Reed, Eleanor March.....	Illinois.
Roth, Albert Walton.....	Iowa.
Rutherford, Cora B.....	Tennessee.
Stoll, Edgar Holton.....	New York.
Sadler, Elden Leonard.....	Arkansas.
Schall, James Garvin.....	Illinois.
Shuffelton, Frank Alby.....	Ohio.
Stewart, John Archibald.....	Oregon.
Strode, Lindley Edgar.....	Kansas.
Trask, Harrison Joseph.....	New York.
Vaupel, Willis John.....	Iowa.
Worley, William Hammond.....	Iowa.

ADDRESS TO THE GRADUATING CLASS.

PROF. E. STILLMAN BAILEY, DEAN.

Ladies and Gentlemen, members of the Graduating Class:—
The Faculty requested that I should at this hour extend to the graduating class their congratulations and also to

say the official farewell. This public entrance into an honorable profession, this new degree of Doctor of Medicine and Surgery, with all its demands and privileges, means much to each of you. How much, the coming life shall determine. It marks at least one of the supreme moments in life, which at best are always few in number. The day you decided that you would qualify yourself for professional labors by the cultivation of the best that was within you, both in mind and heart, was equally important; but that was in the quietude of your own inner longings and ambitions. To-day is the public expression of the choice made years ago. We congratulate you, then, because you stand at the open door of professional life. There are no barriers, and can you realize the privileges you enjoy in having no past in medicine?

Emerson said, "The man must be behind the sentence," and it is not difficult to interpret the meaning—that all there is, the best in the man or the woman, the new doctor of to-day, must be behind every prescription and every bit of professional advice.

Success is for you, and this is another reason for congratulation. It will not come through the cultivation of prejudices that only tend to belittle, or the culmination of passions that disqualify, or through greed of gain, that kills the finer sense. These things you already know. Your professional services may begin to-morrow, and opportunities are always present; they are at your right hand constantly, and the soul that is honest must always consider the nearest duty to be the best of all the things to do. It fits the spirit of the medical profession to know the full story of the Samaritan, and the cup of cold water is not a meaningless symbol.

We congratulate you also upon your choice of profession; never was your creed better understood or better appreciated. A hundred years has passed with its approval of the results obtained, and the calls to labor along your chosen lines are greater than can be supplied.

In a few days at our national capital, a handsome monument of granite and bronze, located in one of the beautiful parks and to be cared for in perpetuity by our government there, will be unveiled and dedicated to the memory of Dr. Samuel Hahnemann. It is a gracious tribute of regard for his genius. Pure hero worshippers may regard the heroic size as emblematic, but the students will always ponder over the deeper meaning of the truths

he bequeathed to the world. Among other things he said, "When we have to do with an art whose end is the saving of human life any neglect to make ourselves masters of it becomes a crime."

We congratulate you upon entering your professional career at the beginning of the new century when the call for help is coming from every side. It is not the old cry, Lord help or we perish—but the vigorous demand to know what is this pestilence that threatens.

It is the popular demand through your services, for better sanitation, for better protection against infectious diseases. It is the outcry against foreign ports where sickness prevails and death stalketh about at noon-day. It is the new century's tribute to the accepted discoveries concerning the prevention of disease, and is a high compliment to every worker in the medical ranks.

You know that seven million people now living are doomed to die of consumption, and yet there has never been a moment like this when the causes of this dread disease have been so well known; how anxiously, then, we look to the coming generation of workers to emancipate the race from the disease that has so long defied Providence.

Some of us, soon to be shelved because of our years, would to-day be rejoiced to join your ranks, that we might have a greater share in the coming triumphs of our art.

If it needs be so, a little back room as a laboratory, with meager furnishings and simple fare, may be luxurious to the mind and ends to the ambitious that mere wealth can never know or understand.

Ours is a profession preferring practice to preaching, and I must guard my time and words. Each day is a little life, and opportunities are yours. It is a glorious work and a sacred trust.

Only the parting word remains to be said; your hour of triumph will come, until then, each to the work.

THE PRESENTATION OF PRIZES.

BY PROF. CHAS. E. KAHLKE.

The Trustees' prize of \$50 offered for the best general examination for the entire course, is awarded to Dr. Cora B. Rutherford, of Tennessee.

The Faculty prize of \$25 for the second best general examination for the entire course is awarded to Dr. May Louise Flanagan, of Michigan.

Honorable mention for excellence in work and examinations is also made of Dr. Charles A. Bower, of Iowa; Dr. Grace Brown, of Illinois; Dr. John Webster Cornell, of Michigan; Dr. Anna Jacobs, of Illinois; Dr. Monterville Edward Poland, of Illinois; Dr. Mary Eugenia Pogue, of Illinois; Dr. Frank Alby Shuffelton, of Ohio; Dr. John Archibald Stewart, of Oregon; Dr. Willis John Vaupel, of Iowa.

The following appointments for internes in Hahnemann Hospital are announced: To go on duty May 1, 1900, Dr. Guy Maynard Cushing, Dr. Anna Jacobs. To go on duty November 1, 1900, Dr. Frederic Waite Hammond, Dr. Jesse R. Burdick.

THE ALUMNI ASSOCIATION.

The seventeenth annual meeting of the Alumni Association of the Hahnemann Medical College of Chicago was held in the college building, on Wednesday evening, April 25, 1900, with first vice president, Dr. Geo. F. Shears, in the chair. There were more than one hundred and fifty members present.

The report of the treasurer, Dr. Katherine B. Clapp, showed the affairs of the association to be in a prosperous condition, there being a balance of \$58 in the treasury after paying all expenses.

The necrologist, Dr. B. D. Haseltine, reported the following deaths since the last annual meeting:

DR SAMUEL MILLS FOWLER,	'72.
DR. MARIA M. GROSS,	'58.
DR. WILLIAM T. BRANSTRUP,	'77.
DR. MARY WRIGHT LEFFINGWELL,	'97.
DR. H. C. JESSEN,	'78.
DR. A. C. JONES,	'85.
DR. C. A. WHITE,	'97.
DR. W. H. GLASIER,	'82.

DR. SHEARS: I cannot let this occasion pass without saying a word concerning the recent death of one who, while not a member of the Alumni Association, was highly esteemed by all and loved by those of us who were privileged to know her. I refer to Mrs. Caroline E. Haskell, whose death occurred on Saturday, April 21. To Mrs. Haskell's generosity we are indebted for the largest subscription to the building fund of our hospital, and its largest endowment fund, and to her we are also indebted

for our most valuable gift of real estate. Over \$60,000 has been received by the hospital management from her during the past ten years. Her gifts were all the more valuable because they were given at a time when public confidence in the final success of the hospital was at its lowest ebb and her donations to it and her trust in its future did much to inspire others to work and to give. Her generosity was not limited to our institution, but was world wide.

At her funeral, which I attended, as a friend and a trustee of Hahnemann Hospital, were representatives of Chicago University, the Haskell Home of Battle Creek, Oberlin College and educational and charitable institutions which she had fostered in other places, notably India and Japan. I do not intend to offer any formal resolutions of respect, but I am assured that you all join with me in a grateful acknowledgment of our indebtedness to her; in admiration for her thorough recognition of that not yet fully accepted theory that the possessor of great wealth is a trustee of the people and in the firm conviction that she administered her trust reverently and wisely.

Following the reports of officers and committees the following alumni were elected to membership: Drs. Harriet B. Ward, Mary E. Flannigan, M. E. Pogue, H. A. Millard, C. S. Penfield, W. H. Worley, L. E. Strode, J. C. Price, J. R. Burdick, E. E. Vaughan, W. E. Fruit, F. C. Bowker, A. H. Gordon, Paul Rudolf, A. H. Sears, P. S. Replogle, Eleanor M. Reed, J. J. Kelly, Frances B. Wilkins, Cora B. Rutherford, K. L. Hammond, Olive O. Nelson, F. L. Foster, J. G. Schall, F. W. Baker, May Hadley, D. J. Roberts, A. L. Burdick, E. C. Oglesbee, F. W. Hammond, Elsie R. Schmitz, Grace Brown, H. J. Trask, H. C. Miller, A. S. Phelps, Morrion C. Low.

Officers were then chosen for the ensuing year as follows: President, Dr. D. J. Roberts, of La Grange, Ill.; First Vice President, Dr. B. O. Haseltine; Second Vice President, Dr. Frederica Baker; Treasurer, Dr. Katherine B. Clapp; Secretary, Dr. F. H. Honberger; Executive Committee, Drs. Geo. T. Smith, Julia C. Strawn, C. E. Kahlke, with the officers.

After listening to a very pleasing and instructive illustrated talk by Prof. E. S. Bailey, the meeting adjourned to another room where a lunch was served, and with the renewal of old acquaintances a pleasant hour was enjoyed by all.

Acknowledgment should be made of the kindness of Mr. Mangel, the florist, in furnishing several floral decorations, and to Mrs. James G. McBean for assistance in providing the refreshments.

Miscellaneous Items.

Dr. Edna W. Brown, late house physician in Hahnemann Hospital, has opened an office at 269 Lincoln Ave., Chicago.—Dr. Alice Duffield, of the class of '99, is taking a special course at the Chicago Eye, Ear, Nose and Throat College.—Dr. R. H. Street is just out of the hospital where he recently underwent an appendectomy at the hands of Prof. Chislett.—Among the alumni who attended the special clinical course of commencement week were the following: Dr. C. A. Walton, '96; Dr. Emma J. West, '99; Dr. H. Ferguson, '99; Dr. H. A. Millard, '90; Dr. D. J. Roberts, '90; Dr. M. L. Hunt, '98; Dr. M. V. Thomas, '96; Dr. Amy Decker, '95; Dr. L. F. Ingersoll, '96; Dr. W. S. Hamilton, '95; Dr. A. H. White, '96; Dr. Lucy L. Merrill, '98; Dr. Harriet B. Ward, '96; Dr. C. S. Penfield, '80; Dr. W. E. Fruit, '90; Dr. F. C. Bowker, '99; Dr. W. F. Baker, Ill.; Dr. Mary Bartlett, Wis.; Dr. J. S. Bell, Ill.; Dr. A. T. Bodle, Mich.; S. K. Bose, Ill.; Dr. F. J. Boutin, Ia.; Dr. Alice B. Brown, Ill.; Dr. A. L. Burdick, Ill.; Dr. F. O. Burdick, Neb.; Dr. E. E. K. Chapman, Ohio; Dr. A. A. Decker, Ill.; Dr. Kate W. Ellis, Ill.; Dr. A. R. Ferguson, Mich.; Dr. Emily A. Flaws, Ill.; Dr. Nellie C. Flint, Ill.; Dr. Kate I. Graves, Ill.; Dr. May Hadley, Ill.; Dr. Cora Howerth, Ill.; Dr. Marion C. Low, Mich.; Dr. Geo. M. McBean, Ill.; Dr. Margaret S. McNiff, Ill.; Dr. Mary K. Mack, Ill.; Dr. J. T. Martin, Ind.; Dr. L. M. Merrill, Ill.; Dr. M. M. Merrill, Ill.; Dr. C. A. Miller, Ill.; Dr. E. Powell Nutting, Ill.; Dr. E. C. Oglesbee, Ohio; Dr. C. S. Penfield, Wash.; Dr. N. A. Pennoyer, Wis.; Dr. C. R. Phelps, Ill.; Dr. Otto Poppe, Ill.; Dr. Ysabel G. Richmond, Ill.; Dr. Paul Rudolf, Ill.; Dr. C. M. Sanders, Ill.; Dr. Elsie R. Schmitz, Ill.; Dr. Annie W. Spencer, Ill.; Dr. Mary Mitchell Stoker, Ill.; Dr. Julia C. Strawn, Ill.; Dr. A. H. Swinburne, Ia.; Dr. J. H. Wilson, Ohio.; Dr. F. W. Wood, Mich.; Dr. G. W. Wood, Ohio.—Dr. Manning Fish and Dr. J. A. Stewart, of the class of 1900, sailed, May 5, on the *Batavia* for a year's study

in Europe.—Dr. K. C. Park, '98, is practicing in Salt Lake City.—Dr. K. L. Hammond, of the class of 1900, will spend the summer in Europe.—Drs. Cook and Roth, of the graduating class, will also go abroad this year for special study.—Dr. M. C. Sturtevant, of Morris, Ill., attended the commencement exercises.—The attendance at the spring clinical course of Hahnemann Medical College was the largest on record since the establishment of this postgraduate feature.—The clinics during the college course were never so large as this year.—The Alumni Reunion at the college, April 25, was the most successful ever held. Dr. Bailey entertained the audience with stereopticon views and the reception to the students afterward was very enjoyable.—Dr. Cora B. Rutherford has accepted a position as assistant physician with Dr. W. L. Athon at Lincoln, Ill.—Dr. Grace Brown will be associated with Dr. Sarah J. Millsop at Bowling Green, Ky.—Dr. E. M. P. Ludlam has been a patient in Hahnemann for a few days. He is now attending to business again.—The American Institute will be held at Washington June 19.—Dr. Orrin L. Smith has entirely recovered from his operation for appendicitis and has resumed his practice.—Dr. Lydia H. Cromwell will be married June 6 to Mr. J. G. Hearne, of Wheeling, West Va.—Dr. A. C. Halphide attended the Missouri Institute at St. Louis April 17-19.—The western New York friends of Dr. Asa S. Couch presented him with a loving cup at a banquet given in his honor at the Iriquois Hotel, Buffalo, April 13.—Dr. Nellie C. Flint, '99, received a degree from the College of Physicians and Surgeons at their recent commencement.—Dr. E. E. Vincent, '87, was killed by an electric car in Detroit early in May. Dr. Vincent will be remembered as the surgeon to the Peary arctic expedition.—Dr. Peter S. Clark is taking care of the practice of Dr. Roberts, of La Grange.—Dr. C. H. Whipple, '96, is taking special work at the Chicago Polyclinic.—Dr. H. H. Bissell is located at Watseca, Ill., and is doing very well in practice.—Removals: Dr. May B. Hadley from 2470 N. Paulina St. to 900 E. 22d St.; Dr. E. E. Lusk has gone to Manchester, Iowa; Dr. J. T. Crebbin has gone to New Orleans, 3640 Magazine St.; Dr. Sarah M. Hobson from 7528 Saginaw Ave. to 5400 Madison Ave.—Dr. A. A. Goldsmith, of Eagle Grove, Iowa, recently brought a case of typhoid to Hahnemann Hospital by special car.—Dr. B. S. Arnulph will be in Paris during the exposition.

His address will be care of Weber's Homeopathic Pharmacy.—The Illinois State Society met in Chicago May 8, 9 and 10. It was the most successful and best attended meeting we have had for some time. The following officers were elected: Dr. F. E. Downey, President; Dr. Grant Houston, 1st Vice Pres.; Dr. Mary E. Hanks, 2nd Vice Pres.; Dr. L. N. Grosvenor, Treas.; Dr. Edgar J. George, Sec'y.—The Wisconsin Homeopathic Medical Society meets at Milwaukee May 23-25.—Dr. E. S. Bailey attended the Minnesota and Iowa State meetings.—The summer clinics at "Old Hahnemann" are running regularly and are unusually large.—Dr. Grace Dowling has returned to practice after a winter's sojourn in the South.—Dr. Frank Lackner, of this year's class, and Dr. Downs, of the Junior class, have gone through the experience of appendectomy, at the hospital, and are recovering rapidly.—Among recent visitors to Hahnemann Hospital from out of town were Dr. Culver, of Sandwich, Ill., and Dr. Hamilton, of Guthrie, Oklahoma.—The date of the American Institute has been changed to June 19. The monument will be completed at that time and every assurance is also given that the cash for the same will be ready.—The many friends of Dr. A. K. Crawford will be glad to know that he is enjoying better health since locating in California and he is attending to a large practice.—Dr. Sarah M. Hobson has changed her residence to 5400 Madison Avenue. Telephone Drexel 7371.—The American Proctologic Society convened in Washington on the 5th inst. Dr. J. P. Tuttle, of New York, was elected president, and Dr. W. M. Beach, of Pittsburg, secretary.—The demand for nurses from the Hahnemann Hospital Training School is steadily increasing, not merely in the city but in surrounding towns.—Dr. Cornell of the class of 1900 will be with Dr. Shears the coming year.—Dr. Burt J. Maycrek, of Buffalo, N. Y., was recently elected president of the Western New York Homeopathic Medical Society.—Dr. H. C. French, of San Francisco, is afflicted with a recent attack of hemiplegia.—THE CLINIQUE expects an article from the pen of Dr. W. C. Goodno, of Philadelphia, before very long.—Notice is hereby given to the profession that we are always anxious for any news item of interest to our profession.

THE CLINIQUE.

VOL. XXI.]

CHICAGO, JUNE 15, 1900.

[No. 6.

Original Lectures.

THE TREATMENT OF TYPHOID FEVER.

BY H. V. HALBERT, M. D., SENIOR PROFESSOR OF THEORY
AND PRACTICE OF MEDICINE IN HAHNEMANN MEDICAL COL-
LEGE, CHICAGO.

The consensus of scientific investigation and the experience of practical physicians confirms the theory that typhoid fever is specific in character, continuous in form, and recognized by well-known symptoms which vary in accordance with the course it pursues. To waste time in theoretical or experimental deductions tending to contradict the apparently established truth that it is of germ origin, developing in a susceptible system, and creating intestinal lesions, would be unworthy of an educated physician of this age.

Therefore the question of etiology and pathology are not of necessity under discussion, for the facts in this respect seem settled and clear. Fortunately, then, we may enter upon the consideration of medical therapeutics with the hope of giving and receiving knowledge as to the management of the disease.

The word "contagion" is something of a misnomer in this disease, for we are not yet positive as to the effect of contact or association. We are, however, quite sure that its development begins in the human body, that its elimination is mainly from the stools, that it requires a decomposing organic medium for germ propagation, and that it becomes infective and epidemic through the source of water and food introduction.

The first thought of treatment, then, really refers to the preventive, or, rather, protection against germ invasion, for truly the defense of those exposed is as important an item in the treatment of the sick as to overcome the ravages of the disease itself. Thus it will be seen that to properly disinfect the excreta of the patient is a mandate which no physician should forget. If this obligation was regulated with greater vigilance the serious epidemics, particularly those which pervade in small towns, would avert much of the necessity of medical attention and redound to the salvation of mankind. It is not the isolated case we dread to treat; it is the epidemic which seems to baffle our skill.

Furthermore, it might be said in a general way, that if the air we breathe was not contaminated, if the food we eat was not adulterated or decomposed, and if the water we drink was not impregnated with the disease germ, the first requirement in the treatment would rarely appear. In other words, if "sterilization" was applied to the everyday principles of living, longevity would have a greater significance and disease would be minimized. Food should be prepared on antiseptic principles, water should be boiled, we should live in proper sanitary surroundings, and then typhoid fever would have no resting place. This, like all other diseases, must have a soil, else it cannot thrive. The intestinal tract is where the germ develops the typhoid fever. When that tract is not irritated by improper food a culture possibility is rare.

Manifestly, in the management of typhoid we treat the fever; and yet, in reality, we treat the condition underlying it, which is intestinal ulceration from germ invasion. Realizing this, our first consideration, then, is for the diet. Differing, as physicians do, it is hard to realize how any one of experience can accept any diet except that of the lightest character. In fact, much of the time a patient will thrive best on nothing but sterilized water, showing thus that vitality is preserved by a reserved force when the intestinal digestion must perform

its function with the least irritation of its glandular structures.

What shall this diet be? Many physicians of prominence have battled with this question, with various and heterogeneous opinions resulting. Every one naturally holds to that which serves him best. Some even advocate a full diet, believing that the remedy alone combats the disease. The majority of observers, however, hold, and I believe correctly, to the moderate diet. As far as my experience goes, I prefer the milk diet absolutely, unless pronounced contra-indications forbid it. I give it, one to four ounces, always sterilized, diluted with sterilized water, every two or three hours. When the stomach rejects it, or seems to tire of it, I dilute it even more, or add lime-water. When coagula appear in the stools it should be diluted or peptonized. Often I substitute, temporarily, barley water for a few days, or employ buttermilk, matzoon or koumiss. By such management I have invariably been able to hold to the milk diet until a period of convalescence has been reached, when a more substantial food may be resorted to. The use of broths is often questionable, and yet I resort to them when milk continues to disagree. To me the indication is found chiefly in the extreme anemic state and when the morning temperature, or even throughout the day, has been persistently and steadily subnormal. I confess that beef broth has been most acceptable. As I write this I have in mind several hospital patients during the last year whose recovery was hastened by this change when the forenoon temperature kept at the subnormal mark. When the delirium is extreme and subsultus is pronounced, and particularly when the heart becomes weak, I frequently add whiskey to the milk. Thirst, I am satisfied, should be fully gratified and always with sterilized water. I do not believe in anything else.

Perhaps previous to the diet we should take into consideration the question of nursing. This is of paramount importance, for, if any case needs a trained and skillful

nurse it is the typhoid patient. In this emergency everything should be run like clockwork and members of the family and sympathizing friends should have no part in the care of the patient. The personal and surrounding hygiene, the ventilation and quietness of the room, the cleanliness of the patient and the bed, the systematic diet, the following of written directions, and the recording of temperature, pulse and other exacting details, should only be intrusted to those we can direct and whose training has taught them obedience.

The reduction of temperature, by external means, has been sought for in a variety of ways until there is now a pro and con argument as to the wisdom and efficiency of this measure. I believe thoroughly in the adjuvants of medicine and I still recognize any safe artificial resource for the relief of the fever. I do not claim by this that a cure, *per se*, is performed, but any temporary relief of temperature by such treatment retards the tendency to delirium and protects the nervous system from the ravages of fever. I do not regard the Brand system, or any modification of it, as necessary; on the contrary, I fear the shock which may ensue from such methods. If a bath is to be given, I prefer it to be hot, beginning at a temperature of 100° and gradually increasing to 120°. Simple and systematic sponging with tepid water and alcohol will suffice. What I term the "ten minute" sponge is a favorite method in our hospital. The nurse is instructed, so long as the temperature is alarmingly high, to give this every two hours or even oftener. Three times in an hour a sponge, occupying ten minutes, is given over the whole body, then the patient is covered well and allowed to rest for ten minutes, when it is repeated. In this way we get thirty minutes sponging and thirty minutes rest during the hour. No other method has given me greater satisfaction than this.

The high normal salt enema I regard as one of the best aids to treatment. Unless there are positive fears of perforation, I employ it systematically. The nurse is

directed to give this with a colon tube, every morning, and in some cases it is repeated in the evening. When the temperature reaches 104° and has a tendency to remain high and particularly when the delirium is pronounced, this is repeated every hour or two until there is a relief from high temperature and extreme mental excitement. Generally, it reduces the temperature promptly and relieves many of the dangerous symptoms. In cases of diarrhea, it quiets the peristaltic unrest and acts antiseptically as well. When constipation exists it helps the bowels to move; when constipation is pronounced, a high saline should be given instead. The normal salt should always be given at a temperature above 100° F., and preferably, 115° F. One pint is sufficient and it should be retained as long as possible. The normal salt solution is contra-indicated when there are positive signs of perforation, when there are involuntary stools, or when the tympanites seems to be increased by this treatment, or when the bowels are disturbed by it.

I cannot leave this phase of the subject without emphasizing the efficacy of this treatment. I actually believe that more of my success, in the treatment of typhoid, has been due to this method than to all other adjuvant treatment I have ever undertaken. During my service in Hahnemann Hospital, I have had charge of more than one hundred cases of typhoid in the last two years, and the percentage of recovery has been surprising, for the majority were serious and protracted. I certainly do not ascribe all the cures to the adjuvant treatment, though I fully believe that without it my percentage of loss would be greater.

Much has been said in regard to internal antiseptics, but the question of their utility is a matter yet unsettled. That which may have antiseptic properties in external use is not of necessity the same in internal action. No chemist as yet has been able to trace the principles of antiseptics through the complex physiology of the intestinal tract. Hence the revelations of the laboratory do not properly

apply in the ravages of internal disease. Those who were the most enthusiastic advocates of this method have been disclaimers as to its efficiency; yet, without doubt some benefit is derived in this way. For the sake of utilizing every effort, for the sake of antiseptic principles, I frequently resort to this method. *Boracic acid*, in five to ten grain doses, three times a day, has seemed to favor me better than anything else. *Benzosol* and *betanaphthol* have also been used, but their action seems to be unknown. Some physicians laud the use of *salol*, but its universal use has not yet been accepted. If I might feel free to venture a prediction, though not yet based upon positive evidence, I would suggest that *methylene blue* will yet be found to have untold influence in this disease.

Stimulation is a factor which has advocates and opponents. That it is necessary to maintain a typhoid patient's strength I will not attempt to deny, but whether artificial stimulation, either from drugs or alcohol, is of any advantage, cannot yet be truthfully settled. When anemia ensues and when a subnormal temperature persists or when the heart becomes erratic and the delirium wild, I believe the stimulation of whiskey is not only beneficial but necessary. Beyond this I doubt if it is demanded. *Strychnia* is a helpmeet which we cannot discard, for when the heart's rhythm is held in the balance it comes to our rescue better than any other remedy.

This much has been said in support of the general adjuvant treatment of typhoid. I do not by any means assert that it comprehends all that may be done. Every physician has a fund of experience valuable and suggestive in this respect. I have simply given you my method of general treatment. It is in accordance with my experience and I follow it with confidence, believing that it is correct and sufficient. I welcome any advice or suggestion which points to an improvement in this regime.

And now we come to the real treatment of typhoid. So far we have been considering the protection of the patient; we now refer to the treatment of the disease. In

a word, I may say that in this respect, I pin my faith to the homeopathic remedy. This, given according to true indications and held to tenaciously, will display a better percentage of recoveries than is found in any other treatment. Every time I get frightened and lose my head sufficiently to attempt heroic medication, I realize my mistake later on; in other words, when I try to push my patient out of the typhoid course I am doomed to ignominious failure. All the foregoing remarks, in this paper, are part and parcel of the general case. To my mind they are not inimical to homeopathy, but the use of the remedy must come under the law of the similars.

Time is too short to call attention to many remedies. They are varied according to the totality of the symptoms. I still hold to *baptisia* as a standard bearer. It conforms to the average symptoms of typhoid and particularly in the early stages. The great prostration with the muscular soreness, the stupid delirium, the peculiar nervousness as to bodily conditions, the brown and dry tongue, the rapidly progressing depression, mark this remedy as one of the first to be thought of. The lassitude, the coated tongue, the absence of appetite, the aggravation from exertion and the quantitative thirst of *bryonia*; the muscular pains and nervous exhaustion, the tendency to chills, the trembling of the hands and limbs, and the absence of thirst in *gelsemium*; the dry and red tipped tongue and the extreme restlessness of *rhus tox.*; the depression with anxiety, the anemic appearance, the thirst for water, which cannot be endured, the watery and offensive diarrhea of *arsenicum*; the subsultus and involuntary stools of *hyoscyamus*, or the *hydrobromate* of *hyoscine*; the wild and furious delirium of *belladonna*; the tympanites and the scanty urine of *terebinth*; the anasarca or edema of *apis*; the debilitated circulation and the rumbling of intestinal gases in *carbo veg.*; the vital depression, the bloody stools and the bloody urine of *muriatric acid*; the sleepy dullness of *opium*; the active hemorrhage of *nitric acid*, and a host of other indicative symptoms call to the mind

of every practitioner an experience which shows the power and efficacy of our form of treatment.

When we read, in a recent and standard edition of an old school text-book, that "typhoid is a disease not to be treated by medicine," we regret that any class of physicians are so foolish as to uphold a system of medicine which they cannot commend, and we glory in the fact that we follow a practice which we believe and which we can substantiate by statistics.

Therefore, in conclusion let me say, that the treatment of typhoid fever should comprehend all that pertains to the adjuvant care of the patient and should conform to the homeopathic law of internal medication.

I could not leave this subject without a word for the sake of accurate diagnosis. We certainly cannot conduct a case of this kind without a positive knowledge that it is a case of typhoid we are treating. In this disease, above all others, the diet is all important. To settle the diagnosis nothing has given me greater satisfaction than the blood analysis for Widal's reaction. While the symptoms are sufficiently indicative in many cases, we have often a masked typhoid to deal with. To me this test, together with the general blood analysis, has been very satisfactory and confirmatory.

*THE GENERAL EFFECT OF MERCURY.**

BY CHAS. H. EVANS, M. D., PROFESSOR OF MATERIA MEDICA
IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The general effect of mercury from first to last is that of destruction, from which no organ, tissue or cell escapes. Mercury blights the cell together with its nucleus, causing it to undergo morbid processes that end in molecular death. As the cells decay, so the tissues and the organs which they compose gradually deteriorate in function,

*Read before the Illinois Homeopathic Medical Association, May, 1900.

and finally melt away into a foul debris that accumulates in situ or is discharged from the various orifices of the body. The entire body is thus seen to undergo actual liquefaction, as if it were in the grasp of a real solvent, or was delivered over to the chemical changes which dominate a corpse.

It is, indeed, not an inapt simile to liken the molecular changes and destruction wrought by mercury to those which take place in the dead body, for the process is one of degree instead of kind, and the waste of structure seems to be effected in pretty much the same way. The thoroughly mercurialized body is a libel and a caricature upon nature, for the phenomena of life are enacted before our eyes in an organism given over to decay and death.

The gastro-intestinal glands are so altered in their constitution that food is not only imperfectly digested, but the chyme and chyle are chemically and vitally abnormal and contain poor nutritive qualities. The blood glandular organs, already diseased themselves, are still further incapacitated by the absorption of the depraved products of digestion, and can only elaborate cells and plasma of low vitality and constitution. The corpuscular elements of the blood are deficient (white and red), both from their actual destruction and their insufficient replacement. The plasma of the blood is thin, watery and loaded with fatty matter, the product of wholesale tissue destruction.

All the vital fluids become thin and watery and lose their natural consistence; they are also highly putrid in odor and appearance, acrid in character, inflame and excoriate the surfaces over which they flow, and cause marginal redness at every orifice of the body. The secretions and excretions, without exception, have all the characters just mentioned. Glands, in whatever part of the body these are situated, undergo enlargement, sluggish inflammation, and not infrequently suppuration. The salivary glands are especially influenced, and pour out without cessation an unhealthy saliva, loaded at first with

the necrotic debris of its own epithelium, followed by a profuse watery discharge amounting to many ounces, and even pounds.

There is constant fever resulting from a low inflammatory condition of the tissues, and it is a septic fever as well, for the whole body is being poisoned with the products of its own decomposition. This fever is continuous, it has no crisis, and is not relieved by sweat.

The inflammations of mercury are generally of low grade, frequently followed by loss of tissue, and usually pass either into suppuration or ulceration. When pus is formed under the influence of mercury, it is thin and watery, unhealthy in appearance, pale yellow or greenish yellow in color, putrid in odor, ichorous and sometimes streaked with blood. When ulceration follows inflammation, it is indolent in character, although in some instances it may be phagedenic.

Ulceration of surfaces, mucous or cutaneous, does not extend deeply into the tissues, but is more or less shallow, spreads laterally in all directions with irregular, indented or zigzag borders, bleeds slightly, and has a lardy, or bacon-like base. This fatty, lard-like or bacon-like appearance is met with in all parts of the body and is its own debris; it is found in the blood and the lymphatics, and even in the perspiration.

Under the sway of mercury the periosteum is inflamed; and exostosis, caries and necrosis have been of frequent occurrence. The mucous membrane in every locality where this occurs is softened, swollen and thickened, presents a puffy, spongy appearance, and bleeds with or without pressure; it constantly secretes a pasty, altered, offensive mucus, has the same acrid character possessed by all the other secretions, and readily becomes eroded and ulcerated. In color it is a bluish red in some instances and mahogany red in others. Grayish deposits form in and upon its surfaces, which slough with considerable loss of substance.

Asthenia exists in high degree and is progressive in

character. A sense as of great soreness and rawness is experienced in all parts of the body, and this is especially felt over the situation of the different viscera. Progressive and extreme emaciation manifests itself, although the hydremic blood in some instances causes edema to such an extent as to mask the wasting of the body; sometimes actual dropsy presents itself.

SATMULI.—Gangadin, B. Sc., M. D., of Hyderabad, India, reports that the fusiform tubers of this plant, which are innumerable, are used in medicine. It can be rightly called woman's friend as its action is chiefly on the generative system of women. The following is its action on the system of females :

(1) It produces normal quantity and quality of menstrual fluid, and so cures dysmenorrhea, vicarious menstruation, and some forms of menorrhagia.

(2) It gives great tone to the generative system of women, and so indirectly cures leucorrhœa and other vaginal discharges.

(3) It gives tone to the ovaries, so they produce healthy and mature ova. Owing to this it has often been found a curative of sterility or barrenness when the cause of which was either the disordered state of the ovaries or the production of weak and immature ova.

(4) It has the power of stimulating the lacteal glands of the female breast, and so produces more milk, because it is a medicine for agalactia.

It also gives a general tone to the whole body, and so is a most useful medicine for women in renovating their systems after parturition or nursing. If given after parturition, and continued for some time, it wonderfully strengthens the system, especially the generative, and produces enough good milk for her baby. It keeps her from becoming weak from suckling or other causes producing debility at such periods.

It is a harmless medicine, and can be used for months with profit. It is taken in doses of thirty or forty grains, twice or thrice a day. It can be prepared in the form of fluid extract. It is much used in India by the native physicians. Its properties are enhanced by a little more use of butter.—*Hahnemannian Monthly*.

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, April 28, 1900.

REPORT OF THE SURGICAL BUREAU.

G. F. SHEARS, M. D., CHAIRMAN.

XIII. CARCINOMA OF THE STOMACH. BY GEO. F. SHEARS, M. D.—Carcinoma is a very common disease. Continental authorities are inclined to believe that the stomach is more frequently the seat of malignant disease than any other organ of the body. While English and American authorities do not agree with the German and French physicians as to the relative frequency of this disorder, all are inclined to admit that the disease is a very common one and that there are an increasingly greater number of cases being recorded. This increase in record is not due I presume to any increase in the actual number of cases, but rather to a greater perfection in diagnosis. Cases of carcinomas formerly classed as indigestion, gastric ulcer, intestinal paresis, liver disease, and similar troubles, are now differentiated and appropriately placed.

Cancer may invade the body of the organ or either extremity. Carcinoma of the cardiac extremity is rare, except as an extension from the esophagus, and practically may be considered as carcinoma of the esophagus. Hilton Fagge will not even admit that carcinoma may commence in the cardiac extremity of the stomach, holding that all such cases are connected with the lower end of the esophagus. If we accept this statement we have, therefore, but to consider cancer of the pylorus and cancer of the body of the stomach. Pyloric carcinoma forms by far the greater number of cases of carcinoma of the stomach. It is interesting to note that the disease as it extends rarely passes into the duodenum, but that on the other hand it often invades extensively the fundus of the stomach. In this respect the progress of the disease reminds one of the extension of malignant disease in

bones, always along the shaft of bones, rarely across joints. Another and more important point in the history of cancer of the pylorus is that death may result without either adhesion of the stomach to adjacent organs or even secondary invasion of the lymphatics. Rokitansky, who presided over 6,000 post-mortems and over 900 post-mortems in which cancer of the stomach was found, clearly places this fact on record. Death in these cases took place from inanition rather than from systemic or secondary infection. If then in fatal cases the disease may be local how much more frequently must it be so in the early history of the disease.

Operative treatment may be made in a large share of cases with a hope of removing the whole disease if the operation is made at a sufficiently early period, and even in cases in which the general conditions seem unfavorable all hope need not be abandoned of a successful operation. The surgeon is usually not a factor in the treatment of the disease until either symptoms of obstruction are present or until a tumor is felt in the epigastrium. The earlier symptoms are usually looked upon as due to indigestion. Discomfort after taking food, sense of fullness and weight in the epigastrium, nausea, furred tongue, foul breath, either want of appetite or craving for food, are common symptoms of both diseases. As the obstruction becomes more pronounced vomiting becomes a more prominent symptom. It may occur immediately upon the taking of food but usually does not until some time after. Coincident with these symptoms are constipation and increasing emaciation. As the patient loses strength vomiting may be less frequent, the stomach losing some of its power to eject its contents; but fermentation in the stomach and formation of gas with distress increase.

As a result of the fermentation, the viscus becomes distended and the gas presses upon the heart and lungs, producing both palpitation and dyspnea. Occasionally there is vomiting of blood, but this symptom is not a common one in my experience. The presence of a tumor may or may not be determined. This, of course, is a most valuable symptom, but unfortunately its presence often cannot be detected until the disease has made considerable progress. In fat patients or those with firm abdomens this is generally the case, and if a diagnosis is not made until the tumor can be felt there will probably be found at the time of operation adhesions

or glandular infections that will make a radical operation impossible.

Even late cases, as before stated, are not absolutely hopeless, large growths may be entirely local, but the percentage of probable cures is very much lessened. If symptoms point to malignant disease certain confirmatory measures should be instituted. The contents of the stomach should be examined by the microscopist to determine the presence or absence of tumor fragments. If the growth is friable portions of the tumor may be found by the microscopist in the stomach contents. The gastric juice should be tested to determine if free hydrochloric acid is absent. The absence of this acid is a confirmatory but not a positive indication, and is about on a plane in value with the finding of an excess of lactic acid. Other examinations, as of the blood or of the feces, may give to the surgeon still further evidence of malignant disease. If after complete examination pyloric obstruction is determined and the chemical and microscopical tests are confirmatory no hesitation should be felt in making an exploratory celiotomy. No great risk is taken and great good may result. The operation to be made depends upon the conditions present. If there are adhesions to important structures or if there is involvement of the glands of the omentum or mesentery gastroenterostomy is the operation of election. If these conditions are not present pylorectomy may be undertaken with the hope of a radical removal of all diseased tissue.

The following cases illustrate both the symptoms and the methods of operation :

Case 1. M. S., aged fifty years. Eight months ago began to have discomfort after eating. At that time the most prominent trouble was a vague discomfort after taking food. A heavy meal would occasionally be followed by vomiting. This condition grew gradually worse. While the vomiting became more frequent the appetite became more and more ravenous. Food would be retained from twenty-four to forty-eight hours and then vomited, a very large amount being ejected. The bowels have been constipated ever since the trouble first began. When first seen by me the patient was active, but very much emaciated. Although the patient was thin it was difficult to detect any tumor, the abdominal walls being tense and not easily manipulated. In the region of the

pylorus there is an ill-defined sense of resistance. The stomach tube was introduced into the stomach after the usual test breakfast had been given and the stomach contents examined. There was no evidence of free hydrochloric acid. The patient was given a pint of water and the area of the stomach dullness determined. At intervals this was repeated until he had taken three pints, and the stomach was then found to extend down to the umbilicus. Operation was advised and accepted. Upon opening the abdomen the stomach was found to be not adherent to any adjacent organs, neither was any secondary tumor found in the omentum or mesentery. It was, therefore, determined to excise the tumor, which seemed concentric in character and to extend directly round about the pyloric extremity of the stomach. The small omentum was severed and tied; the large omentum treated in the same way. Having clamped the duodenum and the stomach by intestinal forceps the tumor was excised, the duodenum being first divided and then the stomach. The divided ends of the duodenum and stomach were closed, and by means of a Murphy button a posterior gastroenterostomy was made. The abdominal wound was closed in the usual way, and the patient made a good recovery. The button passed on the seventeenth day. The patient was allowed no food for the first week, but was given nutrient enemata every four hours. Water was given by the mouth.

Case 2. P. K., aged forty-five years. Good family history. Had always been well until nine months previous. First symptoms of deviation from health was a loss of appetite and a feeling of fullness of stomach. Two months later he noticed a lump about the size of an apple below the navel. Since that time there has been vomiting, constipation and increased sense of fullness. Patient has the sense of hunger, yet does not seem to care for food. The tumor has grown rapidly, and is now about the size of one's closed fist, slightly oblong and lying horizontally across the abdomen. The patient suffers from sharp, cutting pains. Operation was advised and accepted. Upon opening the abdomen, the tumor was found to occupy about one-third of the stomach at its pyloric extremity. Enlarged glands were detected in both the mesentery and the omentum. It was therefore deemed best to make a gastroenterostomy, as the complete removal of the disease was deemed impossible. This was

done by union of the upper portion of the jejunum to the posterior surface of the stomach by means of a Murphy button. The abdominal wound was closed in layers, catgut being used. On the eighth day the integumental stitches were removed, and on the fourteenth day it was found that the patient had removed the outer dressing and that he had been up. Examination of the wound disclosed that it was open to its entire extent. The patient was again anesthetized, the edges of the abdominal wound freshened and the walls brought together by through and through silkworm gut stitches, the peritoneum having first been closed by a running catgut stitch. Notwithstanding this accident the patient made an excellent recovery, never having a temperature above 99° , increased rapidly in flesh, and was discharged from the hospital four weeks after the second closure of the abdomen, having gained some fifteen pounds.

These two cases illustrate certain methods in the treatment of pyloric cancer. There are, however, many differences of opinion in regard to methods of excision and of union. Some authorities advise that the divided end of the duodenum be brought to the divided end of the stomach and end to end approximation made, the large wound in the stomach being closed sufficiently to make the aperture in the stomach no greater than the caliber of the duodenum. My own experience is that this is a more difficult method than the one practiced by me. It is no easy matter to make this apposition exact and there is always a weak point where the line of incision of the closed portion the stomach meets the opposing end of the duodenum. The use of any mechanical appliance is objected to by many surgeons, but my own limited experience has led me to believe that the time of the operation is materially lessened, approximation is more certain and shock is less frequent than when sutures alone are depended upon.

Kocher closes the stomach as practiced by me in the first case recorded and then unites the divided end of the duodenum to the posterior wall of the stomach, thus avoiding the T shaped line of sutures and at the same time making a continuous intestinal channel.

A still greater difference arises as to the best method of gastroenterostomy. The method as practiced by me in the second case reported is what might be termed "lateral anastomosis" of the stomach and intestines. As

can be readily seen, there is extending from the opening into the stomach a proximal and a distal loop of intestine. It is claimed by some operators that there is danger of a reflux of stomach contents into the proximal loop, which extends from the opening into the stomach to the pylorus. Into this short portion of intestine is also poured the bile, and some operators have had difficulty with the reflux of this bile into the stomach. Most of the variations in technique have been made for the purpose of preventing these complications. Personally, I have had very little trouble with either of them.

The great objection to various refinements of the operation is that they prolong the operation, greatly debilitate the patient, increase the danger of infection, and increase the mortality. Inasmuch as the operation is largely made as a temporary relief, and not as a curative measure, it is very questionable whether such severe operations are warrantable.

Of the various methods—Jaboulay's, Braun's, Doyen's and Roux's—that of Roux seems to better accomplish the result than any other.

This surgeon prepares his patient by intravenous and subcutaneous saline solutions, and then exposes the posterior wall of the stomach. He seizes the upper portion of the jejunum, divides it between two Kocher clamps, and then unites the upper end of the distal part with the posterior wall of the stomach. The proximal end of the jejunum is then implanted into the jejunum itself at a point two or three inches below the attachment of the distal end to the stomach. By this method the contents of the stomach can pass only into the distal portion of the jejunum, and the bile which enters the duodenum has an exit into the jejunum below the stomach orifice. Theoretically, the operation is an excellent one. The greatest objection to it is the time demanded in the making of it.

Cancer of the body of the stomach does not present as many favorable features for operation as cancer of the pylorus. Indeed, any except the most limited operations upon the body of the stomach have been very infrequent. Maylard, in his excellent treatise on the surgery of the alimentary canal, published in 1896-97, says; "There is little to suggest in the way of treatment from a surgical point of view. After the surgeon has opened the abdomen and ascertained the nature of the tumor and

its connections, he will, in all probability, find that any consideration of removal is out of the question. One of the most marked features of carcinoma of the body of the stomach is its tendency to extensive invasion of the walls. The fact of being able to feel the growth through the abdominal parietes almost necessarily implies that the walls of the viscus are already become so extensively infiltrated that total removal will be impossible." Since that time a number of complete extirpations have been successfully made, and the number of partial resections are very numerous. It is probable, therefore, that the future will be able to furnish more favorable statistics than has the past in regard to the treatment of cancer of the body of the stomach.

XIV. CLINICAL CASES WITH SPECIMENS. BY DR. HOWARD R. CHISLETT.—*Case 1. Intestinal obstruction, artificial anus, intestinal resection; recovery.* Miss P., aged twenty-one.

History. This young lady referred to me by Dr. J. H. Low, is an American by birth and of German parentage. Between the ages of seven and ten years she had the usual children's diseases, measles, diphtheria, croup, etc. When she was fourteen years old she had an attack of acute abdominal pain attended by great distension, vomiting, fever and tenderness in both inguinal regions, but especially the right. The condition was diagnosed appendicitis, operation was discussed but rejected and the patient, after five weeks, made a good recovery. The following summer she had a severe attack of typhoid fever; duration four weeks. When seventeen she expelled a tapeworm. During this year, too, when standing on a chair she lost her balance and fell astride the back of the chair. The injury was very painful and attended with severe hemorrhage from the vagina, and ever since, when lifting anything heavy or when sweeping she has bearing down pains in the left side.

The patient began menstruating when eighteen years old. The periods are regular but she flows for a week profusely after the first day. She always goes to bed for the first day, she feels so sick. The size of the abdomen has annoyed her considerably and at times she has become so provoked that she has struck herself (as she expresses it) in the stomach with her clinched fists. The patient has been rather constipated and has had during the

last few years several mild attacks of appendicitis. I saw the patient with Dr Low on February 13. She had been carrying buckets of coal up two flights of stairs all winter, had had a profuse leucorrhœal discharge of a mucopurulent type and the day before had slipped and fallen when going to the grocer's. Immediately after the fall she had severe pains all over the abdomen; fever; vomiting and distension began soon after.

When we examined her she had the typical signs of peritonitis from some source and while the probabilities, most strongly suggested by the former history, were those of appendicitis and while the vaginal examination, except for the tenderness elicited, was negative we sent the patient to the Hahnemann Hospital intending to give her a thorough examination under anesthesia and if we were satisfied of its appendicular origin, to operate. All of the symptoms had improved by the time appointed for the examination, the bowels responding to a high saline enema greatly reducing the pain, distension and the vomiting. An examination a few days later, however, revealed a decided tubo-ovarian inflammation with pronounced exudate on both sides.

The patient was continued on the ordinary treatment for such inflammatory conditions and made good progress until March 11 when she again began vomiting, complaining of severe paroxysmal pains with great distension. By the following day the vomiting had become fecal in character, the obstruction being complete. The suddenness of the onset, the extreme pain, the high pulse, the absolute constipation and the fecal vomiting when taken with the former history made a typical picture of strangulation by adhesions or bands and as the patient was very feeble and cyanotic we determined upon the shortest possible operation, the formation of a fecal fistula.

An oblique incision was made in the right inguinal region; the peritoneum was incised for the distance of three-quarters of an inch. A coil of the distended ileum was then brought out and attached to the peritoneum and transversalis fascia, one-quarter of an inch from the margins of the incision, by four interrupted sutures of fine silk. The peritoneal surface of the intestine was sutured to the parietal peritoneum by a continuous suture of fine silk. The skin and muscular structures were then sutured together to prevent burrowing of the discharges. The intestine was then opened. A large quantity of fluid and gas escaped, giving almost immediate relief.

The patient was put to bed with better color and a better heart than when she began the anesthetic. The operation was one of emergency, and I thought we would most likely have to do a second operation for the relief of the constricting bands of adhesions. The patient made a good reaction and after three or four days had a thorough bowel movement. After this the passages were regular, the pain ceased, the distension disappeared, the fistula gradually closed and I thought the adhesions must have absorbed.

On the morning of April 7th, however, a week after the cessation of discharge from the fistula, there was a return of all the symptoms of obstruction, and when I saw the patient she was the picture of misery, indeed. The pulse was 116, the temperature 103°, respiration 25; the abdomen was greatly distended and the vomiting almost continuous. She had not passed a particle of gas in the past twelve hours. Thinking I could easily reopen the old fistula with a probe we made no special preparation except in the near neighborhood of the wound. My probe passed readily through the granulation tissue and, as I then thought, directly into the intestine, but as there was no escape of fluid or gas it seemed certain it had gone directly into the peritoneal cavity. We therefore made a hasty preparation and reopened the wound to find that in the strain of vomiting the loop of intestine had been almost separated from its parietal attachments, and was lying in the immediate neighborhood, held there only by a small stretched adhesion. The amazing feature to me was that the bowel had reopened at the site of the fistula, the opening appearing as if torn. There had been no escape of intestinal contents, a fact explainable by the present obstruction being located higher up in the intestine. Enlarging the incision I found the junction of the collapsed and distended bowel, about twelve inches of the upper ileum being literally glued together and to the mesentery in knots. After separating as many of the adhesions as seemed practicable I excised the piece of intestine which I present for your examination. It measured eight inches when removed and, as you see, showed a typical constricting band which I severed, hoping to avoid the excision.

The whole piece of intestine was so roughened and denuded of peritoneum, however, that I was afraid to leave it. The end to end approximation was made with

a Murphy button. During the greater part of the operation the pulse could not be counted at the wrist. Two pints of normal salt solution were injected subcutaneously, and the peritoneal cavity filled with the same solution as soon as we had located our diseased area. The operation was completed by suturing another loop of the intestine, which was denuded of peritoneum and looked pretty dark and softened, to the abdominal wound. Thus we could make a fecal fistula at a moment's notice, should it be necessary.

The recovery was uninterrupted. The following Sunday the patient presented me with what she termed an "Easter egg," but which was, in truth, my Murphy button.

Case 2. EPITHELIOMA OF THE HAND AND ARM; AMPUTATION; RECOVERY.—Mr. J. V. W., aged sixty-eight, farmer by occupation.

History. His family history is good, except that his father's sister died of tuberculosis. The patient himself has always been well. The present trouble began twelve years ago, the first sign noticeable being a red spot the size of a dime on the dorsal surface of his left hand. He paid little attention to it at the time, but as it did not disappear he went to a physician, who pronounced it eczema. After three or four years, as it got no better, he had it repeatedly cauterized, and finally the appearance changed until it looked more like a wart. In spite of, or as the result of the cauterization, it began slowly to enlarge, but until the past few months has been painless. In the last two years the growth has been rapid, and of late there have been occasional drawing pains in the hand.

Examination. Upon admission the hand appeared about twice its natural size, the fingers being greatly swollen, stiff and separated. On the back of the hand, extending from the heads of the metacarpal bones to the middle third of the forearm, was a mass which, I think, the term "fungus" best describes. The axillary glands were greatly enlarged. The condition was, beyond question, carcinomatous, a diagnosis which the microscope has since confirmed. The general examination of the patient revealed a fairly good nutrition. The heart was dilated, the vessels atheromatous, and there was an insufficiency of the mitral valves. There was considerable edema in the bases of both lungs, an area two and one-half inches in diameter in the base of the right lung,

showing a comparative dullness on percussion and suggesting the possibility of a secondary carcinomatous deposit.

Aside from this there was no evidence of visceral involvement. The kidneys were doing fairly good work, there being no albumin, no blood, and the urea in twenty-four hours 19.68 grams in a total quantity of 1,100 c. c. The patient accepted the relief offered by amputation simply to get rid of a useless disfigurement and to rid his family of a horrible odor. I was afraid to attempt a shoulder joint amputation, which, of course, would have been the ideal operation, because of his age and the revelation of the physical examination. We therefore did a circular amputation in the lower third of the arm. The result was good, the wound healing perfectly by first intention. Two weeks later I did a second operation for the enucleation of the enlarged axillary glands. The patient is making a nice recovery. I report the case not for the difficulties of the operation, but as an introduction to the presentation of the very interesting pathological specimens.

XV. A CASE OF STREPTOCOCCUS INFECTION OF THE ARM. BY CHAS. E. KAHLKE, M. D.—Our patient, Mr. J. B—, twenty-one years of age, while “sanding” a piece of belt, on February 7, 1900, caught the little finger of his left hand between the sand drum and its frame, tearing the distal phalanx almost completely off. He immediately consulted a physician who washed the finger with an antiseptic, removed the third phalanx, inserted three stitches and applied dressings and splints. The wound was dressed daily but infection took place and grew progressively worse. On February 12, his physician reamputated the finger at the first interphalangeal joint and again sutured the flaps. On the 13th, the patient had a chill and felt so bad that he was sent to Dr. Chislett's clinic.

He reached the hospital at 12:30 A. M., with a temperature of $103\frac{1}{2}^{\circ}$ and pulse 80, complaining of a very severe headache, and pain extending up into the arm. The stump, hand and wrist were badly swollen and edematous, and the axillary and cubital glands were large and tender. The stitches were removed, allowing a large quantity of pus to escape, the infected area cleansed with peroxide of hydrogen and corrosive sublimate, rubber drainage inserted and hot boric acid compresses applied.

A brisk cathartic, nourishing liquid diet, whiskey, iodide of arsenic and protonuclein were ordered. On the 14th our patient had an afternoon temperature of $104\frac{1}{4}^{\circ}$ and pulse of 108, so he was anesthetized and the hand drained anteriorly and posteriorly through a number of liberal incisions. On the 15th the afternoon temperature was still 104° , and as there seemed to be an increase of tenderness, pain and swelling about the wrist, an exploring needle was introduced into the joint cavity (under cocaine anesthesia), and our suspicions of the presence of pus confirmed. This was followed, of course, by thorough drainage, the limb then being placed in a continuous bath of 1 per cent solution of carbolic acid, the temperature of the bath to be maintained at 110° Fahrenheit, the drainage wounds to be flushed every half hour with 5 per cent solution of carbolic acid. As we had to deal, as we demonstrated, with streptococcus infection, we administered anti-streptococcus serum hypodermatically. At this stage the urine was red, offensive and acid, having specific gravity of 1.027 and containing some pus. The urea amounted to forty-five grammes in twenty-four hours. The 16th and 17th found the temperature curve reaching 105° , so the patient was again anesthetized and the entire hand and wrist thoroughly drained through the agency of ten large rubber tubes. A most searching examination led us to believe we had opened all pockets of pus and drained all bursae and tendon sheaths. Another dose of serum was administered. On the 18th our man had two chills and an afternoon temperature of $103\frac{3}{8}^{\circ}$, and was in a condition of profound sepsis, with low, muttering delirium, very drowsy and weak, jaw dropping onto the chest. The lips of all wounds were grayish and necrotic and showed no tendency to repair. The bath was changed to one of oxychlorine, 2 per cent, with half-hour irrigation of 5 per cent oxychlorine. On the 19th his temperature was $102\frac{5}{8}^{\circ}$; the 20th it ranged from $99\frac{5}{8}^{\circ}$ to 100° ; on the 21st, $98\frac{5}{8}^{\circ}$ to $99\frac{1}{4}^{\circ}$, pulse 106; on the 22d, $99\frac{5}{8}^{\circ}$; on the 23d it rose again to $101\frac{1}{4}^{\circ}$; on the 24th it was 101° . This day an active secondary hemorrhage from the ulnar artery, two inches above the wrist, occurred, so the arm was removed from the bath and most of the bleeding stopped by two ligatures, the balance with the assistance of a firm tamponade. From now on the arm was kept in a wet oxychlorine dressing of 2 per cent. On the 25th our patient had a temperature of 102° , pulse 116; the 26th, morning

temperature $98\frac{1}{2}^{\circ}$, with an afternoon temperature, however, of 104° , pulse 126. The forearm was quite swollen, so the patient was again placed under an anesthetic and the old drainage tracts thoroughly cleansed and treated with tincture of iodine, the forearm incised and drained as high as the elbow, but nothing more than marked edema was found here. On the 27th the temperature was down again to an average of $99\frac{1}{2}^{\circ}$. From March 4th to 12th the temperature ranged from $99\frac{1}{2}^{\circ}$ to $102\frac{1}{2}^{\circ}$; on the 13th, a light chill followed by a temperature of $104\frac{1}{2}^{\circ}$, but as no other pockets of pus or pyemic abscess elsewhere in the body could be determined, the fever was ascribed to absorption of toxins along the drainage tracts. On the 14th the highest temperature reached was $100\frac{1}{2}^{\circ}$. After that it was never above normal.

The patient left the hospital on March 27, and returned every other day for dressings. The arm is now, as you see, entirely healed, though there is complete ankylosis at the wrist, flexion and extension of fingers slight, the embarrassment here of course being due to the involvement of the flexor and extensor tendons in the productive inflammation in the palm and on the dorsum of the hand. Abduction and adduction of fingers is quite perfect. I will state that late in the course of his illness our patient developed a bed sore behind the internal condyle of the humerus exposing the ulnar nerve, but fortunately no crippling neuritis developed. This was treated in the usual way, and when his other wounds began to heal this sore granulated in nicely. All through the severe part of his illness the patient received one pint of normal salt solution, per rectum, every six hours.

His recovery, which at one time seemed very questionable, I attribute to thorough drainage, very efficient nursing, and I think I may safely say to his continuous bath of 2 per cent oxychlorine solution, to which latter his temperature responded within thirty-six hours. Within three days after the use of the oxychlorine the necrotic condition making up the wound surfaces began to give way to granulating surfaces and the axillary glands began to disappear.

A word in regard to oxychlorine. It is a definite chemical compound composed of the tetra-borate of sodium, potassium chlorate, chloric acid and calcium chloride with water crystallization. It is soluble in water to the strength of $12\frac{1}{2}$ per cent and is alkaline in reac-

tion. Whenever this preparation comes into the presence of an organic compound it gives up all of its oxygen and a very small per cent of free chlorine. Its action, as you can see, is, therefore, not so much germicidal as it is stimulating, thus increasing the local resistance to infection. The bath is just as efficient in 1 per cent solution as in the 2 per cent.

XVI. CASES OF COMPOUND FRACTURES OF THE HUMERUS. BY DR. C. F. BARKER, Chicago.—Simple fractures of the humerus are common enough accidents, though far less frequent than fractures of the clavicle, or the bones of the forearm. Compound fractures of this bone are not so common, but in all these injuries, simple or compound, complications are not unusual. There may be delayed union or nonunion—the latter occurring in fractures of the humerus oftener than in any other long bone—and certain nerves, notably the circumflex and the musculo-spiral, are likely to share in the injury. Also, the blood vessels that course along the limb may be wounded.

So, while the results of treatment are in the main satisfactory, there is considerable likelihood that some cases will be followed by serious disablements. This may come from paralysis, from interference with union, or the injury may be such as to require amputation of the limb.

The following cases of compound fractures of the humerus are some that have occurred in my private practice, and they serve to illustrate the diversity of the causes and results in accidents of this class:

Case 1. A young man of nineteen, while in a boat hunting ducks, pulled a double-barrel shotgun toward himself, muzzle foremost, and the contents of one barrel passed through the upper part of the arm. The wound of entrance was directly over the brachial vessels and nerves, and the charge passed completely through, breaking the humerus and cutting off the circulation from the limb below. The arm was amputated just above the seat of the fracture and a serviceable stump obtained to which he afterward had fitted an iron hook. By means of this hook and his remaining arm he was able to continue his occupation, which was that of a common laborer in a lumber yard. He seemed to be able to handle lumber quite as well as the other men, and I was told that in an encounter or affray that occurred in the yard the hook proved to be a most formidable weapon, and caused much damage to those who came in contact with it.

Case 2. A lady of about forty was riding in a carriage, her left elbow carelessly hooked about one of the supports of the carriage top. The vehicle capsized and her elbow was between the support and the ground. The injury which she received was an oblique, supracondyloid fracture of the humerus. The obliquity was backward and upward, and the upper fragment protruded slightly through the skin, at a distance of about three inches above the elbow joint, anteriorly.

As the injured part was apparently clean, and was seen about an hour after the accident occurred, this injury was treated as a simple fracture, viz., without drainage. The treatment consisted in sterilization with green soap and the bichloride solution, followed by reduction of the fragments, the application of dry iodoform dressings, and, finally, a long angular splint. This splint was made of stout pasteboard, and it embraced the top and sides of the shoulder and about two-thirds of the circumference of the arm and forearm, extending as far as the middle of the metacarpus. The arm rapidly recovered, without infection or complication of any sort, and the slight muscular ankylosis which remained quickly yielded to massage. (I ought, perhaps, to say that the pasteboard splint, while becoming dry and firm, was reinforced at the elbow by a right angle Levis' splint.)

Case 3. A girl of twelve was enjoying a swing when a piece of timber from which the swing was suspended fell, and in some way produced a compound, supracondyloid fracture of the humerus. No other serious damage was done to the little girl excepting this injury to the arm, but this was quite sufficient. The direction of the fracture was upward and backward, and the lower end of the upper fragment protruded through the integument fully an inch and a half. The wound was about two inches above the anterior fold of the elbow. Upon examination, no pulse at the wrist could be found. Inspection revealed the brachial artery stretched tightly over the exposed portion of the bone and quite empty. As an hour and a half had elapsed between the time of the injury and my arrival, there seemed little hope of restoring the circulation in the injured vessel. However, the parts were immediately cleansed and disinfected and the fragments reduced, the latter not without some difficulty. The wound was then loosely packed with iodoform gauze and the arm placed upon a cushion and supported there by

means of sandbags and bottles filled with warm water. I had only slight hopes that the collateral circulation, by anastomosis between the branches of the superior and inferior profundæ arteries and those of the radial and ulnar and posterior interosseous recurrent might prevent death of the parts below. Indeed, during the three days following the injury the issue seemed doubtful, for the limb remained warm and the color good. But after this the forearm and hand began rapidly to change color and lose warmth, and the result was an amputation slightly above the seat of the fracture. There was left a useful stump, to which was subsequently fitted an artificial arm.

XVII. A CASE OF CHOLELITHIASIS. BY DR. E. L. HUNTER.—Mrs. D., age forty-six years, with a good family history, came into my office one evening, asking relief from attacks of pain which at that time were occurring at short intervals and were so severe in nature as to confine her to her bed for several days following. When she came in she was suffering considerable pain and was very loathe to give any history of her case. She stated that she had been told by one physician that she had cancer of the stomach; by another that it was ulcer of the stomach, and by the last one that she had cancer of the liver and could not be cured. I told her I would have to know something of the nature of her case in order to give her any relief and thus succeeded in getting a history.

Her trouble dated back two years or more, commencing with symptoms of indigestion, constipation, and attacks of pain in right side in region of the liver. The pains were not so severe at first and some time elapsed between the attacks; when she would be comparatively well; her bowels were always constipated. Just before and during the attacks of pain the stools were clay colored, but at no time very dark or offensive. During and following these attacks the patient would be quite badly jaundiced; the stomach seemed to do its work well except that she would sometimes vomit when the pain was severe.

She had never had any signs of hemorrhage from that organ nor did the taking of food produce any symptoms, except when she was experiencing one of her attacks, at which time she could not tell whether food aggravated or not. She had not lost flesh very markedly, but did have an unhealthy complexion. Upon examination I found a tumor situated just under the margin of the ribs,

and a little to the right of the median line. The tumor was very sensitive to pressure, rather oval and smooth. When the attacks of pain had passed the tumor would seem to vanish entirely at times and at other times nearly so. Now the question was, what was the condition I had to deal with? As I will try and point out, later, we did not have the characteristic symptoms of a malignant growth in either the stomach or liver, nor did we have a very good picture of ulcer of the stomach; we did have the symptoms of biliary calculi, and as such I diagnosed her condition and gave a favorable prognosis, advising an operation. It was no easy matter to persuade her to submit to an operation on account of her previous experiences, but as an exploratory incision is warranted in most any case at this day, where there is any doubt as to diagnosis, I explained such a procedure to the patient, and she submitted, giving permission to go ahead with the operation if we found things as I had said.

Let us now see wherein her condition differed from those said to be present.

Cancer of the stomach usually runs its course and terminates fatally in about one year.

The trouble in the case at hand had existed for more than two years.

The tumor, its location and form (according to Da Costa), is the main diagnostic feature in cancer of the stomach. When the pyloric orifice is involved the tumor is felt as a round, hard mass, or as giving a pronounced sense of resistance and usually located in the median line of the abdomen just below the sternum. If adhesions to the surrounding parts have not formed, from its own weight the mass may be dragged quite low down into the hypochondriac region to the left, but hardly ever to the right. Usually not very sensitive to the touch, but pressure may cause nausea. We had a tumor in this case, but its location, form and the fact that it was so extremely sensitive, were not characteristic of cancer of the stomach, but very much in accord with the symptoms of gall-stones.

As far as the age of the person was concerned any one of the conditions named might be thought of. The stomach and bowel symptoms under cancer of the stomach, discarding involvement of the cardiac orifice, and only considering the pyloric, are vomiting, which does not usually occur until several hours after eating;

the food comes up in a partially digested state, usually extremely acid; in the later stages of the malady hemorrhage into the stomach is common, the blood coming up with the vomited matter and also showing signs of being acted upon by the gastric fluids and having the appearance of coffee grounds. Pain in the stomach is almost a constant symptom, rarely intermitting and often radiating to the lumbar region. It is little affected by pressure or by taking food.

The stool is almost always constipated, dark in color and offensive. Extreme flatulency and fetid breath are constant symptoms.

In my patient we find little to compare with these symptoms. Vomiting was a very rare occurrence; she had no signs of hemorrhage; no pain was felt in the stomach or back; pressure aggravated in her case; and the stool, though being constipated, was not dark but clay-colored and not offensive, nor did she have the fetid breath or acidity of the stomach.

The involvement of the glandular system which is so characteristic in cancerous troubles, was entirely lacking in this case.

Cancer patients lose flesh markedly, have a cachectic appearance, gradually but steadily become weaker and more emaciated. Gradually but progressively the systemic functions are undermined and they die in about a year's time from exhaustion.

My patient did not have the cachectic appearance. She had been sick more than two years without losing much in weight and her vital forces were far from being exhausted. I think we are warranted in not considering cancer of the stomach in this case any farther and I will only briefly contrast cancer of the liver.

To compare the latter, we find the duration of the cancer of liver to be about the same as of the stomach. The usual stomach and bowel symptoms in cancer of the liver are vomiting in the later stages, but not a common symptom. May have hemorrhage from stomach but hemorrhage usually takes place into the intestine. The pain in these cases is usually referred to the region of the right shoulder, and is as persistent as the pain when the stomach is involved. The liver is almost always considerably enlarged and there is involvement of the general glandular system. The tumor may be located in any part of the organ usually giving a nodular feel to the *sur-*

face of the liver. The patient undergoes the same decline and is a constant sufferer, as in cancer of the stomach.

We will discard cancer of liver from our case, for the patient did not have the enlargement of the liver; she did not have the usual bowel symptoms; she lacked the constant suffering and steady decline and loss of flesh, the remissions in her case being marked, the glandular system not being affected, lack of hemorrhages, difference in tumor and difference in character of pain. We have, then, only ulcer of the stomach left to deal with, as far as the troubles under consideration are concerned.

In this, the fact that ulcer usually runs its course and terminates either favorably or in perforation and death in about three weeks, hemorrhage is such a common symptom, there is no tumor, the pain is so markedly affected by taking food or drink and being only located in the stomach is, I think, sufficient to distinguish it from anything in common with our case. We have now by the process of exclusion brought our case to that point where only the one condition, that of biliary calculi, remains, and this we had reasonable grounds to believe to be the true cause of the patient's suffering. As I said before, I advised an operation for their removal and referred the case to Dr. Shears' clinic. The lady was operated upon and to my gratification six calculi, about the size of filberts, were taken from the gall bladder. This was then stitched round about the opening made in it to the peritoneum and then drained, externally, the abdominal wound being only partially closed by suture, the remainder closing by granulation.

The patient made an uneventful and speedy recovery and left the hospital a well woman. Since that time she has been free from any trouble. Does not this case well illustrate the value of making a careful study and a proper diagnosis in every case, and the wrong that may be done by too much haste or carelessness on the part of the physician?

The regular monthly meeting was held in the College Amphitheater, Saturday evening, May 26, 1900.

*REPORT OF THE SECTION ON DISEASES OF
THE EYE, EAR, NOSE AND THROAT.*

ORRIN LELROY SMITH, M. D., CHAIRMAN.

XVIII. EXTRACTION OF A PIECE OF STEEL FROM THE FUNDUS OF THE EYE BY MEANS OF THE HAAB MAGNET. BY C. J. SWAN, M. D.—J. F——, twenty-eight years of age, an employee of the Illinois Steel Company, came to me upon the first day of May, 1900, having the following condition and history: While "ragging" or roughening steel rolls with a cold chisel a piece of the steel flew with great force into his right eye. The blow caused some pain and he noticed that he could no longer see with the injured organ. He reported at once to the company surgeon, who referred him to an oculist in a west side hospital, a distance of twelve or fifteen miles from the works. After arriving he found that there was no oculist on duty at the time, so came to Hahnemann Hospital on the South Side, an additional distance of six or eight miles, when I was called in.

I found the patient weary with his travels and the wounded eye looking red and angry. It was only upon the closest inspection, aided by focal illumination, that I was able to discover a perforating wound a trifle over one-fourth inch in length directly across the pupillary region of the cornea. I also made out the broken anterior lens capsule and that the lenticular matter was much disturbed. This was pretty fair evidence that the steel had perforated the globe and was still within the eye.

The conjunctival sac was immediately irrigated with a warm *boracic acid* solution, two drops of a four grain *atropine* solution were instilled between the lids, and the eye having been dressed with a moist *boracic acid compress*, the patient was placed in bed preparatory to the operation the next morning. At this time the eye was not painful, but orders were left with the nurse that in case the patient suffered during the night the dressings were to be removed and ice compresses applied.

May 2. Patient had passed a fairly comfortable night and was ready and anxious for the attempt at removal of the steel. Preparations for the operation were as follows: The instruments, removable point of the magnet,

the hands of the operator and assistants were sterilized as thoroughly as possible. The conjunctival sac was washed out with a $\frac{1}{8000}$ *bichloride* solution and the eye *cocainized* with a 5 per cent solution. The corneal wound was then enlarged to about one-third of an inch, the point of the magnet was inserted between the lips of the wound and the current turned slowly on. The patient complained of sharp pain and jumped away. The effort was repeated, and at the third trial the piece of steel darted through the lens and appeared in the anterior chamber. The fourth trial was successful, and when the patient jerked away his head the sliver of steel was found securely fixed to the point of the magnet. Some shreds of the anterior capsule of the lens which were found protruding from the wound were removed. The eye was washed, dressed, and the patient returned to his bed with orders for washing the eye with *boracic acid* solution and the instillation of *atropine* twice a day, at all other times keeping the eye covered with the moist dressing, without, however, making the dressing air-tight with gutta-percha or anything of that sort.

May 3. Patient passed a restless night and the eye was quite painful; the lids were thickened; more of the lens capsule protruded from the wound where the aqueous was constantly escaping. The iris showed some laceration inflicted by the escaping steel and also two or three adhesions. The tension was not increased. The shreds of capsule were removed, and *atropine*, grains four to one ounce, combined with a four per cent *cocaine* solution was ordered to be dropped into the eye every two hours. For the further relief of the pain ice compresses were applied.

May 4. Pain had been less distressing and eye looked unchanged. The same treatment was continued.

May 5. Very restless night had been passed by the patient, who suffered from constant and severe pain in the branches of the fifth nerve. The lids were much swollen, as was also the conjunctiva; the cornea was infiltrated; the iris, where it could be seen, was much congested and the eye everywhere had an unpromising appearance. The treatment was continued with the exception of the cold which no longer relieving the pain, was changed to hot applications. In the evening I made a second call and found no improvement in the wounded eye. The sound organ had a slight pericorneal injection and lacked accom-

modative ability. The patient also complained of a "weak" feeling in the sound organ. With the wounded eye he could not distinguish between light and darkness. I went into a corner and thought the matter over something after this fashion: If I continue the treatment I may be able to save the eyeball whole; it may even be possible to preserve to the patient a little vision, as the absolute inability to recognize light may be due to a blood clot in the fundus. I might remove the lens, which is swollen and may be the cause of some of this distress. The lack of accommodation is probably due to the systemic effect of the *atropine* and the pericorneal flush may be only incidental. Sympathetic inflammation does not occur very often anyway, and there have been scarcely any cases of sympathetic inflammation reported as occurring in less than two weeks after the injury. On the other hand, the piece of steel which entered the eye probably carried infection and from appearances the chances are that there is even now pus in the fundus. The pupillary region of the cornea is considerably lacerated and its transparency will be lost. The lens is inevitably destroyed. The iris is torn and probably the ciliary body is in the same condition. The vitreous membrane is torn, and the chances are in favor of a detached retina. The possibility of conserving useful vision is next to nothing. The man is in great pain and there is a possibility that sympathetic infection has already begun. It is not possible to save enough vision at the best to warrant imperiling the sound eye and keeping this man from his work for a month or two. I therefore determined to enucleate the wounded eye and performed the operation with Dr. Haseltine's assistance the same evening.

No blood clots were found but there were foci of pus near the optic nerve entrance and the retina was lacerated and detached. The patient returned to his work on May 12. The presence of the pus removed all possible doubt as to the wisdom of the early enucleation.

Before closing this short paper, I wish to say a further word in explanation and in defense of the Haab magnet. The operation with this magnet was entirely successful and if previous conditions had been favorable the outcome would have been entirely satisfactory. If the sliver of steel had been sterile and had not caused so much traumatism, the eye could unquestionably have been saved with a useful degree of vision. But, unfortu-

nately, the conditions were all against such a happy result.

XIX. CARE OF THE EYE AFTER REMOVAL OF A FOREIGN BODY. BY B. D. HASELTINE, M.D.—My contribution to the report of the bureau is the record of one case of penetrating wound of the eye, and through the kindness of my patient, who is present, I am able to show you the result.

This gentleman, twenty-seven years of age, is employed in a manufacturing establishment and works at a forge. On the 16th of October, 1899, a piece of steel flew from the edge of the hammer he was using and struck him in the right eye, penetrating the eyeball. He was immediately taken to an eye hospital near at hand, but no attempt was made to remove the fragment, and he was referred to another institution, where he arrived some hours later, and removal was attempted by the use of the Haab magnet.

The effort was not successful in this case, although the wound was enlarged and several attempts made, but after abandoning the use of the magnet the steel was subsequently removed with forceps. The eye was bandaged and the patient placed in a hospital, where he remained for about two weeks. There was moderate pain at first, which subsided in a few hours, and for the first week he was comfortable. When the bandage was removed for dressing, he tells me that he had fairly good sight in the eye until some ten days after the injury, when the sight grew worse and he began to suffer pain. Leeches, both artificial and natural, were used at this time over the temple, and the pain was partially controlled by anodynes. He was allowed to leave the hospital at the end of about two weeks, the treatment being *atropine* dropped into the eye three times a day. The condition grew worse, and on November 5 he was told that removal of the eye was called for, and instructed to go without breakfast the following day preparatory to taking an anesthetic.

At this juncture he consulted me. Examination showed a scar nearly one-half inch in length on the nasal side of the right eyeball entirely posterior to the corneal margin. Ciliary congestion was very severe, pupillary dilatation incomplete but symmetrical, considerable tenderness over the ciliary region, cornea and anterior chamber clear, tension normal, lens in position and intact.

He could count fingers at about eighteen inches. With the ophthalmoscope the fundus could not be seen owing to a cloudy vitreous, which with movement of the eye showed large masses of stringy opacities. Examination of sound eye showed no ciliary congestion, normal fundus, vision 20/20 and accommodation perfect.

In deciding what to advise in a situation such as this there are several important points for consideration. On the one hand, we have the appalling danger of complete loss of both eyes from failure to remove the injured one should sympathetic trouble supervene. The operator who enucleates in such cases is supported by the consensus of professional opinion, and no one can ever dispute the wisdom of his course. In this case, however, there were several conditions present that led me to believe in the possibility of saving the eye and inclined me to take the risk. The body had been entirely removed and the wound healed. The location of the wound, although very near indeed, was probably posterior to the ciliary body. There was every reason to believe that no immediate infection had resulted from the foreign body. The lens was in position and uninjured, hence the danger of glaucoma was practically nil, and there was a possibility of useful vision in the eye if saved, the retina having escaped, as shown by the fact of his having vision during the week following the injury. Most important of all was the condition of the sound eye, which showed by perfect accommodative power that it was not thus far implicated. The treatment had been inadequate in several respects, which was an added reason for attempting to improve the condition. He had spent several hours a day in using the sound eye for reading, and at no time had he been protected from strong light. Atropinization had not been sufficiently vigorous, and no accessory drug had been used, either to assist the *atropine* or to promote cleanliness of the eye.

With the understanding that I should see the case daily and be permitted to operate at once should I think it advisable, I decided to attempt to save the eye. I began by putting *crystals of atropine* into the conjunctival sac and gave a four gr. *atropine* solution, combined with five per cent *cocaine* (a procedure of great value which I owe to the suggestion of Dr. Swan), to be dropped into the eye every two hours, the eye to be freely irrigated every four hours with warm solution of *boric acid*. The

use of the sound eye for near work was absolutely forbidden and perfect rest in a slightly darkened room for several hours each day was recommended.

On the following day, November 7, he reported less discomfort, the ciliary congestion was slightly less, there was much better dilatation and he counted fingers a few inches further. There was no change in the condition of the sound eye. On the 9th he counted fingers at four feet and the vitreous showed less cloudiness.

He showed continued improvement each day until November 28, when I deemed it safe to stop the use of *atropine*. His only discomfort during this time had been left frontal headaches, which always disappeared with perfect rest. Vision had improved 10/50.

November 30 he could read coarse print. December 2, he could read newspaper with some difficulty. December 30, vision 20/40; could read finest Snellen type with +1.00 D. sphere. At this time I stopped all treatment and asked him to report in one month. On February 3 vision was 20/20 and he could read the finest test type without a lens. The eye at present, as you see, is normal in appearance, the vision for all distances is as good as before the injury. He tells me that he has lately tried rifle shooting in which this eye alone is employed and that he still has reason to be proud of his marksmanship. With such conditions as these, although I have warned him of the possibility, I believe the danger of future trouble to be very small indeed.

XX. REPORT OF CASES OF PERFORATING WOUNDS OF THE EYE. BY C. GURNEE FELLOWS, M. D.—About six years ago John L. presented himself at the Hahnemann Hospital, suffering from a perforating wound of the cornea, iris and lens. The accident had occurred but a few hours before, when a knife blade had, unfortunately, been held in such a position that the boy had run against it. The wound was gaping, the iris prolapsed and the lens capsule incised. I did an iridectomy, replaced the cut edges, applied a pressure bandage, and put the boy to bed with *atropine* and compresses applied every two or three hours. The wound healed nicely, the lens absorbing sufficiently to show a fairly good black pupil and restored eyeball.

Three or four years after, I heard of the case, and he had had no further trouble, and, although his vision was poor as compared with the sound eye, it may sometime

be worth having, for, with a corrective lens, I presume he will have some useful vision.

Remarks. I did not take this eye out because the wound was made with a comparatively clean instrument, and there was no possibility of any of the foreign body remaining in the eye. I believe when we are sure that there is no foreign body, and particularly metal, left behind, that we are warranted in waiting weeks, months and even years without removing the eye, provided the patient is intelligent and knows enough to consult a physician if an emergency arises.

This leads to the narration of the case of Mr. F., who had a penetrating wound of the eyeball more than twenty years ago, at which time a pitchfork tine was stuck into his eye. The wound healed, and although the eye was blind it presented a fairly good appearance, but was troublesome from time to time, though the opposite eye was not affected. Twenty years from the time of the accident, after consulting a number of men meanwhile, Mr. F. requested me to remove the offending eye, having become impressed with the possibility of danger even at this late day; and I consequently removed it, after which the opposite eye seemed better and stronger than ever before, although no real sympathetic trouble had existed.

Remarks. I believe that this man may have gone through life with his eyeball in situ, but I agree with him that it was wise to remove it, because there was more or less recurrent, smoldering inflammation present. If the eye had been perfect so far as appearance was concerned, with no possibility of there being a foreign body present, and the patient living within reach, I believe I should have delayed the operation.

Baby M., ten months of age, had a steel pen stuck into her eye by her twin brother. A neighboring physician did his best for the child for two days before I was consulted on the third. I found hypopyon and nothing else visible within the ball. I chloroformed the child and evacuated the pus, finding, of course, an iritis, and a swollen and enlarged lens. I did an iridectomy and drained the anterior chamber as well as possible, and waited for results. The child left the hospital at the end of two weeks with a fairly good pupil, but with the lens still unabsorbed, the eye full and presenting a fairly normal appearance. I advised discission for the further

absorption of the lens, but they have not yet availed themselves of the operation.

Remarks. I believe that this eye was lost from lack of willingness to consult an oculist; the wound was not so severe but that attention, *atropine*, and possibly operation upon the iris might have produced favorable results, but the woman belonged to that class of people best described as "poor white trash" and knew too much herself. I believe in this last case that it is better that the eyeball should remain in the orbit even if blind, because the face and neighboring tissues will develop much better, even if the removal becomes necessary later on. As the pen was clean I believe it was not worse than any other instrument not surgically clean. A year has now passed and the eye is perfectly free from inflammation and its mate is as well as ever.

XXI. CLINICAL CASES. BY DR. O. L. SMITH.—I have selected from my case books the records of the two last cases only as being sufficient to call attention to a much neglected class of patients, the unfortunate results attendant upon such negligence and the necessity for an early and careful differential diagnosis between "colds" and acute tubercular processes. We should remember that a "cold" of influenzic origin will so depress tissue vitality that latent or accidental germs find favorable conditions and active employment.

Under the worst treatment, or better, none at all, except sunshine and outdoor air, "colds" are well in ten days at most, so that a "cold" continuing beyond this time means exposures, extreme constipation, Bright's disease or tubercular infection, usually the last. No quicker or surer test is afforded us than by the microscopical examination of the sputum, and if this were more commonly employed there would be a small army less of consumptives, whose only, and scant enough, hope lies in climate.

Mr. L., æt. forty-eight, Pennsylvania Dutchman. Last fall had a "bad cold" that responded slowly to internal medication, finally settling into his "bronchials." The annoying cough, worse upon arising and during the afternoon, gradually improved under the influence of various cough syrups prescribed, but the progressive loss of flesh and strength determined a change of physicians and schools. Examination revealed a temperature of

101½°, pulse 105, larynx pale, false cords thickened and infiltrated, and various spots of softening throughout the pulmonic tissues, especially in the right upper lung, and the sputum loaded with bacilli and debris.

Mr. A., æt. thirty-two, teacher. Since a "heavy cold" in August of 1899 has had a bad cough, most annoying about arising and retiring time, accompanied by expectoration of much greenish mucus. Has been treated during the fall and winter with cough syrups as prescribed by members of the other school, but with no relief. Fearing inability, from increasing hoarseness, to complete the school term, he changed physicians, consulting a good homeopathic physician, who promptly diagnosed pulmonary and probably laryngeal tuberculosis, and advised special examination. Careful laryngeal and pulmonic examinations confirmed the doctor's diagnosis, the correctness again proven by Dr. Wilson's examination of the sputum, that revealed tubercular bacilli in numbers.

XXII. A CASE OF FAUCIAL SYPHILIS. BY DR. JOHN STORER.—As Dr. Smith has requested the report of a clinical case from me, I have thought that the history and treatment of a recent severe case of syphilis of the fauces might be of interest inasmuch as the condition is so often met with and tends to such grave results.

January 4, 1900. Mr. A. R., age forty years, blonde. Has been poorly for two months; chronic sore throat; now ulceration; parts are very red; swollen; uvula distended like a sack of water; several ulcers on left tonsil; tonsil swollen; yellow white exudate; offensive breath; salivation; pain in the left ear; some deafness; is feverish toward night; restless sleep; dreams troubled; appetite poor; stringy saliva. Had syphilis, the falling out of hair, chest eruption, chancre, sore throat, etc., twenty-three years ago; was treated faithfully by an old school physician for over two years, first with mercury until salivated, using gradually larger and larger doses until the maximum was reached some nine months after the infection. Then followed a long course of *iod. potass.* At the end of two years of constant treatment the patient was discharged positively cured. The treatment was begun as soon as condition could be recognized and after the first few weeks the symptoms slowly left, never to return until now. I write thus fully, for in this case at least, under the best of old school treatment

when all conditions were favorable to a cure, the disease was only suppressed and lay hidden for over twenty years, the patient remaining well during the time. Of this I am assured, for there has been close questioning upon my part and no occasion for the patient to tell other than the truth. Some six years after the infection he was married; his children are splendid specimens and show no signs of syphilis. Mr. A. R. has been working very hard for a number of years and gotten pretty well run down when the throat conditions developed. There has never been but that first infection. My prescription was *Kali bich.*

January 8. Throat is more sore and swollen; ulcers deeper and larger; worse toward evening; pain better by warm drinks; hoarse; the chronic dull earache is worse; restless sleep; appetite poor; emaciation. \mathfrak{R} . *Lycopod.*

January 12. Conditions still worse, the ulceration has attacked each tonsil and the uvula is half eaten through at its middle; pain more severe and shoots to each ear on swallowing any hot or cold drink; pains worse; speech not distinct; must avoid solid food; tendency to regurgitation of fluids through nose; salivation excessive; drules in sleep; weak; sweat during sleep. \mathfrak{R} . *Merc. sol.*

January 16. Worse; uvula gone and soft palate attacked; nasal voice; very offensive breath; irritable; no hunger; constant earache and deafness increasing; emaciation rapid; thirst; sensation of sticks in throat. \mathfrak{R} *Nitric acid.*

January 20. Perhaps no worse; continue medicine, with complete rest; plenty of sleep and nutritious diet.

January 24. Worse; voice thick, hard to understand; fluids regurgitate through nose; pains worse; must be careful to avoid all hot or cold food, pepper, etc.; can only swallow liquids; soft palate ulcerating and going; am fearful of its becoming attached to the posterior wall of pharynx; ear pains; noises and deafness continue; now weighs but 130 pounds, a loss of fifty pounds in less than three months; weak; irritable; constant fever; fitful sleep, not refreshing; offensive breathing and only through mouth; druling; left tonsil gone. I feared the man would die on my hands; pain in throat worse in the evening, slightly better by warm, *not hot*, drink; sensation of a splinter there on swallowing, worse on left side. \mathfrak{R} . *Hepar sul.*

January 27. Anyway no worse; the ulceration seems less rapid; brighter and more hopeful.

February 1. Is better; less pain on swallowing; ulceration less rapid; less swelling in throat; has slept better; thinks he is stronger.

February 4. Still better; less pain on swallowing; all symptoms show improvement.

February 8. Throat better; ulceration less; the cure progressed, and at this writing he is well, having regained his flesh; all functions are normal. No further change of medicine was necessary. Throat thoroughly healed; can speak now as distinctly as anyone and hearing has returned. The fauces now present one large cavern, all landmarks being obliterated. Patient was so sick that it took nearly three months for convalescence. The result is most satisfactory, and it was indeed interesting to watch, day by day, nature's wonderful reparative process.

BERBERIS VULGARIS.—Professor Dewey, in writing an article on this drug, says :

“In studying the pathogenesis of berberis, one is struck first with its pains. Pains of a stitching and shooting character are found everywhere, but more especially in the renal region and also in the region of the liver; here it produces many symptoms resembling an attack of gallstone colic. It has also other symptoms which make it a valuable all-round liver remedy. It is a true biliary purgative, and is especially useful where a bilious diathesis prevails. Here its action seems to be to arouse the liver to a healthy and vigorous action. The special symptoms calling for its use are a yellow complexion, a jaundiced hue, such as is produced by congestion of the liver; the tongue is furred and there is much depression of spirits. The digestion is impaired, and a prominent symptom, and one that is common in liver affections, is belching of gas for hours after eating, especially solid food. There is much prostration, a dry and sticky mouth, with an offensive odor to the breath, easy perspiration, and symptoms such as one finds in what is termed bilious dyspepsia. If with these symptoms there is a bilious diarrhea, it is all the more indicated. Here, I believe, like hydrastis, it should be used in the lower potencies, lx or 3x.

Besides these symptoms there is usually much pain in the liver, ranging from a feeling of discomfort to very severe stitching pain in the right hypochondrium.—*Am. Homeopathist.*

Editorial.

OCCUPATION FOR NEURASTHENIA.

It was Chauncey Depew who gave us the following apt and truthful statement :

"Shakespeare died at fifty, and I am, to-day, fifty-eight, with the consciousness of firmer health, fuller powers, and keener enjoyment of life than ever before. I believe that Shakespeare died because he retired from business. He had demonstrated, for the glory of the human intellect, that "myriad minds" could be housed in one brain, and then retired to Stratford to live at ease. I have observed that health and longevity are indissolubly connected with work. Work furnishes the ozone for the lungs, the appetite and the digestion, which support vigorous life, the occupation which keeps the brain active and expansive. When a man from fifty upward retires, as he says, for rest, his intellectual powers become turbid, his circulation sluggish, his stomach a burden, and the coffin his home. Bismarck, at seventy-five ruling Germany; Thiers, at eighty, France; Gortschakoff, at eighty-one, Russia; Gladstone, at eighty-two, a power in Great Britain; Simon Cameron, at ninety, taking his first outing abroad and enjoying all the fatigues as well as the delights of a London season, illustrate the recuperative powers of work. These men never ceased to exercise to the extent of their abilities their faculties in their chosen lines."

Everything related in this has truly a reference practical in all things and in all vocations. As this refers to everyday success in the business and professional field it has even a more positive application in functional disease. The fact is apparent that industry invigorates and adds tone to every physical fiber. Rust and moss gather only under inert conditions. Activity stimulates and prevents an unhealthy growth. As the ambitious man is bright and resourceful so the organ or tissue which is made to perform its regular work contributes a sustaining vigor while it fulfills its intentional function.

We hear much about "overwork" but very little about "underwork." The physician is liable to tell his fretful and irritable patient to "take a rest," to "go

abroad," to "stop work" lest the constant strain shall give a complete exhaustion. All of this is often true but many times it is not applicable. As frequently as we find a patient overworked we are liable to find one who has not done enough to keep the mind in a healthy state or the body sufficiently exercised for its daily necessities. While we frequently encourage more play we too rarely prescribe regular work.

When we analyze closely the causes of physical exhaustion we are liable to find that worry, indiscretion, intemperance, selfishness and an unworthy ambition are at fault rather than honest overwork. Very few people become insane, or even neurasthenic, from the regular pursuit of their vocations. To be sure, there must be some innovation now and then; all work and no play causes a dullness of intellect and perverts the aim of ambition. There should be a variation in all the occupations of life in order to get the best results and to give a physical rest. The mind easily tires if only one set of brain cells are at work. Yet the necessity of absolute cessation of physical or mental activity is never demanded except there are organic conditions which suggest it.

It is, of course, admitted that the overstrain, the inordinate ambition and really the selfishness of modern times are physically and morally wrong. The never-ceasing work is what breaks the healthiest and most robust constitution. The man who takes his work home with him, who never talks anything but business, and who even sleeps with his vocation, is the one who certainly needs to be cautioned.

The present age seems to be breeding an unusual number of neurasthenics, but if we study our statistics we shall find that all of these are not overworked. Many of them have become confirmed pessimists because they have had nothing to do but think of their own ills. Work the nervous patients until they are physically exhausted and they will sleep well, eat well and think well—and these are requirements for perfect health with every one. Let the person who has lost hope, who stands at the brink of an everyday despondency, and who only sees the hopeless things of life, find a regular employment, and a cure is possible.

An overworked nerve cell becomes exhausted, but an underworked cell becomes irritable, and this is the worst feature of neurasthenia. Add to a regular occupation

sufficient relaxation and diversion, and the morbid and troubled nervous system becomes amenable to medicine. If, in our professional relations with our patients, we should commend the adjuvant treatment of systematic work, allied to systematic rest, we would surely make a safer prescription and our prognosis would be more frequently correct.

H. V. H.

Clinical Miscellany.

TUBERCULIN SOAP.—The *Homeopathic World*, for April, publishes an article regarding the use of *tuberculin* in the form of soap, and advocates its trial in various forms of local disease, especially lupus, in which its effects are said to be particularly beneficial.

HAHN, IN *Archiv. f. Kinderheilkunde*, calls attention to the peculiar symptom of constant rotation of the head in young children, and says it is usually associated with tuberculous cerebral disease, either of the meninges or not infrequently of the cerebellum.—*Jour. Am. Med. Asso.*

ANTIPNEUMONIC SERUM.—In *Pediatrics*, for May, Dr. A. Fauoni discusses the value of the various serums now generally used and reports eighteen cases of pneumonia successfully treated with *Pane's serum*, which he believes is destined to come into very general use when its value is more fully recognized.

TARAXACUM IN DIABETES.—Hahnemann was in the habit of employing the juice of this plant as a remedy in diabetes. It is a drug which in earlier years was much employed in affections of the liver and pancreas. As of late the connection between diabetes mellitus and lesions of the pancreas has been pointed out, it might be well to remember this old remedy in treating diabetics.

CASTOR OIL IN NEURALGIA.—Harold N. Moyer, in the *Journal of the American Medical Association*, calls attention to the value of castor oil in the treatment of neuralgias, particularly of the fifth nerve. A clear diagnosis must be made, as in migraine it is without effect. In tic douloureux its good effects are marked. It is given in large doses and may be taken in ale without being tasted.

THYROID EXTRACT IN OBESITY.—Several clinical cases have recently been reported, notably one by Dr. I. N. Love, of St. Louis, in which obesity in children has been successfully treated by thyroid extract. It may be given alone or with small doses of strychnia, and although it is of service in adult cases, the best results are obtained from its use in children. In idiocy and in those forms of insanity due to faulty metabolism it is well known to be of service.

CHIANOTHUS IN SPLENIC DISEASE.—In the *Era* J. C. Fahnestock advises the use of this remedy in enlargements of the spleen, claiming good results in every case thus far treated. In several provings

of the remedy he found that the spleen was acted upon first and later the liver and bowels. Sharp pains were felt in the spleen, worse by motion, and the patient was unable to lie on the affected side. The urine in every case contained bile and was alkaline in reaction.

THE *Journal of the American Medical Association* for April 21 refers to the successful removal by Lemander of 50 cm. of the ileum for localized tuberculosis, and says that in primary disease of the ileum and adjacent glands such an operation is warranted. The conclusion appears rather premature in view of the small number of cases so far reported, and in consideration of the well-known fact that mesenteric tuberculosis is sometimes cured by peritoneal section alone.

LARYNGITIS IN TYPHOID.—At the February meeting of the Philadelphia Pediatric Society, Dr. J. P. C. Griffith described a case of laryngeal stenosis as a complication of typhoid fever in which although diphtheria was simulated, no bacilli could be found. Several other cases were mentioned in the discussions in some of which the condition seemed to be an actual typhoid ulceration of the larynx. These cases are not common but should serve to keep the possibility always before us.

IODIUM IN TYPHOID FEVER.—Dr. Leon Simon asserts that this remedy is wholly homeopathic to typhoid fever in full development. According to Hahnemann and its pathogenesis it is homeopathic to typhoid based both on its anatomico-pathological findings and the functional disturbances. It is indicated in typhoid fever of moderate intensity of the abdominal and adynamic form, though it may also be useful in the pulmonary complications of the disease; but it is not to be advised in the cerebral, ataxic or hemorrhagic varieties.—*Journal Belge D'Homeopathie*, No. 5, 1900.—Pritchard in *Hah. Monthly*.

CONGENITAL SCOLIOSIS.—*Archives of Pediatrics* quotes Mouchet, of Paris, as reporting several cases of spinal deformity existing at birth and shown by autopsy to be due to the presence of supplementary vertebræ which occur between the bodies of the normal vertebræ and cause deflection. Their development is usually one-sided and hence the lateral curvature. Cases have also been found in the living child by means of the radiograph and although no attempt has yet been reported this at once suggests the possibility of surgical correction of the deformity.

EPILEPTIC EYE STRAIN.—Spencer, in the *Hahnemannian*, reports two cases of epilepsy, due to uncorrected refractive errors, in which prompt relief was afforded by the use of cycloplegics. The attacks returned when the drug was discontinued, but disappeared permanently upon the correction of the error. The author does not believe that the direct effort made by the ciliary muscle is the immediate cause of the epileptic attack, but that the continued effect upon the filaments of the sympathetic system gradually brings on the condition predisposing to the disease.

ANOTHER OLD SCHOOL DISCOVERY.—Dr. F. J. Levisen, in the *Medical Record*, has an article recommending the use of *iodide of potassium* in the treatment of acne. He says:

"It seems to be paradoxical to claim that *iodide of potassium* administered internally is useful in the treatment of acne vulgaris. The

well-known fact that this drug is liable to produce papulo-pustular cutaneous manifestations closely resembling the lesions of acne apparently favors its avoidance rather than its use. Practical experience, while treating a number of acne patients with *iodide of potassium*, has convinced me that the action of the drug is in many regards quite different from what one is led to expect, and that it can be utilized very well in the treatment of this stubborn disease."

GUAIACOL IN THE TREATMENT OF LUPUS.—Funch (*Monatsh. F. Prakt. Dermatologie*, 1899, No. 5) 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 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.—*Medical Times*.

A STUDY OF NEPHRITIS.—In the *Hahnemannian* for February W. S. Searle discusses the subject of Bright's disease, drawing his conclusions from the study of seventy-six consecutive cases. With the exception of those cases having mitral lesions, as a complication, the author considers nephritis as always amenable to treatment, and reports cures in thirty-three per cent of his cases. The dangerous symptoms he attributes more frequently to the accumulation of noxious leucomaines than to the failure to excrete urea.

In the matter of treatment he lays great stress upon complete rest in bed in a well ventilated room, very simple diet (milk and bananas), and a protracted warm bath every night. He believes geranin to be a remedy of value in stopping the flow of albumin when other symptoms have disappeared, but admits that he as yet lacks experience in its use.

THE LATER TREATMENT OF DIABETES.—Undoubtedly, says the editor of *Medicine*, the older writers believe that if all carbohydrates could be eliminated from the diet and kept out of it for a sufficient length of time the patient would recover. The present conception of the disease regards all this as an error and looks upon all confirmed cases of the disorder as largely incurable, but which, with medical attention, will live for years, leading fairly useful and comfortable lives. The main thing to be avoided by a diabetic is excessive consumption of food, by which the organs of digestion are overtaxed and their function disturbed. The diet should be a mixed one, in which the carbohydrates are considerably reduced, but from which they are not altogether eliminated. The quantity of food taken should be just sufficient to meet the needs of the patient. It should be apportioned carefully for each meal, and under no circumstances should the patient be allowed to overindulge. Careful attention should be directed to the alimentary tract, and fermentation or the results of constipation should be carefully eliminated. In all severe cases, in which there is alimentary disturbance, lavage of both stomach and bowels should be employed.—*Medical Times*.

A diet exclusively of vegetables, and especially of lettuce, is also much lauded in this disease, and one method which claims some cures is feeding the patient almost entirely upon nuts.

MERCUROL AS AN ANTISEPTIC.—Dr. F. Gray Blinn, of New York, reports exceedingly gratifying results from the use of *mercuriol* as an antiseptic where irritation is to be avoided, as in uterine douches, where he has come to use it almost exclusively. Regarding its advantages, he says:

"For some time past I have employed the 1 per cent solution of *mercuriol* to wash the hands and instruments during operations instead of the old method of *bichloride of mercury*. *Mercuriol* has proved a valuable and effective substitute. It has all the good points of the *bichloride* solution, with none of the disadvantages which I have had reason to recognize, namely, the irritation of tender and inflamed parts. *Bichloride* solution of 1 in 1,000 has, in my experience, proved damaging to instruments, and particularly in destroying the plating. My 1 per cent solution of *mercuriol*, although of ten times the strength, carries none of this disadvantage. When used as a wash for the hands of the operator its germicidal power is certainly no less than the *bichloride of mercury*, and it is utterly without the roughening effect of *bichloride* on the skin, which with the older wash was often cracked and made sore.

"In the treatment of gonorrhœa with *mercuriol* I have been uniformly successful. I have treated more than forty cases after the following method: I begin the treatment with a solution of one-half of 1 per cent until a tolerance is established in the urethra, and I may say that this weak solution, in my experience, has never produced any smarting, either at the time or later. After a few days I substitute the 1 per cent solution, and continue that until the discharge ceases."

INDICATIONS FOR THE USE OF CLIMATE IN TUBERCULOSIS.—Williams (*Med. Times*, Dec. 1899) quotes from the paper read by Weber before the International Tuberculosis Congress, at Berlin, in which the following indications were given:

1. In cases with limited disease at one or both apices, without or with only a slight amount of fever, nearly all climates can be made use of, but especially high altitudes and sea voyages, if the constitution is a strong one.
2. Cases with limited local disease and high fever must be at first treated in their houses or immediate neighborhood.
3. In the majority of cases with extensive disease of one or both lungs, without fever or with only slight fever, treatment at only a moderate elevation or at warm seaside localities deserves the preference.
4. In advanced disease with fever, neighboring health resorts, with careful supervision, should be recommended.
5. In cases of progressive tuberculosis, with scattered foci in both lungs and much fever, localities near home, or the home itself, are the best places.
6. In cases of chronic, slowly progressive phthisis, better results are obtained from warm winter resorts, or sometimes from sea voyages.
7. Quiescent cases with extensive damage or cicatrization are generally better off at only slight elevations.
8. Cases with albuminuria, without fever, should avoid high altitudes.
9. The complication of moderate diabetes does not exclude high altitudes, but the latter are injurious in cases with advanced diabetes and emaciation.

10. Chronic cases, with much catarrh, require places with as little wind as possible.

11. High altitudes are contraindicated in chronic cases with extensive emphysema.

12. For the prevention of scrofula and tuberculosis, all healthful climates can be used, but high altitudes have advantages against tuberculosis, and marine climates (including sea voyages) more against scrofula.

13. The cure of tuberculosis during the early stages is possible in all climates. But climate itself, without careful medical supervision, is generally insufficient. The patient's blind reliance on the climate often leads to errors, to aggravation of the disease, and to death. For the majority of patients, therefore, treatment in sanatoria should be preferred, but for the treatment of the poor it is a necessity. The erection of numerous sanatoria for the people is, therefore, a national requirement for the cure, the prevention and extermination of tuberculosis.—*Hahnemannian Monthly*. B. D. H.

MAGNESIA PHOS. IN SCIATICA.—Dr. Mellies in the *Homeopathic News* relates the case of a man sixty-seven years of age who suffered severely with sciatica; the pains were sharp, shooting and located in the right sciatic; the pain extended to the knee and sometimes to the dorsum of the foot; there was relief when sitting up and from pressure; the aggravation was during the night; *magnesia phos.* 6x was given every four hours; relief was immediate and a cure was accomplished in ten days.

LOBELIA IN VOMITING OF PREGNANCY.—Six years ago I was called in emergency to see a case of vomiting in pregnancy. The patient was twenty-five years old, and pregnant for the first time. She was a well-developed and previously healthy woman, living in a comfortable way in a healthy home. Vomiting had continued from the first month, and had increased in severity to the point of great exhaustion of the patient. She had been attended by one of my confrères, and on the day when I first saw her, a consultation had been held to consider the necessity of inducing abortion. She had retained no food for several days, and now rejected water. The case was distressing, if not actually serious. It was decided to delay abortion twenty-four hours, and try one more remedy, though what, I do not know, as I was not present. In the evening the husband came for me. The patient had grown worse since the time of consultation about noon, and the attending physician was away for the evening. I responded as a favor to the attending physician, and found the patient pale and weak, voice feeble, constant nausea, had retained no food for several days, and now vomited water. She was about ten weeks pregnant. I gave *lobelia* 2x—twenty drops in half a tumblerful of water, with advice to give one teaspoonful every twenty minutes for one hour, and then every thirty minutes for an hour, after which it should be given once an hour. I allowed two teaspoonfuls of water to be given after one hour, and, later, a few swallows as often as desired. The next morning the husband called at my office to tell me that his wife was much better; her nausea and vomiting gradually subsided during the night, and she was now able to retain water. At his request, and after a fair understanding with the former attendant of the dominant school, I took the case, which was uneventful till in due time our efforts were rewarded by the birth of a healthy nine-pound boy. The nausea now and then returned, but was always

readily relieved by *lobelia 2x*. Such use of this remedy may be common practice, but I have not known of it. I now depend upon *lobelia* more than any other remedy to relieve the nausea and vomiting in pregnancy.—*Piper in Hah. Monthly.* H. V. H.

HAHNEMANN HOSPITAL TRAINING SCHOOL FOR NURSES.

The commencement exercises of the Training School for Nurses was held in the college amphitheater Thursday evening, June 7. Music was furnished by Mr. Chase and Mr. McLain. The annual report was furnished by Miss Overhalt and a very pleasing address was delivered by the Rev. Dr. Mercer. The diplomas were presented by Dr. G. F. Shears and a reception was given in the hospital parlors.

The following received diplomas: Miss Matilda Niver, Miss Bertha Evans, Miss Gertrude Dyer, Mrs. Edna D. Sample, Miss Marie L. Vaillant, Miss Ella Meyers, Miss Amelia Zimmerman, Miss Mabel Bemis, Miss Amy C. Sickels, Miss Nina K. Benton, Miss Harriet W. Bradley, Miss Rebecca G. Pierce, Miss Edith Fowler, Miss Hattie C. Cullen.

Miscellaneous Items.

The State Board of Medical Examiners of Wisconsin has issued licenses to 2,800 practitioners.—The Chicago Homeopathic Hospital has received a legacy of \$10,000.—Dr. N. Emmons Paine has established a Sanatorium for Epileptics at Auburndale, Mass.—Dr. S. A. Clark, of Galien, Mich., has entirely recovered from his serious illness and is attending to his practice.—Dr. W. A. Humphrey, of Plattsmouth, Neb., has sold his practice to Dr. R. R. Plimpton.—Denver is to have a new and large hospital for women. Dr. S. S. Smythe is to have entire charge.—The Denver Homeopathic College has changed officers again. The Wheeler faction has been routed in the election for directors.—Dr. Charles A. Bower, 1900, is located at West Union, Iowa.—Dr. W. S. White has moved his office to the Marshall Field Building.—Dr. W. J. Vaupel has located at Waterloo, Iowa.—Dr. F. W. Hammond is at Warren, Ill.—Dr. W. H. Worley begins work at the hospital as interne June 1.

—Dr. Marie L. Hunt is located at 4007 Drexel Boulevard.—The following officers of the Homeopathic Medical Society of Chicago were elected at the last meeting: President, Dr. Jno. R. Kippax; Vice President, Dr. E. S. Bailey; Secretary, Dr. Wilson Smith; Treasurer, Dr. W. E. Fruit.—South Carolina has a State homeopathic medical examining board.—The first homeopathic hospital in Berlin, Germany, will soon be established.—The following members of the Hahnemann faculty were in attendance at the Wisconsin State meeting in Milwaukee May 23 and 24: Drs. Shears, Cobb, Chislett, Swan, Burdick and Haseltine.—Dr. W. W. Irving, Hahnemann, '97, conducted the eye and ear bureau of the Wisconsin State Society this year.—Dr. W. C. Hewetson, '96, will go abroad this summer for special study.—Dr. Haseltine is doing special work at the Chicago Eye, Ear, Nose and Throat College.—Three homeopathic physicians have recently been appointed on the board of health of the city of St. Louis.—The New Jersey Hospital for the Insane at Trenton is building a homeopathic wing and two homeopaths have been appointed on the medical staff.—The Lee Private Hospital of Rochester reports 521 patients treated in 1899, with a mortality of 1.1 per cent.—The London Homeopathic Hospital has just completed its fiftieth year of continuous work and is now in the most prosperous year of its history.—The following are the officers elected by the Wisconsin State Homeopathic Medical Society for the coming year: President, Dr. Isaac Buckridge, Beloit; Vice President, Dr. Filip Forsbeck, Milwaukee; Secretary, Dr. W. W. Irving, Milwaukee; Treasurer, Dr. Evelyn Hoehne, Milwaukee; Necrologist, Dr. Lewis Sherman, Milwaukee; all, by the way, alumni of the Old Hahnemann.—Prof. Kahlke is chairman of the surgical bureau of the Illinois State Society for next year.—Dr. J. T. Kent has left Philadelphia and located at Evanston, Ill.—Dr. J. E. Sawyer has an office at 472 E. 47th St.—Dr. Geo. H. Neal has moved to Little Rock, Ark.—Dr. Frank Leeds has completed his term of service in the Chicago Baptist Hospital.—Dr. Sarah B. Duncan leaves for Europe the last of this month.—Dr. J. T. Crebbin was recently married to Miss Elsie Ahrens, of New Orleans, La.—Dr. Amanda L. Taylor is located at Ruston, La.—Dr. W. H. Glasier recently died at Bloomington, Wis.

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Original Lectures.

*OBSERVATIONS IN TWENTY-EIGHT CASES OF APPENDICITIS.**

BY NATHAN STARR, M. D., CHARLESTON, ILL.

If an excuse is needed for using this oft used subject, the fact that many of the deaths from appendicitis, reported from time to time, reflect no credit on the medical profession, and are too often but instances where the attendant has dodged instead of doing his duty, is excuse sufficient. In the community where I live, and no doubt it is not unlike many others, there have been to my knowledge five deaths from appendicitis in the last two years. One doctor who writes surgeon after his name, and who ranks high in his school of practice, locally, has within twenty months, had three deaths. In one case the diagnosis was made at the post-mortem examination, and in the other two the patients were ready for the post-mortem before the arrangements for an operation were completed.

In a community in the north part of the county, the same surgeon was called to operate in four cases, and three deaths resulted. These instances are not mentioned to reflect on this particular surgeon, but simply to emphasize a condition that exists in many communities.

The term appendicitis in a medical meeting has, during recent years, carried with it an element of combativeness scarcely equaled by that excited in the genus taurus by the proverbial red rag. It is not the purpose of this paper to excite any such feeling, but rather if it has any weight whatever to help establish the "golden mean" in

*Read before the Illinois State Homeopathic Society.

treatment that often comes only when the pendulum of extreme amplitude, in discussion and writing, has revealed the weakness of each contending factor.

While a few surgeons, a very few, I believe, maintain that appendicitis is always a surgical disease, the majority are willing to admit that some cases will recover without the knife, and while a few physicians try to maintain that it is never surgical, yet the great majority are willing to, and gladly, admit that surgery may save where other measures fail. Probably this condition has existed ever since appendicitis received its rightful place in the classification of diseases; but to read the proceedings of many societies when it was under discussion, one could not help drawing the inference that either medicine or surgery is entirely out of place in the treatment of this disease, which, though often spoken of facetiously as a popular disease, or as the latest fad in disease, yet carries with it a hazard to life and health, far greater than pneumonia or typhoid.

It appears to me that less spleen and more reason in its consideration might have contributed to a fuller understanding and a clearer appreciation of the proper relation of medicine and surgery in its treatment.

If the assertion of Dr. Joe Price—that surgery can save ninety-eight per cent—could be verified, then other conditions being favorable, it had better be classed as a surgical disease. But better work will have to be done; and it is yet a question whether the medical profession will ever be called upon to accept, as a verity, this statement, even though one or two men may, on selected cases, demonstrate its possibility. A new class of surgeons far more skillful and far more numerous than that of to-day will have to be raised up, and the circumstances and environments of patients vastly improved, before such Utopian conditions can be realized.

On the other hand, when the author of a popular textbook on practice parades his experience in the medical treatment of appendicitis, wherein he saved all his cases and some that were given up to die by surgeons, and eminent men in the profession tell of thirty, forty, fifty or one hundred cases treated without a fatality, I fear there is being disseminated fallacious knowledge that will lull into a feeling of fancied security many a physician who is less fortunate in the kind of appendicitis cases that he meets, yet has to take the responsibility of his cases,

and in the end possibly the responsibility for the loss of valuable lives.

I have treated twenty-eight cases of appendicitis. Twenty-four recovered under medical treatment, four were operated on. Two of those operated on died. Seven cases occurred in young and adult women, eight cases in boys and girls under fourteen years and the balance in young and adult men. The ages ranged from five to thirty-five years.

The list of remedies used is not large. Belladonna, bryonia, dioscorea, hepar sulph., mercurius and phytolacca comprise the list. Locally turpentine stupes or lard and turpentine, and later in cases where there is slow absorption of the exudate ichthyol twenty per cent in oil or glycerine has been used to advantage. When the bowels were found impacted rectal enemas of water or water and glycerine carried high into bowels by means of the rectal tube or catheter were used. Oil, either castor oil or olive oil, generally with a few drops of turpentine, was used in some cases to remove fecal accumulations from the intestinal tract. The opium treatment I have never used, and the statement of eminent surgeons that opium in abdominal diseases where operations are required increases the mortality from two to six times, convinces me that it should never be used except to ease the pains of dissolution. It has been impossible for me to follow all the cases, but to my knowledge seven were recurrent. One young man had four attacks, the first being most severe, and had finally consented to an operation, but, as the time lengthened bringing no return of the trouble, he changed his mind, and has now gone four years without an attack and considers himself well.

A young lady had a second attack, six months after the primary one. It has now been five years since the second attack. She has since married and has two children, but no return of the trouble. The second attack was a severe one. The temperature ranged from 102° to 104.5° for one week; pulse from 90 to 110; the tumor was large and well defined. There was no abatement of symptoms until after the fifth day.

The remainder of the twenty-four cases not operated on were of all degrees of severity short of that requiring operation, and I am willing to confess that the rules, laid down in most text-books, were not always adhered to. In several instances improvements did not occur until the

fourth or fifth day, and in a few later than that. Tumor, considered by most authors and surgeons an indication for operation, was present in more than half of the cases; and my experience in appendicitis leads me to believe that a tumor in appendicitis is no more an indication for operation than a swollen tonsil is an indication for the use of the lance or the tonsilotome. I recall an instance in our city where the attending physician, basing his opinion on a tumor and possibly a fat pocketbook, pronounced for operation. A surgeon from a neighboring city was called in consultation, confirmed the diagnosis, concurred in the prognosis, and set the following day for operation. In the meantime the patient and nurse concluded to try the virtue of enemas, and when the surgeon returned to operate the tumor had disappeared, and no operation was made. However, it is not meant for you to infer that I regard all tumors in appendicitis of this character.

Of the four cases that required operation, the first was that of a young man, aged twenty-eight years, a school teacher by occupation. On returning to my office Thursday morning, May 3, 1894, I found him lying on the lounge suffering severely with what he supposed was intestinal colic; he said he had been suffering since midnight. I sent him home with medicine and saw him again in the afternoon; there was no abatement. The intensity of the attack and severity of the attending symptoms convinced me that it was a fulminating case. There was no well-defined tumor, but marked muscular rigidity; vomiting, which later became stercoraceous, was persistent. The gravity of the case was explained to the mother and wife, and operation advised without delay. They would not consent to it. The second day he was no better; on the third day local counsel was called; no improvement. The afternoon of the third day they were told to either permit me to send for a surgeon to operate or get another physician. At 3 P. M. they said to send for the surgeon. Dr. O. S. Runnels, of Indianapolis, was telegraphed for, and arrived at 3:20 A. M. Sunday. He confirmed diagnosis, but told them he could not promise much or anything so late in the case, but would do what he could. At 5:30 A. M. he operated. Septic infection was so great that patient was virtually moribund. Lingered twenty-four hours and died.

Second case; young man aged seventeen years; a nor-

mal student. Suffered severe abdominal pains, extending well to right lumbar region; he had engaged in a practice game of football the day before, and as his elbow rested against his side in his guard work I thought possibly the trouble was traumatic; I gave medicine and sent him to his room with instructions to his brother to report in the morning; he reported next day that his brother was better, and had been free from pain since 3 A. M.; thought it unnecessary for me to see his brother. I told him to report again the next day, or sooner if necessary. He reported in the morning that his brother was not so well; called and found patient with temperature elevated, pulse accelerated, and distinct tumor in right iliac region. Under treatment the temperature declined and pulse lowered until Thursday A. M. they were normal. Had suffered no pain since Monday A. M., but the tumor did not increase. Friday afternoon the temperature again went up and remained so; the pulse was good, ranging from 72 to 80. The parents were informed Sunday that an operation would probably be required. They were anxious to have him taken home first, if possible; told them that I thought he could be removed with safety, but advised them to have their family physician see him first and concur in the removal; he came Monday and thought the boy could be taken home; Tuesday noon patient was taken home, a distance of twenty-six miles, without difficulty. Wednesday night it was evident an operation would have to be performed. He was operated on, on Thursday A. M., by Dr. Alexander, of Oakland. Besides a quantity of pus, an enterolith, the size and shape of a date seed, was found; appendix was removed and adhesions loosened; patient made an uneventful recovery.

The third case was a little girl, aged ten years. Lived six miles from the city; I was called to see her the sixth day of her second attack. She had no medical attention during her first attack, three months previous, which was at the time considered a bilious attack by her parents, and they could not understand why she was so long getting well. I gave her medicine and directed parents to report at a certain time. They reported at their convenience, two days later, and said the child was better; was doubtful as to the truth of the report, but had to accept it. The next day I found the patient suffering severely with pains in inner side of right thigh and knee. Evidences of septic infection were present. The tumor was clearly

defined; an operation was advised. Dr. J. T. Montgomery, a local surgeon, operated next morning, assisted by Dr. I. O. Denman; Willard Parker operation was performed. There was no abatement of serious symptoms, and the patient died two days later. In my opinion it was a case of multiple abscess and one abscess was not reached.

The fourth case was a locomotive fireman, aged about thirty years; case recurrent; was taken sick on road; saw him thirty hours after onset of attack. The next morning some improvement was noticed. The following morning he was about the same; had disobeyed orders and eaten some solid food for breakfast. At 10:30 A. M. was hastily summoned and found that pulse had gone up from 72 to 110 and body was bathed in cold perspiration. They said that attack had come on suddenly an hour previous, a short time after I left the house. That afternoon sent case to hospital at Terre Haute. Was operated on Tuesday. Dr. Gerstmeyer, who operated, said the appendix was much thickened, and adherent to small intestines, which were much inflamed. Cecum was inflamed and bound down by adhesions. In answer to the question whether the operation was necessary or advisable, he replied "while not absolutely necessary, yet certainly advisable to prevent a recurrence of attacks, any one of which might prove disastrous."

What should be learned from these cases? From the first that in the fulminating form of this disease, whether gangrenous or that perforative variety which rapidly leads to diffuse suppurative peritonitis, medicine has little or no value. These are the cases that need the surgeon's skill, and need it quickly, and radical work at that.

And I might add that these are the cases that some surgeons sometimes refuse to operate on for fear it will injure the good showing of their statistics, being seemingly more solicitous of their statistics than of lives. Again I wish to utter my protest against the teachings and writings of men who parade a great list of cases of appendicitis treated medicinally without a loss, as an argument against operation. They have certainly been fortunate, possibly more so in their memory than in their cases; and if not, exceedingly fortunate in the kind of cases they have been called upon to treat. They certainly leave a false impression when they infer that all cases should be cured without the knife.

From the second case we learn that subsidence of pain does not necessarily mean the end of the attack, and that in some cases nature is kind enough to build a protecting wall that makes it safe to wait from seven to twelve days before operating.

From the third, that the Willard Parker operation is not always sufficient in appendicular abscess.

From the fourth, that in recurrent attacks, of increasing severity, much risk is run in delaying operation, and that operation is often advisable, though not imperative in these cases, and remembering that the mortality is less than one per cent in operations between attacks, this is the preferable time.

From the twenty-four cases not requiring operation, we learn that tumor is not of necessity an indication for operation. That in cases of moderate severity we can with safety wait three, four or five days for improvement and that all recurrent cases do not require operation.

In operable cases the physician's fine sense of discrimination must determine who shall operate and when to operate. There may be cases owing to the circumstances and environment of the patient where the veriest tyro in medicine might be justified in operating and others where it would be criminal for him to operate. It is as essential for a man to realize his limitations as it is for him to know what skill and ability he possesses, and when a physician fails to do this he becomes dangerous.

He is the safe and successful man whose good judgment tells him what he can accomplish, and how to accomplish it, instead of following flights of fancy and dreams of the imagination. We cannot all be surgeons, but there is no good reason why we cannot have at least a fair degree of surgical sense and know when surgery is needed. To me surgery appears as a fine art and I have unbounded admiration for the true surgeon, endowed by nature with taste and talent, and qualified by education, opportunities and advantages for his work. He should be, and is, the physician's best friend.

In judging the opinions here presented, you are asked to remember that this is written from the standpoint of one engaged in general practice in one of the smaller cities of the State, away from the great centers of population where every advantage of skill and ability and hospital privileges can be had at an hour's or at most a

few hours' notice. Conditions are such that the attending physician must at times decide between poor surgical skill and the chances that nature properly reinforced holds out. Again, in rural districts there is frequently a sentiment in opposition to operative interference that has to be encountered, and by dodging duty, the physician will yet have the support and sanction of some members of the family and many of the friends, even though the patient dies, and he is thus tempted to forget the sage admonition of Weelum MacLure, "condemned ye will be suner or later gin ye shirk yer duty."

And now in conclusion: I appreciate the fact that twenty-eight cases is a limited number on which to base conclusions and that in this paper I have frequently digressed; and that in presenting this mite and these conclusions, it may appear to you that the moss is thick and the verdancy rather obtrusive, but I take it that the evidence of the general practitioner or the country doctor, if you will, should be heard as well as others.

IGNATIA.

BY P. J. MONTGOMERY, COUNCIL BLUFFS, IOWA.

Ignatia, or more properly speaking, *strynose ignatia*, is a large climbing shrub in the Philippine Islands and in Cochin China. The fruit is spherical or oval, about four inches in diameter; its shell is smooth and brittle, and contains some twenty or thirty seeds, which is the part used in medicine. Its name is attributed to the Jesuits, who called it St. Ignatius' bean, in honor of its virtue as a medicine.

Physiological action. Given in small doses, gradually increased to a poisonous quantity, produce the following symptoms: Increase of the salivary secretions, nausea, heaviness, giddiness, pain in the stomach, flatulence, a feeling in the limbs as if they had gone to sleep, with great weakness and twitching throughout the body; constipation at first, followed by diarrhea, constriction of the throat, numbness, torpor, mental depression, twitching of the muscles, tetanic spasms, a feeling of intense anguish at the pit of the stomach, convulsions, cold sweats, and finally death by dyspnea or asphyxia.

There is a very decided difference between the finer effects of *ignatia* and *nux vom.* that is not explainable by the results of chemical analysis; comparative clinical experience, however, will quickly demonstrate this to the careful observer. The two drugs are by no means interchangeable. Though chemically and botanically similar to *nux vomica*, the *ignatia* differs materially from that remedy in symptomatology. *Ignatia* is primarily a spinal remedy, as is *nux vomica*; like *nux vomica*, it seems to intensify the impressionability of all the senses.

In *nux vomica* this over excitability is exhibited by anger, vehemence and irascibility; * * * in *ignatia* by melancholy with tendency to weep. The *ignatia* patient is very modest, and while there is this melancholy with tearful mood the patient smothers his or her grief and nurses the sorrows; they bury it from others, while the *nux vomica* patients are vehement, easily angered and hard to get along with. There is another remedy which causes this melancholy mood—that is *pulsatilla*. The *pulsatilla* patient is tearful, sad and melancholic, but there is not that introspective mood that there is in the *ignatia* patient. She makes her grief known to every one who

comes near her; she appeals to you for sympathy in a beseeching way, with tears running down her face.

We find *ignatia* indicated in nervous women who are laboring under grief either recent or remote. She sighs, she weeps when alone, but as soon as the physician comes into the room, or a friend enters, she smiles through her tears. You will find this class of patients touchy and easily provoked and they will shut themselves up like a clam.

If she will tell you her trouble she feels better, and here I cannot magnify the importance of the office of physician or nurse too greatly. Know all that is necessary about this class of patients, but lock it up in sacred keeping to be called for only as it may help you to care for and cure the patient, but for no other cause save your honor alone.

If the patient is a chronic whiner, much exhausted, thin and weak, she clings to her sorrow as though it was some pet that she loved to nurse. She has little or no appetite; complains of a heavy pressure on the top of the head; she breaks her heart anew every day over grief long gone by, and sorrow long since dead. *Ignatia* alone cannot cure such patients; they suffer from the long lasting effects of grief, the sequella of a disease from which they have not recovered. * * * * These are the patients that recover under Christian Science treatment, Osteopathy and Faith Cure. They need to feel your strong personality, your faith in the eternal fitness of things, your "bon homie."

By reason of the great sensitiveness to external impressions which *ignatia* produces, we find it indicated in hysteria, especially when the patient alternately laughs and cries, not the hilarity of *hyoscyamus*, the *hyoscyamus* patient is not modest.

Sometimes the laughing becomes spasmodic, there is cramping in the hands and chest, and this cramping grows so severe at times that it is mistaken for a true spasm and is followed by partial unconsciousness, but instead of the heavy stertorous breathing, there is the long drawn sigh, and the storm is over.

You can distinguish between the true convulsion and the *ignatia* spasm by simply holding the hand of the patient; the hand will be moved by the patient, not the unconscious jerk of *nux vomica* but a voluntary movement. This test will serve you well if you once can read it.

We find sometimes in globus hysteria very alarming symptoms; the patient will say she is dying and will feign that dreamless sleep. Now before calling the friends for the last goodbye give her ignatia and it will be a long time before you will have to send in your final report.

You must remember that hysteria is the mocking bird of many diseases, and ignatia is the mocking bird of many remedies.

Owing to the esthetic condition of the civilization, artistic, and I think it proper to say, false mode of life of many of the women in society, the physician is put to the test, to find some remedy that will correct the functional derangement of nearly every organ in the body. * * * In ignatia you will find a balm for nearly all her imaginary, and many of her real wounds. Let us look at the kaleidoscope again and we will find ignatia useful in many cases of hysteria when the patient suffers from a feeling of suffocation, and a sensation as of a ball rising in the throat, whether or not attended by the usual symptoms of an ordinary hysterical paroxysm. It not only relieves the convulsive attack, but in most instances prolongs the intervals between them and frequently prevents their return. Its effects are considerable in controlling, and even permanently removing the convulsive bursts of crying or laughing, as well as the hiccough and the flatulent distention, and the general hyperesthesia (or morbid increase of sensibility of the tissues).

The intercostal neuralgia, so common in hysteria, is quickly removed by the agency of this drug; also clavus hysteria, the acute pain in the head as if a nail were being driven into it.

Where there is great mental excitement or depression, ignatia has a soothing effect. In hysterical women with whom aphony frequently occurs, with few or no traces of the catamenia and often accompanied with profuse leucorrhoea, the symptoms all disappear after a steady course of this medicine.

It also corrects diseased appetite, the patient wants food she knows will hurt her.

The ignatia patient should be well nourished, but pie and pickles and gingerbread should be left out of the menu. Meat or meat broth should be eaten once daily; all the other articles of the diet should be changed often; tomatoes and peaches should be marked off the fruit list. Peanuts, pecans and English walnuts can be eaten when

meat is not eaten. Tea and coffee if taken at all should be weak; warm drinks are better than cold. A little red wine at bedtime helps ignatia bring to the tired, tearful, gloomy patient that tender, loving mistress of mankind whose touch and fond caress lulls weary nature into forgetfulness.

Ignatia, Saint Ignatius' bean,
How often you have grieved me;
But now that I these tears have seen,
You shall no more deceive me.

You are so good and saintly true,
Touchy, and so very sad,
One never knows just what to do,
It so often makes you mad.

With weeping face turned to the wall,
Surely, you are not dying,
Your very manner tells me all;
I'm glad to hear you sighing.

Come, bid farewell to all your grief,
And think no more of sorrow;
The dew upon the roses' leaf
Perfumes it for to-morrow.

*DIPHTHERIA—SERUM THERAPY.**

BY NORMAN P. SMITH, M. D., PARIS, ILL.

When the chairman of this section requested me to represent the serum treatment of diphtheria, in a paper to be read and discussed by this body of educated physicians and surgeons, he said, that some of the country doctors do not believe in the use of antitoxin, and thought they should be heard from. At the present time I am not acquainted with one who disbelieves in the use of diphtheria antitoxin, and there are about twenty country doctors in the town in which I live. I was converted to its use in 1895; others of our town experienced an earlier conversion, and some a later one. Now why it should take so long to accept a truth, I can hardly see, except on the ground that "there is no pain like the pain of a new idea." The average medical man clings to an old idea, in pathology or in treatment, with a tenacity that blinds

*Read before the Illinois State Homeopathic Society.

his eyes and deadens his ears to the heralding of a new theory. If the healing art were a perfect science, then might conservatism with propriety cry out against the heralding of a new philosophy. "But the history of intellectual advancement is, that the advent of a new truth before the finite mind of man always has and probably always will mean a jar upon his complacent idolatry of accepted theories."

The claims which are made as to the efficiency of antitoxin have been based upon its use as a medicine or remedy and not as a vehicle or adjuvant. It has been asserted as a remedy on theoretical ground and, upon almost countless trials it has been shown to be curative. That it has not been the subject of overclaims or misrepresentation is shown in the fact that physicians, who were among the first to try it, continue its use, and report their successes from time to time. From the time of its introduction to the present, there has been a steady increase of its endorsements, by physicians whose training and personal experience with the remedy entitle them to speak with authority. What do I care, why should anyone care, who made the discovery, whether he was an allopath, eclectic or homeopath? It is a homeopathic remedy, and that is why it cures; and the people know it cures, and they demand its use. I say the people, I mean such people as the most illustrious man of the nineteenth century, the century in which he lived, the man who wrote the famous Bixby letter, the man who was the author of the emancipation proclamation, the man whose fame is beyond the reach of destruction, called the common people. Very many of these common people can make an early clinical diagnosis of diphtheria and other diseases also, and having witnessed the results of the serum treatment, they demand its use. And if you, my doubting brother, do not administer it, some other doctor will. Some one has said that "the measure of a man's learning is the amount of his voluntary ignorance. The measure of his practical effectiveness, the amount of what he is willing to leave unattempted."

There is much that I do not know about antitoxin and there is much that I do not know about diphtheria, and there is much that I do not attempt. For instance, in every suspicious case, I do not wait for a bacteriological examination, nor do I give a placebo and wait; but I give the injection of antitoxin at once. If the case is one of

streptococcic infection neither good nor harm will be done. And if it proves to be a case of Klebs-Loeffler infection, the patient will probably be promptly cured; but the pure cases of Klebs-Loeffler infection are said to be rare. The great number of deaths in cases treated by antitoxin are due to the effects of the associated organisms and not to the Klebs-Loeffler bacillus. The point to be emphasized is the importance of the early use of the antitoxin, so that the patient not only may be rescued from death but also from the frightful damage of the diphtheria toxins.

My experience proves, to my mind, that diphtheria is first a local disease, and only becomes constitutional by absorption of the toxin; and antitoxin favors resolution of the membranes and lessens the absorption of toxins. I consider that I would be wasting your time to quote statistics either from board of health reports, hospital or private practice reports, so in conclusion I wish to say, that I believe there is no more treacherous disease than laryngeal diphtheria, nor one which demands such prompt treatment. And I know of no remedy or treatment that has a record of reducing the death rate of diphtheria one-half except the God given remedy, antitoxin. I know of nothing so nearly a specific, nothing that acts as quickly. I consider it a proud trophy of victorious therapeutics. I have lost but one case since I began using antitoxin, and I have treated from one to as many as eight cases in many families, with no bad after effects.

And now let me say that I do not fear diphtheria as I once did; and I trust I have said enough to bring out a full and free discussion of the subject, and that many points may be brought out which I have not even hinted at.

*THE USE OF SUGGESTION IN OBSTETRICS.**

BY A. C. HALPHIDE, M. D., PROFESSOR OF THEORY AND PRACTICE IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Time was when it was proper to make an apology for presenting such a subject as this before a learned body but it is hoped that there is none here to-day who needs or wants such an introduction. Suggestion has finally found a firm foothold in responsible therapeutics.

Suggestion will occupy our attention chiefly during the brief space of time that has been allotted to this paper. It is assumed that all who are present know a good deal about obstetrics, while it is possible that there are some here who know little of the practical application of suggestion. There is a misconception of suggestive therapeutics that seems to be pretty general, namely, that it is limited to hypnotic suggestion. Nothing could be farther from the truth. While hypnotic suggestion is important, it is doubtful if it is the most important phase of suggestion. This will appear more fully as we proceed.

The therapeutic value of suggestion depends upon two universal rules. First: Credulity or the tendency of the mind to believe things which have not been proven to it. Second: The tendency of the expected to happen in the body whether it is mental or physical.

Upon these two laws are based all of the satisfactory explanations of suggestibility and the therapeutic results that accrue from it. All have observed the credulity of the mind if they have lived with their eyes open. Most of the things that we believe have been accepted without full proof. We take them on trust because some one in whom we have confidence has told us they are true. How many of us have proven the drugs we use? And yet, we tie our faith to them. We believe what is told us, or in other words, we are suggestible. The thing one expects is the thing that is likely to happen. This ought to be plain to all. Many persons are sick simply because they expect to be sick. Many forms of illness are simply habits; this is especially true of chronic diseases. He who eats food expecting that it will make him ill will not be disappointed. Any number of cases might be given to illustrate this point. It is an important point, so I will pause long enough to recite an instance which will make it perfectly plain.

*Read before the Missouri State Homeopathic Society.

A friend and patient one day told me the following experience as a good joke upon himself: Feeling that he needed a purgative, he prepared a large dose, and because he disliked the taste of his purgative added the juice of a lemon, and, as he supposed, took it and retired. He awoke early the next morning and of necessity made several trips to the toilet room before breakfast. After breakfast, before he went to his business, he had occasion to go to his room, and then discovered that he had not taken the purgative at all, but had simply taken the lemon juice in plain water. "This seems to prove," he laughingly remarked, after recounting the above, "your contention concerning the action of the mind over the body."

This case emphasizes two facts which should be borne in mind as we proceed, namely: First, the action of the mind upon the bodily organism is profound, and second, drugs often depend for their action upon the suggestion accompanying their administration. He who will make use of these will shortly receive a revelation. Now, I am prepared to say that the use of suggestion in obstetrics is simply the common sense application of the two laws mentioned above. They may be applied in any of the several different ways, as by suggestions made to the patient: 1. In the waking state. 2. In natural sleep. 3. In induced sleep (hypnosis).

Suggestibility in the waking state is universally recognized, and nowhere is this fact more obvious than in obstetric practice. It does evil as well as good. Probably there is not a physician present who has not observed its evil effects in his own practice. Women go to physicians and ask to have abortions produced because some thoughtless or senseless doctor has told them that they must never become pregnant again, for if they do, they will never live through it. These senseless statements not only frighten the patient almost beyond limit, but produce most unhappy results during the course of gestation, and at the confinement. They "expect to have an awful time," and many of them have it. Those who have tried to counteract the effects of such suggestions in their patients know how deeply they take hold, and understand how potent for evil are the fears produced by hard previous labors. These are unintentional suggestions due to an ignorance of the law of suggestion and should be replaced by intentional, intelligent suggestions guided by the understanding of that law.

Suggestion in natural sleep is a most promising method of treatment. It is simplicity itself and depends upon the suggestibility of the person while asleep. The relation between natural sleep and hypnosis is simply a matter of attention. The sleeper is *en rapport*—in touch—with himself and the hypnotized person is *en rapport*—in touch—with the operator. Sleep is not a state of suspended mental activity, as it is so often conceived, but it is a different phase of personality with distinct characteristics. So in order to give suggestions to a sleeping person it is only necessary to secure his attention without awakening him and then give the suggestions in hypnosis. Indeed, in getting the sleeper's attention he has been transferred from a natural sleep to an induced one or hypnosis. Let me illustrate. Late one evening, I was called to attend a confinement in a distant part of the city. After making an examination I found that I had several hours to wait. It was too far to return home, so I went into an adjoining bedroom and lay down to take a nap. The sister of the patient, a young lady of nineteen, was the nurse in the case. Shortly, she followed my example and lay down upon the couch in the parlor. However, she was more successful than I in going to sleep, as was soon announced by her snoring. I did not like the snoring, it vanished all hope of sleep in me, so I resolved to expostulate with the sleeper and this is how I did it. Seating myself upon a chair beside the couch, I spoke to the sleeping girl in a low tone of voice assuring her that she would not wake up but that she would hear and obey all that I said to her, that she would stop snoring and go on quietly with her nap; that her arm would remain in the position I placed it (I raised her arm and it remained until I put it down again) and that nothing should disturb her sleep until her sister should need and call her. She was quite as suggestible as though she were hypnotized in the usual manner; indeed, she was hypnotized, although we started from a state of natural sleep instead of wakefulness.

It is plain that treatments in the waking and sleeping states are wholly matters of suggestion, and treatment in hypnosis is the same. Hypnotism serves as the means by which a person may be made more suggestible. Suggestibility is the center and circumference of all treatments by suggestion. Every person, waking or sleeping, is suggestible to a greater or less degree. None is beyond

the influence of suggestion, but it is necessary to increase the suggestibility in some persons before satisfactory therapeutic results can be obtained. In these cases it is necessary either to hypnotize them or to treat them in natural sleep, which is practically the same thing.

Suggestion may be of great use in obstetrics: (1) During gestation; (2) during confinement; (3) after confinement. There are many reflex nervous troubles common during gestation that offer fruitful fields for suggestive treatment; among them are nausea of pregnancy, general nervousness and fears, and despondency. I shall be able to illustrate by cases more briefly than I could otherwise explain the application of suggestion in these conditions.

Nausea of pregnancy almost always readily yields to suggestion, and those who have had many trying cases of this sort will appreciate any valuable adjuvant. I recall a case that will illustrate what I mean. For several weeks I had been in attendance upon a lady who was suffering with extreme nausea. No remedy that I could find more than palliated. Finally, when I had become almost discouraged, I recommended with some trepidation, because I feared opposition, the use of suggestion. To my surprise they were willing to use this innovation, so after explaining the use of suggestion somewhat, I told the patient that I would help her go to sleep and then talk to her while she slept. She speedily went into a state of hypnosis and became readily suggestible. While in this state I told her that her condition was due to a reflex irritation, and that she would be able to control the nausea; that she would be able to take more food and in a few days would be entirely relieved from her trouble. The suggestions carried, and almost immediately after beginning the suggestive treatment she began to take food and retain it and had little further trouble.

Many conditions of general nervousness and fear may be easily and permanently removed. I recall a case where a patient had formed the habit of miscarrying at about the end of the fourth month of gestation. As the end of the fourth month approached she was accustomed to become very nervous and fearful of the accident, and it regularly happened. She became a patient of mine during the third month of pregnancy, and I determined to use suggestion, and if possible break her habit of miscarrying. By suggestion I removed her nervousness and fear, and inspired her with a belief that she would go to

full term. The result was most satisfactory, and the patient is now the mother of two bright little children, one two years and the other three months old.

If there is any one thing that hypnotic suggestion succeeds in better than another it is insomnia, and many cases might be cited in which pregnant women who suffer from despondency, insomnia and the like have been relieved. But to go into greater detail would be to unduly extend the paper.

During confinement suggestion find an equally large usefulness. Many conditions are found that may be speedily relieved. Among the things that I especially wish to emphasize are: (1) The patient may be prepared for the labor. (2) In some cases anesthesia may be induced. (3) The administration of ordinary anesthetics may be facilitated.

Above instances were cited in which unintentional suggestions produced harmful conditions. The converse also is true, namely, intentional, intelligent suggestion may produce favorable conditions. If the thoughtless statements of senseless physicians would harm and cause difficult labors the thoughtful statements of intelligent physicians may cause easy labors. One who has not used suggestion as a means of preparing a patient in the trying experience of labor can hardly appreciate its value.

In two instances I have been able to induce complete anesthesia and so conduct a painless delivery, one a natural and the other an instrumental one. In order to obtain complete anesthesia and painless delivery it is necessary to hypnotize the subject before the labor begins, otherwise the pain and excitement incident to the condition is likely to prevent deep hypnosis. Undoubtedly a considerable percentage of confinements could be conducted by the aid of hypnotic suggestion, almost if not quite painlessly.

More could be said, and indeed, more ought to be said of the value of suggestion in the administration of ordinary anesthetics. It would not only do away with many of the unhappy sequelæ, it would lessen the amount of anesthetic very much. In many cases no more than half of the amount of anesthetic would be needed. I have been assured by surgeons who used suggestion as an aid to the administration of anesthetics that they are never troubled with post-anesthetic nausea and vomiting. My own experience bears out this testi-

mony, for I have never had a case of nausea and vomiting following the administration of an anesthetic since I have used suggestion in combination with the anesthetic. It goes without saying that the patient is better off because of the use of so much less of the anesthetic.

After confinement suggestion can continue its beneficial effects by inducing a restful and hopeful state of mind in the patient. Firm contractions of the uterus may be secured and the danger of post-partum hemorrhage lessened. The secretion of milk may be more or less influenced and regulated. Patients who were unable to nurse former children were able to supply plenty of nurse for vigorous children. In short, by suggestion, the convalescence and return to normal health may be greatly facilitated.

A CASE OF PURPURA HEMORRHAGICA.

BY R. MARTIN, M. D., MILWAUKEE.

Case. Herbert W. R., age forty-two years; a general utility man employed in a hat factory, of exemplary habits, and up to date enjoyed good health; called at my office on May 16, 1899, complaining of severe pain in the region of the kidneys; said he had hoped to have escaped his annual attack of grip, but was in for it. I gave him eupatorium and gelsemium, each 1x, with instructions to take every hour; asked him to save some of the urine for examination and report next day. On the 17th was called to see him; found slight fever, pains more general; a bruised, aching stiffness in the joints, and he could not sleep. On the 18th was surprised to find the urine full of blood; seemingly it was fully half blood. The iliac region looked as if a brush, with dark purple paint, had been drawn across toward the median line, covering a space about four inches wide and about eight inches long; a slight rigor was noticed by the nurse when the effusion made its appearance. The skin was perfectly smooth; temperature between 99° and 100°; the highest temperature attained during his illness was 103° on the eighth day in the morning; during this and the ninth, the last day of his life, it was under 100°.

Next in order came the epistaxis; then the margin of the tongue and the mouth, and lastly the conjunctiva

showed the purpuric spots. Let it be understood that this was not simply an effusion, but an infiltration into tissues. The hands were at least two inches in thickness, and, when punctured with the scalpel, the serum came out as from a syringe, showing the intense pressure.

At the time of death the entire body was black, but the skin was smooth as that of an infant. The face bloated terribly, and the skin was broken where he had scratched it. There was no delirium from the beginning to the end. Such, in brief, was the history of the case.

The causes of this disease are not understood. After enumerating a number of supposed causes, one writer says: "It is more probable that it was a common effect of some unknown cause." Judging from the intense pain complained of in the kidneys there was infiltration from the beginning, but from his failure to observe the urine as requested, we cannot be positive regarding this. Immerman says: "As regards the nature of the individual predisposition and the determining causes it is still involved in almost complete obscurity. We may even assert, and this is a point which may prove of diagnostic importance, that the less we can discover and positively affirm concerning the etiology of a case of transitory hemorrhagic diathesis, the greater is the probability that it belongs to the category of *morbus maculosus*."

There were no prodromal symptoms. The hemorrhage was first from the kidneys, next from the nose, then from the mouth, the cheeks and borders of the tongue; then, contrary to the text-books, the body next (not the lower extremities), then the conjunctiva, and, last of all, the lower extremities. There was no hemorrhage whatever from the stomach or bowels.

Authorities agree that cases of this character are quite common during convalescence from serious diseases, as typhoid and rheumatic fever. Dr. B., of our city, was called a short time ago to see a little miss, four years old, just recovering from measles. He found a number of blisters on the tongue, bleeding quite freely; then the nose bled so profusely that plugging was necessary; then a few spots appeared on the body. Two weeks later the patient was convalescent. The doctor regards this as a case of purpura simplex. Can it be true that purpura simplex and purpura hemorrhagica are essentially different grades of the same hemorrhagic disease?

Dr. H. was called in counsel with Dr. F. to see two cases in one family; these, the doctor says, were cases of purpura rheumatica; the joints of both children were very much enlarged and exceedingly painful; the characteristic effusion appeared shortly afterward. One of these cases died, and the other recovered after a long illness.

Tilbury Fox says it is a disease common among hogs in America. Dr. Lingen, in *Brit. Med. Jour.*, mentions cases of what he calls "Irish purpuric disease," in which both hogs and those attending them, suffered. Immerman says it is at present absolutely impossible to determine whether the mode of development, in cases symptomatically identical, is really always the same. Hence, simple as is the mere clinical fact of the existence in morbus maculosus of a transitory and essential hemorrhagic diathesis, and easy as it consequently is to define briefly and concisely the nature of the disease, it is in an equal degree difficult, and even for the present impossible to answer the question as to its pathogenesis.

IGNATIA IN HYSTERIA.—Of all of our remedies, none so completely corresponds to hysteria and so often cures it as *ignatia*. Studying the action of *ignatia* we find that its greatest force is expended upon the cerebro-spinal system. It produces spasms—especially of the clonic type—twitchings and convulsions. It acts upon the vital powers more than upon the organic substances of the body. It destroys the harmony of and between different organisms, preventing the coördination of functions. The nervous system is overimpressionable, incoördinate in function, and contradictory in action. The patient is extremely susceptible to emotional influences; fear and grief affect her seriously; the least contradiction offends; she is readily chagrined, and so is often reduced to grief and tears by the slightest cause. The moods change with wonderful rapidity—now she laughs and jokes, then quickly she bursts into tears; sometimes the laughing becomes spasmodic and ends in screams, and even spasms of the chest, with blueness of the face. She dwells upon her troubles in secret and silence, and broods over them until they prey upon the whole system. Her manner becomes hurried so that everything is performed hastily, and hence imperfectly and awkwardly; there is palpitation of the heart; face flushes at every emotion; intense headache, characterized by pressure; the pain goes to the eye (usually the left) which feels as if pressed out, or to the root of the nose; or again it is confined to one small spot, as though a nail were being driven into that spot (*clavus hystericus*); it is often periodical, returning every two or three days, increases gradually in severity, and then suddenly abates. At the height of the paroxysms the patient becomes restless and chilly, and finally a profuse flow of colorless urine terminates the attack.

Clinical Society Transactions.

F. H. HONBERGER, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

W. P. MCGIBBON, M. D., RECORDING SECRETARY.

The regular monthly meeting was held Saturday evening, June 30, at 8:30. Officers for the ensuing year were elected as follows: President, F. H. Honberger, M. D.; First Vice President, B. D. Haseltine, M. D.; Second Vice President, Sarah E. Hobson, M. D.; Corresponding Secretary, Alice Barlow Brown, M. D.; Recording Secretary, W. P. McGibbon, M. D.; Executive Committee, Dr. J. P. Cobb, Dr. O. L. Smith and the two secretaries.

REPORT OF THE BUREAU OF OBSTETRICS.

F. H. HONBERGER, M. D., CHAIRMAN.

XXIII. TWO CASES OF UMBILICAL HEMORRHAGE. BY SARAH M. HOBSON, M. D.—*Case 1.* Mrs. A., Norwegian, thirty-two years. Three full term pregnancies, one abortion. History vague, except that both she and her husband had had symmetrical papular eruption over the back, and that the husband had been, in the past, under some rigid course of treatment.

The fifth pregnancy was completed at term after three hours in hard labor, breech presentation. The child was cyanotic, with syphilitic pemphigus on palmar surface of hands and feet. Uric acid and blood were present in the urine for three days. On the seventh day, ecchymoses appeared under the nipples. The hands and feet were slowly improving under mercuric biniodide. On the fourteenth day, there was hemorrhage from the umbilicus. This did not cease permanently on the application of astringents and compression.

The cardiac action was irregular—now forty beats a minute, then a hundred and sixty; now twenty-five rapid beats, then four very slow. The next day the hemorrhage increased, and the navel was transfixed by two needles at right angles, a figure of 8 waxed silk ligature applied, and plaster of Paris poured over the whole. There was no further umbilical hemorrhage, and for twenty-four hours the child revived and nursed fairly well. But ecchymoses

appeared over the abdomen and thighs, and on the seventeenth day the child died.

Case 2. Mrs. S., American, twenty-eight years. One full term pregnancy four years before this one under discussion. On the ninth day after delivery, in the absence of the family physician, I was called in haste, and found profuse navel hemorrhage. The blood stream was venous, small, but continuous.

This was at 6 P. M. For two hours tannin and compression were tried without avail, then plaster of Paris, then iron; at 11 P. M. forceps were put on and a ligature behind the forceps. This controlled the bleeding for the space of an hour, when oozing began behind the ligature; a new grip of the forceps and a second ligature controlled the hemorrhage for another hour. Meanwhile the baby was fed every half hour. At 2 A. M. a third application of the forceps again stopped the bleeding, but the pulse ran up to 160, and there was marked anemia; at 4 A. M. respiration became irregular, and at 4:30 the child died.

From the grandmother I learned the history of the preceding week. The child came January 7, after a long first stage and a short second stage. The cord was tied two inches from the body. The baby was blue while being washed, but was resuscitated by manipulation. On the second day there was oozing of blood, not from the cut end, but from the insertion of the cord. Another ligature was applied close to the body. On the fourth day the cord came off; slight oozing; on the sixth and eighth day there was very little hemorrhage, not enough to stain through a light dressing of absorbent cotton. As early as the third or fourth day the gums had bled during nursing. The urine from birth had been scanty and tinged with red; it was freer on the ninth day than previously. The child was well developed and had seemed to be quite well; the hemorrhage was discovered in changing the clothes for the night.

Further, since the family physician lived at a distance, I had been called twice during this pregnancy. In the third month, there was a slight hemorrhage from the vagina. On examination I found this came, not from the uterine canal, but from the surface of the cervix. This continued only for one day, but on the next day there was epistaxis.

Again, in the fifth month, there was another slight hemorrhage lasting only one day. There was also a his-

tory of epistaxis during the first pregnancy, which, otherwise, had been normal.

DISCUSSION: Dr. HONBERGER: Hemorrhage from the cord is of frequent occurrence, and is frequently very serious in its effects. I have seen a harelip pin inserted below the cord and a ligature tied around; the hemorrhage was then internal, and death resulted. When the hemorrhage comes from the insertion of the cord they often bleed to death internally.

Dr. COBB: I find that syphilitic inheritance predisposes to hemorrhage. The second case is a hemorrhagic mother, and may be a case of hemophilia not due to syphilis, but I would consider it presumptive evidence of syphilis.

In those cases of hemorrhage from the insertion which cannot be stopped, you will frequently find the nephritic tendency, uric acid or hemorrhage from the gums. The remedies sometimes used are phosphorus and crocus. The systemic or syphilitic variety usually die because you cannot stop the hemorrhage by any pressure.

Dr. SMITH: I had one case of hemorrhage from the insertion of the cord; tannic acid and compression controlled it and saved the little patient's life.

Dr. HOBSON: This first case was distinctly syphilitic; she has since had another baby which showed some signs of inherited syphilis, but mercury cured the case.

XXIV. PUERPERAL INFECTION. BY F. H. HONBERGER, M. D.—The general practitioner frequently comes in contact with cases of puerperal infection, the symptoms being such in some instances as to lead him to suspect some other disease complicating the case. In every puerperal patient where we find the temperature rises as high as 101° we should suspect something unnatural taking place in the uterine cavity, providing that the breasts and nipples are in good condition.

Puerperal infection is divided into two classes, called acute septicemia and sapremia; the former comes on more violently and is much more dangerous than sapremia. Acute septicemia is usually caused by the introduction of poisonous germs into the system at the time of labor, hence the infrequency of its occurrence where strict antiseptic precautions were observed during confinement. It is ushered in as a rule by a severe and long

lasting chill. The temperature rapidly runs up to 104° or higher and the patient is profoundly prostrated from the very beginning. The temperature may not remain high, but may come down to normal or nearly so as early as from twenty-four to forty-eight hours after its inception. Do not be deceived into the belief that your patient is nearly well because the temperature has fallen unless her other symptoms are also relieved. If your patient still has a red, angry looking, dry and parched tongue, seems very much prostrated, with loose bowels and considerable thirst, she is yet in a very dangerous condition and the case will usually terminate fatally in from two to three days. Where the temperature remains high and there is profound sepsis the prognosis is also very bad, these cases usually terminating within a week or ten days. Some patients may recover by crowding general stimulation and by keeping the kidneys and bowels acting freely, and by the use of the indicated remedy.

What occurs much more frequently during the puerperium is the condition called sapremia. This is caused by a putrid decomposition of some of the secretions or particles in the uterine cavity. It comes on more slowly, appearing anywhere from two days to two weeks after delivery, and need not be considered very dangerous if energetically treated. The first symptom observed may be a slight chilly sensation, or you may have a more decided chill, while in some cases the patient will not experience any chilliness at all. The temperature gradually goes up to 101° or higher; it may go up to 104° or 105° ; the patients frequently say they feel all right and want to get up. There may be some tenderness over the uterus or in the iliac fossa. The temperature is usually lower in the morning, but again rises in the afternoon, and this may continue for several days, the patient gradually growing worse each day. It is this sort of infection that frequently causes metritis, salpingitis, ovaritis, peritonitis, cellulitis, hepatitis, arthritis, phlebitis, etc. Do not think because your puerperal patient complains of soreness and swelling of one or more joints, that it is always a case of inflammatory rheumatism; or if she develops a cough, with a rise in temperature, that you have a case of la grippe or pneumonia; it should be remembered that the cause of these symptoms may lie in the uterine cavity. Sapremia may occur in patients where the

strictest antiseptic precautions were observed at the time of delivery. Mental emotions, or any little excitement, may cause a contraction of the cervix and prohibit free exit to the flow. The uterus may become antiflexed and retain a portion of the lochia, small particles may be attached to the uterine walls, decompose and be absorbed, causing the trouble. Whenever you meet with a rise in temperature after labor or abortion, whether it be accompanied by any of above complications or not, first find if possible and remove the probable cause; if this is found in the uterine cavity intra-uterine irrigation may be all that is necessary to cure the patient. This should be thoroughly done with a recurrent douche point, using plain sterile water or a mild antiseptic solution. Creolin and peroxide of hydrogen make excellent solutions. It may be necessary to repeat the douche once or twice per day for several days to keep down the temperature, or it may be necessary also to curette one or more times; this should always be very carefully and thoroughly done under an anesthetic. A curettement, without an anesthetic, cannot be as thorough, and you are not liable to get as good results as when the patient is under its quieting influence. After the uterus has thus been thoroughly cleansed you can treat your complications as though pregnancy had not existed if they have not already disappeared.

DISCUSSION: Dr. COBB: Sepsis is caused by staphylococcus and streptococcus infection. Sapremia may appear without the presence of these microorganisms; on the other hand, sapremia and sepsis may appear in the same individual. If the free discharge from the uterus is interfered with in any way there is apt to be absorption and sapremia. In cases of sapremia cleanse the uterus. Septicemia is frequently not recognized until there is systemic involvement; then we use lachesis, tarantula crotalus and stimulants. Give attention also to the diet. The injection of streptococcus serum has been tried, but it is very unsatisfactory in its results and is now about discarded.

Editorial.

THE HAHNEMANN MONUMENT DEDICATED.

Every practitioner of the homeopathic faith and every believer in the practice of our school ought to experience a degree of unusual satisfaction when it is known that the national monument to the honor and memory of Samuel Hahnemann has been paid for, erected and dedicated. The unrelenting ambition of those who determined that this should be certainly deserves an everlasting commendation. It is indeed a difficult task to raise a large amount of money for such a purpose, for though many are, at heart, willing to give and more willing to see the monument erected, it is never an easy undertaking to extract the money from individual or collective pocketbooks.

So much, in the way of testimonials of this kind, is constantly exacted from the public that people in general are becoming weary of the enthusiast who demands a monument for every hero or a tablet in the market place to commemorate worthy deeds which really speak for themselves. In fact it might be questioned now, with propriety perhaps, whether a monument was the best recognition of the fame of Hahnemann. A national hospital dedicated to the practical application of the law which Hahnemann promulgated might possibly have done more good and at the same time illustrated how much he had accomplished for mankind. The fact exists that Hahnemann's works should live longer than his name, and, no matter how much reverence we yield to him, his law of similars should command more. Has any one ever calculated the many lives saved by this principle which dethroned the barbarous medical tendency of his time? Has any one stopped to think what the practice of medicine might even be to-day were it not for that method of cure which he alone inaugurated? Therefore it may be truly said that this monument is not raised alone to the honor of the man Hahnemann; it is a shaft symbolic of homeopathy and its worth. Our school of practice will always look to it with pride, for that statue means more than cold marble can portray. It stands for the vindication of the indicated remedy given in accordance with the law of similars.

And yet when all questions of propriety are considered we are obliged to say it was a good thing—yes, a commendable thing to give this tribute to such a man of worth. This man really suffered for principle's sake and, better than all, he conquered and his followers to-day owe all to his perseverance and to his ability. No mind could have grasped the thought more completely or developed and proved it better. No character could have defended it more firmly and no mentality could have revealed the scientific theory more clearly. So we say all honor to Hahnemann. The homeopathic school rejoices in this event, not to be vain-glorious but because it is a just token.

At all times there is a sentimental phase in life's experience. The cold and calculating appreciation of facts is not sufficient in great achievements. We must warm up a little to the tender side of all things; we must be emotional enough to praise the finer features of character; and for that reason we must look upon the life of Hahnemann with more than a professional pride. Truly he was a great man outside of his profession. Like all men of genius, he was appreciated and understood better in the age which succeeded his. This is often true of remarkable men and it is a wonderful recognition of his ability that his law has outlived him.

What is the position of homeopathy to-day? In a word, we may say it is no longer, at least, on the defensive; those who once reviled it are glad to patronize it, and those who said it would fail must admit that they were mistaken. The educated and capable homeopathic physician to-day has a patronage which represents the culture and influence of his neighborhood; men of knowledge seek the milder dose, and heroic medication has its following only among the ignorant. Thus the unfavorable prognosis given to Hahnemann's theory has surely failed, and we no longer feel the necessity of defending ourselves. All this redounds to Hahnemann's glory, and well may we give honor to his name.

During all this time homeopathy has progressed. We have learned how to use the law, and better than all we have learned to respect and use all other advantages of science. Homeopathy is in no sense "hide bound;" we are physicians in the fullest sense of the word. Our colleges teach the complete science of medicine; we are abreast of the times in every way, and no one can to-day fling the unwelcome epithet "little pills" in our face.

We still believe in the little pills and the milder dose, and more than all we have convinced the old school that we are right, and they are adopting our methods, though they do not give us the credit. At the same time we accept the science of medicine, like all progressive professional men, and we have shown ourselves capable of all the requirements of our calling.

Therefore, we may add that to-day the monument of Hahnemann is a recognition of our standing as a school. It represents the followers of Hahnemann as well as the man himself; it shows our strength and our determination to practice and to cure in accordance with our belief; at the same time it is emblematic of our progress and clinical perfection. It is truly hoped that the next monument to our cause may be as truly representative of our advancement and perfection.

H. V. H.

TYPHOID EPIDEMICS.

So much is, at present, being said in the newspapers in regard to typhoid epidemics that physicians are naturally anxious as to the cause of the disease. That food and water contaminations are frequent sources we cannot deny, and very often it is possible to trace this danger in every epidemic. Surface water, sewerage pollution and improper food have no doubt furnished more cases of this kind than anything else. For that reason it is a mandatory requirement that these sources of danger should be properly watched. More than all, we must not forget that the ice we use may often be a factor as well. People have learned to watch the water and many have now learned the necessity of boiling it; but few think for a moment that the ice they use can be impure.

It would be surprising to the investigator to find how many use ice that comes from stagnant ponds, the water of which they never would think of drinking. And again, it would surprise the purchasers, if they would only investigate, how much ice is being used from quarries and is presented to the public as "pure ice." A serious epidemic occurred last year near the city of Chicago which could be traced to this cause. Only a short time ago the pure water of a country club was condemned by the newspapers when the fact was that the neighborhood ice came from a quarry.

Beyond the question of infection by means of drinking water we should constantly look for other causes of this dread disease. The fact that isolated and epidemic cases may occur and do occur when the drinking water has been found to be pure ought to excite our professional interest sufficient to ascertain other possible causes. An article in the June number of the *Pacific Coast Journal of Homeopathy*, by Dr. E. S. Grigsby, ought to be perused carefully by every physician. It must be remembered that, during the recent Spanish-American war, he was at Camp Thomas at Chickamauga, Ga., where the epidemic raged terribly. He studied these cases carefully and was thoroughly satisfied that the causes were not indigenous to the location. The camp was in an ideal spot for a large army; the water was perfectly pure; the altitude was high; the general roll of the country was against such an epidemic and, besides, no cases of typhoid existed among the inhabitants; and yet the army suffered severely, although cleanliness and sanitary precaution were observed to the most careful degree.

It is probable that the aggregation of people, the neglect of sanitary laws, the danger of cesspools, etc., may develop and disseminate this disease without the means of water and food as contributing factors. It is true that a soil is necessary for its development and we may find this when the system is depreciated in any way. Certainly we find typhoid fever everywhere and under all conditions. Shall we say it develops spontaneously? Certainly many of our old theories about water contamination are not always substantiated. At best we must seek for further light on this subject and the question is now before the profession. It is hoped that future study will reveal something more substantial as to the probable causes.

H. V. H.

A CASE OF FLAT CONDYLOMA OF THE VOCAL CORDS.—Domenico Tanturri Fu Vincenzo reports a case, a study of which justifies the following conclusions: Among the manifestations of syphilis of the larynx may be included flat condyloma; this may be the first manifestation of the second stage. Its structure is the same as that of condyloma of the mucous membrane of the upper passages. The affection most likely to obscure the diagnosis is primary laryngeal tuberculosis. Specific treatment is valuable in clearing the diagnosis. The symptoms of the lesion are a constant dysphonia, and sometimes a laryngeal stenosis. The prognosis is good, these growths usually yielding to antisyphilitic treatment.—*Giornale Internazionale delle Scienze Mediche*.—*Med. Record*.

Hospital Notes.

VIENNA, AUSTRIA, June 2, 1900.

SOME CLINICAL EXTRACTS AND COMMENTS FROM PROF. KAPOSI'S CLINIC. BY DR. C. D. COLLINS.—A careful observer could not fail to gather many valuable hints from Prof. Kaposi's method of teaching. It is to his credit, first of all, to say that he always begins his work promptly; although his regular clinic is at the early hour of 8 A. M., he is always there on time and often considerably before time. Indeed, he usually makes a round of one or two hospital wards before his clinic begins, and selects such cases as he may wish to present before the class. The professor is an arduous worker and an enthusiastic teacher, and seems perfectly happy when in the midst of a multitude of students on the one hand and patients on the other.

Another thought that those who teach might profit by is the fact that so far as possible he classifies his cases and presents them in groups. That is to say, when he presents cases of pemphigus, he will show as many cases of this kind as possible. Thus the student may gain a comprehensive scope of all the forms that pertain to that certain disease.

To be sure, his abundant clinical material enables him to do much that is not possible for one less fortunately provided. Every new case that comes before the class is carefully analyzed and diagnosed. Then a brief drawing of the essential pathology of that particular disease is made on the blackboard. Hence the student gets the whole history, etiology, pathology and diagnosis of every case, and by presenting other cases of the same kind, he gains a lesson in the different forms and types of the same.

I will briefly report a few cases, which I hope will be of interest to the readers of THE CLINIQUE. These cases are taken from memoranda without especial reference to the grouping. A complete history of each case is impossible, for many of these cases were simply passed upon in a hasty manner. Those patients who were hospital cases, I was able to draw a fair history from. I would have you understand, however, that whatever meager therapeutics may be given in this article are not

intended as clinical helps to the readers of *THE CLINIQUE*. I am aware that our homeopathic treatment is better. The report is made to make the case more complete.

Case 1. MULTIPLE SARCOMATA CUTIS.—This patient, a man of fifty-eight years, was of a nervo-bilious temperament and possessed a feeble constitution. Two and one-half years ago there appeared many wartlike or papular elevations of the skin about the hands, fingers and feet. These elevations grew to the size of a navy bean or larger and were of a bluish red or brownish color, and perhaps numbered one dozen on each hand; not so many appeared on the feet. The intervening skin was much infiltrated and interfered with motions. The nodules or tumors were firm, circular and conical or slightly flattened. They showed but slight tendency to break down and ulcerate and while they were not distinctly painful they were tender on pressure. There was no concomitant glandular enlargement.

Diagnosis: Multiple sarcoma cutis. Treatment: Removal of each individual nodule, followed by moist anti-septic dressing. Prognosis: Temporary benefit. There could be no certain promise of a cure because it may at any time become generalized or attack some internal viscera.

Case 2. LEUCOKERATOSIS OF THE TONGUE.—This patient was a man forty-two years of age, and was apparently healthy except for a troublesome lesion on his tongue. He gave the following brief history: He had never been sick and had no hereditary taint but for the past two years he had noticed a peculiar thickening of his tongue, especially toward the middle and posterior part, with the formation of grayish white plaques or patches which were dry and rough and had persisted ever since in spite of all treatment. At first this was not painful nor did it inconvenience him further than to cause a little stiffness in the motions of his tongue. This condition increased till a cracking of the thickened parts occurred and there was an exfoliation of certain portions of the crust, leaving a raw and tender surface beneath.

When I saw the case the middle and right lateral half of the tongue were covered by a typical leucokeratosis crust while the back portion and to the left were denuded and tender but not ulcerated. Prof. Kaposi said such cases are usually the result of prolonged irritation, such as chewing or smoking tobacco, from eating hard substances,

from irritation of a carious tooth, etc. It has also been called psoriasis of the tongue, from its fancied resemblance to a broad papular plaque, but it is not a true psoriasis.

A careful differential diagnosis should be made between this condition and syphilis and also tubercular ulcer. Syphilitic lesion of the tongue would be a simple mucous patch or a gumma ulcer. If the latter it would be a deep ulceration, rapid in formation, with a profuse purulent discharge, offensive and most likely there would be other corroborating symptoms of syphilis. In tubercular ulcer we have always a granulating ulcer, serous discharge, not so offensive, very slow in development, and exquisitely painful.

Leucokeratosis in itself is a comparatively simple and innocent condition, but it is to be remembered that many of these cases serve as a nidus for the subsequent development of an epithelioma. Treatment: Discontinue the irritant; wash frequently with mild and soothing antiseptic lotions and paint the denuded parts with tr. myrrh.

Case 4. No. 1. LUPUS VULGARIS. The following cases of lupus were all presented at one clinic, the first case being fully discussed, but subsequent cases were passed upon with only a few words in explanation of the same. First case was a young lady seventeen years old, who gave a history suspicious of tuberculosis. She was in fair health but had suffered with an enormous lupus for the last seven years which involved the entire left leg from the knee down, and also an occasional lupus nodule, as large as a half dollar, above the knee and about the hip. The rest of the body was entirely free.

The lupus of the foot and about the toes was of the vegetating variety and was much elevated above the rest of the parts and was wartlike or papillomatous; all of the foot was very tender and inflammatory, but did not ulcerate. The entire leg and foot, below the knee, was enlarged, about twice its normal size; in fact it could well be called elephantiasic. All parts were infiltrated and the skin was enormously thickened. The color was of a bluish red and turgescient in appearance; all functions were practically lost.

Prof. Kaposi had but little hopes of doing much for the case but ordered her to soak the leg constantly in a hot borated solution and he gave some

tonic internally; amputation is the probable future of this case. Where total extirpation of a lupus is possible then operation is to be recommended, but if only a portion can be removed it is best left alone or managed by other methods.

No. 2. *Lupus vulgaris*, on the nose of a girl eleven years old, involving the tip of the nose and cartilaginous septum. This little patient had already been operated on by curettement about a year previously and was suffering with a return of the disease; this time it made its attack first upon the mucous membrane. This is a common occurrence in lupus and when the mucous membrane is involved it is always regarded as profoundly serious.

No. 3. He then showed a case of lupus in a lady forty years of age, in which the disease involved the nose, including the septum and mucous membrane, and the entire left cheek. This patient also had pulmonary tuberculosis, and hence the prognosis was unfavorable. Treatment: Palliatives.

No. 4. *Lupus vulg.* in a lady twenty-six years old. The lupus involved the entire left cheek; it did not extend to the mucous membrane. It was nonulcerative, but nodular and progressive. The doctor recommends total extirpation for such cases and then covers the defect by plastic flaps from the forehead and neck, as far as possible, and, if necessary, adopts skin grafting to completely cover the remainder of the denuded parts.

No. 5. The next case was a boy eight years old, with a lupus completely surrounding his mouth and extending about one and one-quarter inches back from the mucocutaneous border. This did not attack the nose. Thickening and stiffening of the lips were such as to seriously interfere with eating, talking, etc. The mouth was contracted to half its normal size. The disease did not extend to the mucous membrane. This case was treated by the local application of pyrogallol, 10 per cent in simple cerate, and when the lupus nodules were destroyed the parts were healed by diachylum salve. When I last saw this little patient he was nearly well, except, of course, he had the same contracture of the mouth.

No. 6. *Lupus vulg.* in a child of six years was then presented; location of lupus was in the center of the right cheek and had grown to the size of a quarter of a dollar. The lesion was composed of delicate, soft, pinkish red papules, slightly elevated, progressive but not ulcerative. Treatment: Surgical removal.

It is a clinical fact of interest that lupus makes its first appearance preferably in early life, during the time when the skin is delicate and the tissues are inviting for the tubercle bacillus.

No. 7. *Lupus vulg.* in a lady, age sixty-one. She gave the following history: When a child eight years old there appeared a group of reddish papules on her left cheek, and she has had lupus ever since. Over half a century has passed and yet she lives and the lupus also. Apparently it never did her any great amount of harm. It would have periods of growth and then periods of quiescence, but gradually it extended until it has covered the greater part of the left side of her face, nose and the left ear.

As the disease progressed and ulcerated it would promptly heal, so that she is **now** well covered with scars, but yet the lupus itself really seems to be abating, and she is better now than for years past. Treatment was pyrogallol, 10 per cent, locally.

Prof. Kaposi rarely gives internal medicines for these cases, unless it be a tonic.

Clinical Miscellany.

FAITH CURE AND MIND CURE.—Charles Dudley Warner is credited with the apt and clever differentiation that mind cure does not require any faith, and that faith cure does not require any mind.

IF A CHILD complains of pain anywhere about the lower extremities, or limps in the slightest degree, examine the hip joints as a matter of routine. In that way many unsuspected cases will be early revealed.—*Med. Era.*

COCAINE IN POTENCY.—The muriate of cocaine has been found valuable in certain cases, given internally in the 2x or the 3x dilution. One symptom especially characteristic is the sensation of a foreign body just beneath the skin.

A CASE OF REMOVAL OF THE STOMACH for carcinoma is reported by Dr. John Harvie in the *Annals of Surgery*. The patient, a woman of forty-six, entirely recovered after operation, and was able to attend to all her household duties.

NASAL MENINGOCELE.—Cases have been reported in which tumors resembling polypi have appeared in the nasal cavities, and have been found to be protruding cerebral membranes. Their recognition as such is of course highly important.

FOLLICULAR TONSILITIS.—Goldstein, in the *Laryngoscope*, says that as the crypts in this disease are filled with accumulated putre-

factive matter, the topical application of remedies, use of gargles, etc., accomplishes very little. The crypts must be emptied of foreign matter which is best done by the use of a blunt spoon. He applies guaiacol to the crypt after emptying it.

CATNIP IN COLDS.—It is said that the tincture of catnip (*nepeta cataria*) given ten to twenty drops in hot water every hour has been known to act beautifully in aborting a cold. It should be given early and if possible before the febrile symptoms have appeared.

INTERNAL USE OF ADRENALS.—The *Therapeutic Gazette* calls attention to the fact that extract of suprarenals is coming to be used more and more as an internal remedy, and has been found to act promptly in relieving conditions dependent upon an atonic condition of the vascular system.

PULSATILLA is full of dizziness. Whenever the room becomes warm the patient is dizzy and feels faint with nausea. Not the nausea that comes from a disordered stomach, but such as comes through the sensorium from emotion, from bodily heat or from exhaustion.—*Kent, in Hahn. Advocate.*

EXERCISE IN HEART DISEASE.—Dr. J. M. Taylor, of Philadelphia, says that systematic and moderate exercise should always be given to children suffering from heart disease. By exercise he means normal use of all the organs. Correct breathing should be taught and regularly practiced.—*Med. Record.*

MERCURIUS IN SUMMER DISEASES.—Merc. cor. is especially useful in the diseases most prevalent from May 1 to November 1. Its indications in dysentery are burning, tearing pains, prolonged tenesmus, suppression of urine, hematuria, stools slimy and bloody, green mucus, prolapsus ani.—*Hutchinson, in Hahnemannian.*

IT IS A MISTAKE to think that cancer of the uterus is always painful. If a suspicious growth is seen, the question of pain should not influence the diagnosis. Any flow of blood after the menopause demands immediate and careful investigation, but cancer of the cervix has been observed in quite young women.—*Med. Era.*

TREATMENT OF HYPERCHLORHYDRIA.—Dr. Max Einhorn says, in the *Medical Record*, that diet in this condition is of greatest importance and one of the greatest points is that the food be taken in small quantities and at short intervals. Starchy foods should be given very sparingly. Fats, especially butter, should be given freely.

DR. HENRI PIEDVACHE (*Revue Homeopathique Francaise*) says that nitric acid is of value not only for the tertiary forms of syphilis and after abuse of mercury, but also for the primary lesions of true syphilis and often in chancroid. He emphasizes the symptom of a sensation as of splinters buried in the tissues of all inflamed organs.

WHEN YOU SUCCEED in passing the catheter into the bladder in cases of considerable retention, do not empty it entirely or too suddenly, as it may give rise to hemorrhage, which is sometimes very profuse, or to severe cystitis, or even to urinary suppression and death. It is well to partially plug the lumen of the catheter so as to allow the urine to dribble out.—*Med. Era.*

RUPTURE OF THE ESOPHAGUS.—In the *Laryngoscope* Bowles reports a case of rupture of the esophagus resulting from persistent vomiting. The patient was a woman sixty-two years of age. Death resulted in twenty-two and one-half hours from the beginning of the attack, and autopsy showed severe emphysema of entire chest and neck. A rent in the esophagus five-eighths inch long was found just above the diaphragm.

LOSS OF THE HAIR.—Drawing conclusions from a record of three hundred cases, Dr. George Jackson, in the *Medical Record*, says, that while heredity and general diseases are important the majority of cases depend upon some local disease. For local applications he uses precipitated sulphur ointment, extract of jaborandi, resorcin and ammoniated mercury with calomel. Massage, he says, is of the greatest value. Where calvities is already present the prognosis is always unfavorable.

IN OLD OVARIAN LESIONS, it is often a fact that the patients show a decided insufficiency in the secretion of urea. It is well to subject such patients to preliminary treatment for this condition for two reasons: The first is that if the proper treatment increases the excretion of urea the patient will have a better chance of recovering from the operation; and the second is that if the patient's urine shows no improvement, the prognosis is rendered more serious, and forewarned is forearmed.—*Med. Era*.

ATROPHIC RHINITIS is stoutly maintained by Bosworth to be a development from purulent rhinitis of childhood. The sequence of pathological changes in the tissues would seem to be easily comprehended, but the immediate cause of the initial change cannot be easily determined. He has seen it result from malnutrition, but could never trace it directly to syphilis, tuberculosis, scrofula or any constitutional dyscrasia. This argument, seemingly well sustained, is a strong one for the more persistent care of purulent cases in early life.

URINARY EXAMINATIONS IN PREGNANCY.—The time-honored teaching that the practitioner should make a perfunctory examination of the urine for albumin in the latter months of pregnancy should be relegated to oblivion. Some of the worst and most sudden cases of toxemia that he had seen had been those in which there had been absolutely no albumin in the urine, and in which, the physician not having had his attention concentrated upon the quantity of urea and on renal insufficiency, the woman had suddenly passed into the condition of eclampsia.—*E. H. Grandin, in Med. Record*.

THE BLOOD FROM A SURGICAL STANDPOINT.—The surgeon must learn to study the condition of the blood, as it has the most important bearing upon the conduct of every case both before and after operation. A clear distinction must be made between simple and malignant anemia, and especially should we recognize that form due to infective processes. Iron is almost always of service, as it stimulates the formation of hemoglobin, but care must be exercised as to the manner of its administration. Generally it acts better given in the inorganic preparation.—*Van Schaick, in N. Y. Med. Jour.*

FURUNCLES.—Dr. Gustaf Langmann, in the *New York Medical Journal*, devotes a long article to this subject which he says is of

more importance than is generally recognized. In many cases there is a distinct tropho-neurotic element which favors the development of local infections. He has adopted the plan of treating all these conditions with the galvanic current and thereby usually obviates the necessity for incisions. The cathode is placed upon the furuncle, the anode somewhere in the vicinity and a current of two to five milliamperes is employed once a day. The effect in eliminating pain he says is most gratifying.

CONSUMPTION IN BENGAL.—Writing in the *Indian Homeopathician*, Dr. Henro Nath Roy, of Calcutta, deplors the ravages of tuberculosis among his countrymen, the natives of Bengal. So prevalent has it become, he says, as to threaten the very existence of the race. All this he attributes largely to the changed manner of living resulting from contact with occidental civilization. This has brought about a departure from the simple regimen of the native people as regards diet, etc., and resulted, too, in a sexual depravity, which he says is responsible for the generally impaired vitality. In no other sphere, however, has the superiority of homeopathic practice been more clearly demonstrated than in combating these conditions, as the results are generally admitted to be better than under other forms of treatment.

ACONITE is especially adapted to nervous, plethoric individuals, with dark hair and rigid fiber, who lead a sedentary life, or are of a rheumatic diathesis.

Hahnemann gave us the key to the successful application of this drug when he asserted, we should, in studying it, pay special attention to the symptoms of the mind and disposition. It may be profitable, however, to state, that the tripod upon which the whole symptomatology of aconite rests, is composed, 1st, of an anxiety of mind, full of forebodings and fear of impending death; 2d, of a nervous inquietude, which compels the patient to toss about in agony; 3d, of an active vascular excitement, with increased thermogenesis, pulse rate and respiration, diminished secretions, and painful congestive phenomena.—*Fornias, in N. Am. Jour. of Homeop.*

OBSERVATIONS ON SUMMER DIARRHEA IN CHILDREN.—The commonest cause is found in changes in the food supply, especially milk. This is the greatest of the problems to be solved, and can only be rectified by the most rigid control of dairy farms and the greatest care as to the preparation of the milk.

The next most important point is attention to person and surroundings of the child.

When the attack has begun all food should be stopped for twelve hours or perhaps longer, only plenty of warm water being given by mouth or by rectum. Albumen water may then be given and afterward cream in small quantities. There is absolutely no need for going outside of our materia medica for remedies in these conditions. Standard remedies are: Ipecac, chamomilla, arsenicum, pulsatilla, podophyllum, aloes, nux, etc.—*Fiske, in N. A. Jour. of Homeop.*

INFUSION OR DIFFUSION OF SALT SOLUTION.—In the *Therapist* of October 16, E. F. Willoughby discusses the various methods of employing salt solutions for the treatment of surgical shock. The transfusion from the veins of animals is mentioned, but only as a method now almost abandoned. Very excellent directions are given

as to the technique of the procedure, but the author's expressed preference for subcutaneous injection will scarcely be endorsed by surgeons at whose hands it has been most frequently employed. Neither will his recommendation as to the amount of solution to be employed meet with universal approval. In severe cases he says twenty-eight to thirty-five ounces should be employed, but in those less urgent four to seven ounces is sufficient. Testimony is not wanting, from those whose employment of this method has been most successful, to the effect that such quantities are of very trifling service while many times that amount is usually necessary.

OPERATIONS FOR TYPHOID PERFORATION.—Taylor (*Annals of Gynecology and Pediatrics*, January, 1900) reports five cases of operation for typhoid perforation. The first was operated upon after sharp abdominal pains, rigors and vomiting, suggesting perforation. Death occurred in six or eight hours. The second case was operated on the fourth day after the accident; death ensued in eight or ten hours. The third patient was operated on twelve hours from the time symptoms suggested perforation, and recovered. The fourth patient was operated on four hours from the onset of symptoms, and died in about nine hours. The fifth patient was operated on twenty-four hours from the onset of symptoms, and practically died on the table. In at least one of these cases the early symptoms of perforation were extremely obscure. The author states that less than 20 in all have been operated on, with still a very heavy mortality; but that nothing short of a moribund condition should warrant us in abandoning the case as hopeless. The key to success is an early operation.—*Therapeutic Gazette*.

THE TREATMENT OF EPILEPSY, whether medical or surgical, does not give as brilliant results as one could wish. Though we occasionally read of a reported success by the radical procedure, excision of the supposed offending motor center, or bilateral resection of the cervical sympathetic, or the employment of various radical therapeutic measures, I am convinced that in most cases the whole mode of life should be completely, though gradually, changed, and the habits of life of the individual under special control. This can best be accomplished in institution or colony life. Thus situated, relief and in many cases cure is accomplished, and no small measure of success should be accorded the well selected homeopathic remedy, prominent among which are bell., oenanthe C., lathyrus, echinacea, gels., nux., etc. I can say with Spratling, I have yet to see a single case in which the use of bromides has cured the disease, although it has often suppressed the convulsive phenomena for long periods. I would emphasize the importance of early diagnosis and treatment of reflex epileptic phenomena.—*W. A. Polglase, M. D., in Med. Counselor*.

GASTRIC LAVAGE.—Lavage is of great importance in gastric dilatation. It is not without value as a diagnostic measure, for by it the capacity of the stomach may be determined. As a rule, all stomachs with a capacity of over three pints are to be considered as dilated, though some people, as in case of their other members, are overgrown in this respect. The simplest and easiest method of carrying out lavage is with the ordinary stomach tube with a glass or rubber funnel. Lavage has a beneficial effect, if systematically carried out in cases of simple atony, because it cleanses the stomach

and tends frequently to restore tone to its walls by removing all distending agents. The water should be comfortably warm and the washing continued until it runs clear. forcible contractions of the abdomen by the patient aids in loosening the accumulation. It is well to warn the patient when lavaging himself not to be in too great a hurry to consider the water clear, for sometimes accumulations will only be reached and loosened toward the last by the action of the water. The time for lavaging is preferably in the morning before breakfast or at some time remote from a meal.—*Hinsdale, in Med. Century.*

CONTINUOUS USE OF DIGITALIS IN HEART TROUBLES.—J. Groedel, in the *Practitioner* for April, 1900, says that cardiac insufficiency is an inevitable result of advancing heart changes. Compensation is established in most cases of valvular disease and may last for months or years, but if the patient lives there is sure to come a time in which heart failure is more or less pronounced. In those cases he recommends continual administration of digitalis, and advises that we should not wait until signs of want of compensation develop, such as dropsy, anemia, and tachycardia. He recommends that the digitalis be given in doses of from eight to ten grains, once each week. At such wide intervals the drug has no cumulative effect, but during its administration the quantity of urine should be carefully determined, and if it is not augmented the drug should be withdrawn. In the great majority of cases the digitalis is well borne by the patient, and the charge which is made that the drug causes a loss of strength and increases the weakness of the patient is unfounded, these changes occurring as a result of the disease for which the drug is given and not of the drug itself. He is convinced that where fatty degeneration is markedly benefited by digitalis there is sometimes a subjective cure of these cases.—*Medicine.*

THE HYDROGENOID PATIENT feels worse in cold, damp weather, in the rain, or from cold or cooling drinks. His symptoms are periodic, irregular and paroxysmal. Such a one is generally distinguished by an *abnormal quantity of water*, especially in the blood. Study also guaiac. and dulc. The carbo-nitrogenoid patient feels best in the open air, is not aggravated by cold or moisture. His pulse and respiration are rapid from *poverty of the blood in oxygen*. The chronic diseases of this constitution are *processes of retention*. It is generally distinguished by impeded reception of ozone and the favoring of a predominant formation or retention of the carbo-hydrogens in the organism. One of the best remedies is ozone or ozone water. The oxygenoid patient feels well, or relieved, in air loaded with nitrogen or carbon, burnt resins, fats, empyreumatic substances, etc. He feels best, or better, in foggy weather, especially if it is not cold. He is worse before a storm or damp weather, and better when the rain or snow falls. The oxygenoid (unlike the hydrogenoid) case feels worse in rainy weather if there is much ozone in the air—in mountains, among trees, when no mists arise. Not infrequently he refuses animal food. The carbo-hydrates are better for him as they are more slowly oxidized. Aconite is apt to be his remedy.—*N. Am. Jour. of Homeop.*

THE DIAGNOSIS OF TUBAL PREGNANCY before rupture is well-nigh impossible. There are only a few recorded cases in which the nature of the disease was clearly made out prior to opera-

tion; and when one stops to sift the symptoms and to consider the pathological states which, under examination, closely resemble the condition, it is no wonder, for the symptoms are much like those of early uterine pregnancy and abortion. Other points which should at once arrest the attention of the surgeon are that most of these women have been sterile for years, and that the character of the membranes cast off from the uterus are unlike those of an abortion or membranous dysmenorrhea. They lack the presence of the chorionic villi of a normal pregnancy and the decidual membranes seen in ectopic gestation are thicker than those of dysmenorrhea. In the latter disease they are cast off in thin strips, while in tubal pregnancy the decidua is gradually expelled in shreds or else in a complete cast of the uterus an eighth or a quarter of an inch thick, with symptoms of an abortion. It must not be forgotten that after the so-called abortion has taken place the abdominal pains are not in the slightest degree relieved. This is a most important symptom. If these signs are preceded by amenorrhea and accompanied by irregular menstruation of light colored fluid, with pain and colostrum in the breasts and vaginal pigmentation, extrauterine gestation is to be very strongly suspected. If, with the above signs and symptoms, a bimanual examination reveals a very sensitive, expanded and fluctuating tube at the side of the uterus, the diagnosis of unruptured, ectopic pregnancy is justified.—*J. M. Lee, M. D., in Med. Century.*

ABDOMINAL REMEDIES.—Arsenicum is a remedy frequently called for in deep-seated abdominal troubles. I have found it particularly useful in those cases in which constipation has been replaced by diarrhea, with severe burning pains, great anguish, no rest anywhere or in any position and despair of life. The stools are usually scanty, frequent; mucous or serous, like dirty water; always acrid or with burning pains, and worse after midnight or in the morning after rising. In all abdominal diseases where high fever and burning pains are present, or where the gastric irritability is such as to reject all class of liquids and water, or where, notwithstanding the intolerance of water, there is great thirst for small quantities at the time, we will consult arsenic with advantage; and it is invariably indicated when, in addition to these symptoms, there is a persisting, dry, nocturnal pyrexia, with marked sinking of strength and progressive emaciation. I would also especially call attention to the use of this drug in the melena of typhus and other low fevers, in morbus niger and in ascites.

Apis mellifica is one of the remedies with which I have been able to relieve ileo-cecal, inflammatory localizations, regarded as out of the reach of therapeutics, and, according to specialists, demanding surgical interference. The rigid, tense abdomen, the stinging pains in the ileo-cecal region upon pressure, the edematous condition of the surrounding parts below, the constipation, the feeling of tight pulling at the cecum when straining at stool, the nervous restlessness, the high temperature and the dark, scanty urine, led me once unhesitatingly and successfully to its employment in appendicitis. Again, its usefulness in many cases of dysentery, ascites and peritonitis with exudation is well known.

SYMPTOMATOLOGY OF SNAKE VENOM.—The effect of the cobra bite was first shown by a scratch on the skin, which gave a burning pain with edema; then appeared vertigo, followed by weakness of the limbs, paraplegia, ptosis, paralysis of the tongue and epiglottis,

and inability to speak. The saliva dribbled from the open mouth. The paralysis was general, and the patient lay motionless. The pulse was weak, and continued after respiration had ceased. The respirations were slow and labored. The pupils were contracted. Slight convulsions sometimes occurred before the end. Absorption was exceedingly rapid, as experiments had shown, which were made by injecting the poison into the tail of a rat and amputating the tail after one minute, death following in a short time. If patients did not die from paralysis they recovered quickly. The bite of a rattlesnake caused more pronounced local disturbances. There were hemorrhagic disturbances and bloody exudations of all mucous membranes. Within thirteen minutes constitutional disturbances developed. There was a marked fall in the blood pressure. After a temporary increase of reflexes, tetanus and paralysis supervened, and paraplegia of the lower extremities ending in complete paralysis followed. Patients died within twelve hours. If they recovered from the paralysis, septic fever might develop. An authentic case was instanced of a draughtsman in the National Museum at Washington, who was bitten by a snake on the index finger. After several weeks he recovered. He was bitten about the 2d of June. Swelling and inflammation of that finger occurred every year about the 2d of June, resulting invariably in the loss of the nail. It was only after ten years that this curious phenomenon ceased; he was then supposed to have been cured by the South American plant *micania guaco*. In autopsies the serous membranes were shown to have ecchymosis throughout, especially the peritoneum. The blood was liquid and did not clot even after a long time. The cobra bite gave symptoms analogous to those of acute bulbar paralysis in its most acute type.—*Langmann, in Med. Record.*

HOT AIR IN CHRONIC RHEUMATISM.—T. L. Satterthwaite recently read a paper before the New York Academy of Medicine on this subject, an abstract of which appears in the *Medical News* of April 14, 1900. He says that the application of superheated air was originally suggested in medicine by Turkish baths. A patient in a simple warm chamber rebreathes the products of his own respiration. In a Turkish bath the temperature cannot be raised above 170° F.; in the hot air, parts of the body can be subjected to a temperature of 400°. The main idea in the apparatus so far devised for giving the hot air treatment has been to keep the skin dry while the air is heated all around the limb or part of the body that is to be subjected to the high temperature. For this purpose, when the temperature to be borne is not very high, the part is simply covered with a Turkish towel. When temperatures above 300° F. are to be employed, the part must be carefully wrapped and no spaces allowed to exist between the cloth and the skin; otherwise the perspiration at these points will become so heated as to scald the patient. Machines properly constructed should be so lined with asbestos that the patient may not come in contact with the heated metal. Glycosuria is not a contra-indication of the hot air bath, but in anemia, fatty degeneration, and arterial sclerosis it may be dangerous. The rise of pulse and temperature, and a certain tendency to increase of blood pressure, would seem to make it inadvisable to use it in such cases.

When a limb is subjected to hot air treatment, there is first a lessening and then an increase in the circulation of the skin, with the

injection of the peripheral capillaries and a sense of warmth. The pulse gradually rises until it is from ten to twenty-five beats higher than it was when the treatment began. There is a rise of temperature of from one to five degrees. There is usually an increase of respiration up to twenty-two or twenty-four per minute. A general sense of comfort comes over the patient and continues as long as the treatment is doing good. After a time, which is variable in different patients, a nervous depression supervenes, which should not be allowed to continue. As a rule the treatment should stop just short of this, and then it will have its maximum effect.—*Medicine.*

INFLUENZA AND ITS TREATMENT.—Dr. Clarke, in the epidemic of the gripe of this year, has found baptisia tinctoria to be the most prominent epidemic remedy. The dull, heavy and sleepy state, with general prostration, restlessness, feverishness with dry tongue, are indicative. He frequently repeats the remedy. It acts well in all dilutions.

If the catarrhal symptoms prevail, with severe coryza, sneezing and laryngeal cough, he administers allium cepa. In one case there was a painful sensation of threads running up through the fingers and in other parts of the body.

Sanguinaria is an excellent remedy when the trachea is attacked and the cough violently irritating, the sputa difficult to raise and scanty. With pain in the right side, it is the better indicated. After this remedy chelidonium is to be thought of, which it closely resembles in its action.

Another remedy, which was often of service in the present epidemic, was corallium rubrum, which was indicated in children as well as in some adults, where the cough would resemble that of whooping cough, a hoarse barking and crouplike tone. Auscultation would reveal bronchial râles and wheezing.

For the head symptoms belladonna was useful when there were violent throbbing and stitching pains, red face, glittering eyes and dilated pupils.

Cimicifuga in pains in the eyeball and behind the eyes, pain in the occiput and back of the neck, soreness in the muscles, and sensitiveness and restlessness. Glonoine in pains in the head, which were so severe that the head feels as if it would burst; throbbing in the head, with red face. Hyoscyamus in stitching pains and signs of meningeal irritation. For the sore throat of the gripe phytolacca appears to act best, though in this year's epidemic he has not observed many throat cases.

Arsenicum acts very well when its indicative symptoms are present. As a prophylactic it has acted well. If the disease has broken out in a house, a daily dose of the 3x may prevent its spreading. It is of service to every one during the prevalence of an epidemic of gripe. Plenty of good and nourishing food is necessary; if solid food cannot be taken, nutritious soups may be administered.—*Allgemeine Homeopathische Zeitung.*—Pritchard in *Hahnemannian.*

B. D. H.

CHILDBIRTH following ventro-fixation; operation by Dr. E. S. Bailey, Chicago. The following copied from a private letter, and unsolicited information, reports as follows: "Were you surprised to receive the announcement card informing you of the birth of our son? My physician, who has treated me for ten years, said I had the most normal and ideal labor he had ever witnessed. The labor

began about 7 in the evening and terminated at 12:40 in the morning. The pains were at no time severe, except in the calf of the leg. Two months have now passed and my physician examined me yesterday and said that the position of the womb was absolutely normal, a better position than he had known me to have for past ten years." The baby is well and finely developed.

This case was one of ventro-fixation operation four years ago, and is number nine on my list of operations of this kind. She had previously suffered for twenty years from retroflexion and was forty-one years old when this baby came. E. S. B.

REMEDIES FOR DYSENTERY.—*Aconite*. You will find the picture of this remedy where the patient is restless, anxious, afraid he will die. The pulse is hard, full and quick. The patient has unquenchable thirst with nausea and vomiting. The stool consists of bloody, slimy mucus, is scant, and attended with cutting pains and tenesmus.

***Arsenicum*.** When this remedy is indicated there is unquenchable thirst for small quantities of water at frequent intervals, and restlessness. He is afraid of death, or that he will be left alone. After every mouthful of food or drink the vomiting is renewed. There is marked weakness and exhaustion. If the stools are watery or fluid they are very offensive. If they are mucus they are not usually offensive. The pains are relieved by external heat. Before the stool there is great distress and the patient may faint. During the stool there is burning in the anus. While after the stool the patient is exhausted and is obliged to lie down; the burning continuing in the rectum and anus.

Baptisia tinct. This remedy is to be thought of when the case assumes the typhoid type. The patient falls asleep while answering your question, or complains, as one of my patients did, that she was unable to get her arm to the body and was kept awake by it. The face has a besotted, stupid look and is of a dark red color. There is a yellowish brown coating in the center of the tongue, while the edges are bright red. The stool consists of pure blood or bloody mucus which has a very offensive odor. There is colic before and during stool in the hypogastrium which is relieved after the stool. Tenesmus appears with the stool and continues after it.

***Belladonna*.** This remedy is frequently indicated in dysentery of infants. The face is flushed, there is drowsiness with starting and twitching of the muscles during sleep, the head is hot and the hands and feet are cold, the pupils are dilated, the *carotids* throbbing. The abdomen is hot, distended, and tender, and the pains come and go quickly. The stool consists of green bloody mucus. Before the stool there is a constant pressure towards the anus as if everything would be pressed out; the tenesmus continues during and after the stool.

***Cantharis*.** When this remedy is indicated the stools consist of a white or pale mucus like scraping of intestines, or washing of meat. The patient presents a wretched pale appearance during the pains, which are violent and burning in the abdomen, the surface of the body being cold. There is tenesmus after stool. The urine may be suppressed or retained, or contain blood with frequent ineffectual desire to pass it. Uremic coma and convulsions may develop.

***Capsicum*.** When this remedy is indicated there is thirst following each stool, and drinking causes shuddering. The stools consist

of mucus or bloody mucus. Before the stool there is a cutting colic most marked about the umbilicus. This continues during the stool, when there is also burning along sacrum and lower part of the rectum with tenesmus; after stool there is tenesmus with burning in the anus, and drawing pains in the back. The patient is of a lax fiber, and subject to stranguary.

Mercurius corr. When this remedy is indicated there is a continual urging to stool; the tenesmus is not confined to the rectum alone but involves the urinary tract, so that there is tenesmus vesicæ with burning of the urethra. The urine is scanty, bloody or suppressed. The stools are bloody, offensive and contain shreds of mucous membrane.

Nux vomica. This is a neglected remedy in dysentery. The stool is small, of thin bloody mucus and the desire is frequent. Before the stool there is a constant urging, with backache, and cutting pains in the abdomen. This continues during the stool, with marked tenesmus. The pains and tenesmus are entirely relieved by the stool, but there is a sensation of burning in the anus as if more stool would pass. The patient is irritable and oversensitive to lights, noises, odors, jars, etc. There is frequently a history of debauch, or abuse of stimulants, drugs, or change of food. The face is red, fever is present, and yet there is a sensitiveness to slight currents of air. He is drowsy during the day and after meals; has a period of wakefulness at 3 A. M., after which he falls into a heavy sleep and awakens late feeling tired and unrefreshed.

Sulphur. This remedy is called for when the acute symptoms have subsided, but in spite of our best endeavors the bloody discharge continues. There is an early morning aggravation, driving one out of bed; emptiness at the stomach and canine hunger, causing frequent eating, worse at 10 to 11 A. M.; excoriation about the anus. Offensive odor of the body and the odor of the stool follows him around as if he had soiled himself. The emaciation is rapid and the prostration is marked.

A. L. B.

PASSIFLORA INCARNATA IN WHOOPING COUGH.—Dr. Cartier (*Hom. Rev.*) finds that *passiflora incarnata*, a remedy little used in whooping cough, serves well for the sleeplessness, spasms and certain nervous phenomena. Frequently when lying down at night the attacks are worse, and *hyoscyamus*, *belladonna* and *conium* will not serve as well as *passiflora*, five drops of the tincture at bedtime. Another plan is to give two drops of the tincture immediately after each attack until the total quantity taken in the night is from six to twelve drops. The preparation of the tincture is important; it should be made from the wild plant and not from the cultivated variety. There is the same difference between *aconite* of the mountains and the garden variety. —*Hom. News.*

TREATMENT OF SCARLATINAL NEPHRITIS.—In a communication presented at a recent meeting of the New York Academy of Medicine, Kemp (*Medical Record*, April 14, page 657) advised that in the presence of pulmonary complications due to nephritis in the course of scarlet fever oxygen should be employed from the beginning. As it is a good cardiac stimulant and aids in the elimination of toxins, it should prove of value also in cases unattended with pulmonary complications. Enteroclysis, with the water at a temperature between 110° and 120° F., may be employed for periods of from fif-

teen minutes to an hour, and as often as three or four times a day. Hypodermoclysis and saline infusions are also useful. Carbonated baths may be recommended for uremic conditions, with the water at a temperature of 98° or 100° F.—*Jour. Am. Med. Assn.*

THE TREATMENT OF HICCOUGH.—Noir (*Progres Medicale*, January 6, 1900) reviews the various methods of treating obstinate hiccup. He alluded to galvanization of the phrenic nerve; to the application of a faradic current to the epigastrium (Erb's method); to compression of the left phrenic nerve (Leloir's method); to the forcible elevation of the hyoid bone by the fingers (Nothnagel's method); and finally to vigorous traction of the tongue (Laborde's method). He prefers the latter on account of its simplicity and efficiency. It has given excellent results in his hands. In a nervous girl, aged six years, who was completely exhausted by hiccup of over six hours' duration, traction of the tongue for a minute gave immediate and permanent relief. In a second case, a patient with advanced diabetes complicated with tuberculosis, hiccup which had already lasted several days, and which had resisted all other remedial measures, promptly yielded to Laborde's treatment continued for about two minutes.—*Philadelphia Medical Journal*.

THE DIFFERENTIATION OF RHEUMATISM FROM RHEUMATOID ARTHRITIS AND GOUT.—Tuff (*Edinburgh Medical Journal*, March, 1900) insists that rheumatism may be distinguished from rheumatoid arthritis and gout by the following points: Rheumatism yields to salicylate of soda, rheumatoid arthritis and gout do not; rheumatism is associated with erythema and disease of the heart; it does not produce permanent deformity of the joints, with long outgrowths and lipping of the cartilages; it oftentimes flies about from joint to joint. Gout and rheumatic arthritis he separates from each other by noting that rheumatoid arthritis occurs most frequently in females, gout in males; the former is most common among the ill-nourished, gout among the well-nourished; rheumatoid arthritis is improved by good diet, gout requires a spare diet; the onset of the former is insidious, the latter sudden; gout is associated from the beginning with severe pain, and in rheumatoid arthritis the pain is usually of gradually increasing severity. Gout practically never attacks the temporomaxillary articulation. Rheumatoid arthritis is remarkably symmetrical, while gout is not.

Tuff considers rheumatism an infectious disease due to accumulation of uric acid in the blood from some obscure cause; he believes that rheumatoid arthritis is infectious because it is often a sequel to infectious disease, and because microorganisms have been several times found in the disease, and recently a diplococcus has been discovered which produces a similar disease in rabbits. Against the possibility of its being nervous he puts the fact that the muscular wasting is due to mere disuse, and is not associated with the reactions of degenerations, and no nerve-lesions are regularly discovered.—*Lawrence, in Hahn. Monthly*.

TREATMENT OF MYOCARDITIS.—Martin Mendelsohn believes that whatever the cause of myocarditis, be it diphtheria or other infectious diseases, alcohol, phosphorus or syphilis, says the *Brit. Med. Jour.*, the clinical symptoms are always those of a weak heart and require the same treatment; in any case they depend on an inability of the heart to meet the demand made upon it. Thus, suppos-

ing the demands to be excessive, they may produce symptoms of myocarditis in a heart previously healthy. In slight cases the symptoms occur only when unusual bodily or mental exertion has been made. In the later stages they are permanent. The physical signs vary, but generally consist in hypertrophy of the left ventricle, with accentuated sounds if compensation is present, or in dilation with weak sounds if it is not. In the treatment all excessive bodily or mental exertion must be avoided, as well as the habitual use of coffee, tea and tobacco. Oertel's treatment, which consists in systematically increasing the power of the heart by exercises, and reducing corpulency by restricting the fluid drink, acts well in obese, but otherwise healthy patients; but since it is impossible to eat much without drinking, it is not suitable for debilitated patients, where, especially at the beginning of the complaints, absolute rest in bed is the chief remedy, and restores compensation. Later each patient must aim at keeping his heart exercised by bodily and mental work, while avoiding overexertion. Other important factors are life in an even temperature and pure air, regulation of the bowels, and frequent, though small meals. Acute attacks of vertigo, palpitation, dyspnea, and cyanosis are best treated with ether and caffeine. In chronic cases drugs must be given with caution, and digitalis should be reserved for those where compensation fails; in others caffeine, convallaria majalis, adonis vernalis, sodium nitrite or potassium nitrite may be tried. Occasionally ergot acts well by its tonic action on the muscles of the smaller vessels.—*Jour. Am. Med. Assn.*

H. V. H.

HAHNEMANN COLLEGE ELECTION OF OFFICERS.

Owing to our hurried publication of the June issue of **THE CLINIQUE**, the announcement of the following elections at last month's faculty meeting was crowded out:

President, DR. G. F. SHEARS.

Dean, DR. E. S. BAILEY.

Registrar, DR. JOS. P. COBB.

Assistant Treasurer, DR. E. M. BRUCE.

Editor of **THE CLINIQUE**, DR. H. V. HALBERT.

Business Manager of **THE CLINIQUE**, DR. C. GURNEE FELLOWS.

Dr. G. F. Shears has been connected with the faculty of Hahnemann College for twenty years, ten years of this time as senior professor of surgery, a position which he still holds. He has always taken an active part in the executive department of the institution. He was superintendent of the hospital until its increased size demanded a resident superintendent. He is also a member of the board of trustees, and has been for nine years secretary of the board.

Dr. E. S. Bailey is now serving his second term as dean, having succeeded Dr. C. H. Vilas. He has been connected permanently with the college for twenty-four years, and during this time has been a successful teacher and a constant worker in the executive department. For several years he was registrar and business manager of THE CLINIQUE. He is now senior professor of gynecology, having succeeded the late Dr. Ludlam.

Dr. Jos. P. Cobb has been a valued member of the faculty for twelve years. He succeeded Dr. Bailey as registrar eight years ago, and has established the best business methods the college has ever had. He is senior professor in the department of pediatrics.

Dr. E. M. Bruce has been the assistant treasurer for several years. He is also at the head of the chair of chemistry and special lecturer on renal diseases and general pathology in the chair of practice.

Dr. H. V. Halbert has been a member of the faculty for fourteen years. He is now senior professor of theory and practice, having succeeded Dr. A. K. Crawford. He has been editor of THE CLINIQUE since the death of Dr. Ludlam.

Dr. C. Gurnee Fellows has been the successful manager of THE CLINIQUE for several years. He is also head of the chair of eye and ear diseases.

THE AMERICAN INSTITUTE.

The fifty-sixth annual meeting of the American Institute of Homeopathy, held in the city of Washington, June 19-24, was in every respect the most successful in its history. More than eleven hundred physicians were in attendance, representing every State in the Union. Over one hundred new names were added to the list of members, and the financial condition of the organization was shown to be better than ever before. The work of the various bureaux showed plenty of enthusiasm, and a high standard was at all times maintained.

The feature of greatest general interest was the dedication of the monument to Samuel Hahnemann, which took place on the third day of the session, June 21, in the presence of President McKinley and many other distinguished guests. This monument, erected at a cost of \$70,000, is one of the finest in the city and will be cared for in perpetuity by the government of the United States.

The evening of June 21, President McKinley tendered a reception at the White House to the members of the Institute, which more than one thousand people attended.

Important action was taken at the fourth day's session regarding the question of medical legislation and the coöperation of the national societies of the two other schools of practice was solicited. Further action was also taken looking toward the advancement of the standard of medical education in the various colleges.

The following officers were elected for the ensuing year: President, Dr. A. B. Norton, New York; First Vice President, Dr. George Royal, Iowa; Second Vice President, Dr. Flora N. Ward, California; General Secretary, Dr. E. H. Porter, New York; Recording Secretary, Dr. W. A. Smith, Illinois; Treasurer, Dr. T. F. Smith, New York. Member of Board of Censors, Dr. G. B. Peck, Rhode Island. Registrar, Dr. H. C. Aldridge, Minnesota.

Niagara Falls, N. Y., was selected as the place of the next meeting.

Miscellaneous Items.

New York has inaugurated a system of hospital inspection with the object of reimbursing such institutions for their care of the sick poor.—Springfield, Mass., is to have a new \$10,000 homeopathic hospital.—Dr. R. P. Plimpton has removed from Chicago to Plattsmouth, Neb.—The New York Homeopathic Hospital has received another \$200,000 from Mrs. R. P. Flower.—Dr. Pierre Arnulphy, of Nice, father of Dr. B. S. Arnulphy, died recently at the age of sixty-eight. He was one of the pioneers of homeopathy in the South of France.—Dr. Herbert Lemon, recently with Dr. Shears, has opened an office at 3031 Indiana Ave.—Dr. E. H. Brooks, '97, is at Bloomington, Wis.—The Hahnemannian Hospital, of San Francisco, has recently received a bequest of \$5,000.—Dr. Mary E. Gregg has removed to Riverside, Ill.—Dr. D. J. Evans from 175 31st St. to 3058 Calumet Ave.—Dr. J. W. Cornell is located at 3130 Indiana Ave. with Dr. Shears.—Dr. C. A. Bower is

located at Mitchell, S. D., not West Union, Iowa, as was stated in our June issue.—Dr. Geo. Carey has located at Bloomington, Wis.—Dr. Amy Decker has removed to 9026 Houston Ave., from the Beck Bldg. at South Chicago.—Dr. Frank A. Metcalf from Kenwood Hotel to 5043 Grand Blvd.—Dr. May L. Flanagan has gone to Indianapolis, Ind., 635½ Mass. Ave.—Dr. Wilson A. Smith has been appointed health officer at Morgan Park, Ill.—Dr. Paul Burmaster has gone to Europe for study in the eye and ear hospitals.—Dr. A. C. Halphide is also in Europe for a summer's study.—Dr. Leonard Pratt died recently in California.—The *Cleveland Homeopathic Reporter* is the latest journal of our school, with J. Richey Homer, M. D., as editor.—Dr. C. H. Vilas has gone to Europe again for a summer vacation.—Dr. Amanda Decker, '95, has removed from 92d and Commercial Sts. to 9026 Houston Ave., South Chicago.—Dr. H. H. Hanchett was recently elected president of the Omaha Homeopathic Medical Society.—Dr. C. E. Fisher reports that Havana, Cuba, offers a good field for homeopathic practitioners.—Professor Joseph Gruber, the renowned otologist of the University of Vienna, died March 31 at the age of seventy.—Dr. Sarah A. Goff, of the class of '86, died in Canon City, Colo., June 24, at the age of fifty-four.—Dr. L. E. Strode has located at Webb City, Mo.—Dr. Marie Walker has opened an office at 51 Ashland Blvd., and Dr. Pogue has taken her place at the Lincoln Asylum for Feeble-Minded Children.—Dr. S. F. Ashby, of Fairmont, Neb., has been in the city for the past month, pursuing a course of study in diseases of the eye and ear.—The New York School of Clinical Medicine has decided to wind up the affairs of the school and close it permanently. This action is taken because the lay board of trustees interfered too much.—Dr. Lancey H. Barclay, a prominent homeopathic physician of Baltimore, died at the Miller Sanitarium in that city July 9.—Dr. H. F. Stevens, of the class of '85, died at his home in Bradford, Vt., on June 27, at the age of forty. Dr. Stevens was house surgeon in Hahnemann Hospital the year after his graduation.—Dr. Lucy Shepherd Hann will resume her practice in Henderson, Ky.—Dr. Shears is taking his outing at his summer home at Williams Bay, Wis., spending only two days each week in the city.—Dr. S. M. Moore, of Evanston, was married June 30 to the daughter of Chief Justice Fuller, of

Washington. —The report of the National Homeopathic Hospital in Washington shows a lower death rate than that of any other hospital in the city.—The committee on life insurance appointed by the American Institute is doing good work.—The Hahnemann catalogue is in print and may be obtained soon by application at the College office.—Dr. F. H. Honberger has been elected a member of the governing faculty in the department of obstetrics.—The claim of the Southwestern Homeopathic Medical College, of Louisville, Ky., that one of their graduates “passed with the highest average at the State Board Examination of Pennsylvania” has been refuted by a public letter bearing the signature of Dr. Joseph C. Gurnsey.—Dr. Wm. C. Woodburn, of Des Moines, Iowa, is taking a summer course of study in our city.—The new laboratories of Hahnemann Medical College, of Chicago, are being rapidly completed and will be in readiness for the fall course.—A good share of our faculty are getting a summer vacation preparatory to the coming winter’s work in the College; many new names will be added to the faculty.—Dr. Owen, of Lincoln, Ill., formerly house surgeon in Hahnemann Hospital, stopped a few days in Chicago while on his wedding tour.—Dr. Zoller, of West Union, Iowa, is in Hahnemann Hospital under medical care.—The fiftieth anniversary of the New York Homeopathic Medical Society will be celebrated by a jubilee meeting to be held in Brooklyn, Oct. 3, 4 and 5.—Dr. Olin O. Nelson has located at Huntington, Ind.

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CHICAGO, AUGUST 15, 1900.

[No. 8.

Original Lectures.

TWO CASES OF SQUAMOUS-CELLED CARCINOMA, WITH GENERAL CLINICAL NOTES.

BY CHAS. E. KAHLKE, M. D., PROFESSOR OF ANATOMY AND
ADJUNCT PROFESSOR OF SURGERY IN HAHNEMANN MEDICAL
COLLEGE, CHICAGO.

Case 1. Mr. C. K., aged sixty; man in fair flesh and good general health. Three months ago patient noticed a small lump—"about the size of a pea"—in the left posterior cervical triangle. As this lump gradually grew larger a physician was consulted at the end of a month, the tumor was incised, and a small quantity of white, cheesy material was expressed. This was followed by no improvement, the tumor being now converted into an ulcer, which showed no tendency to heal. When the patient presented himself at the hospital for treatment I found an ulcer about the size of a five-cent piece, with slightly elevated and indurated margins, freely movable with the skin. On gentle pressure numerous epithelial plugs could be expressed along the margin and base of the ulcer. A short distance below the ulcer a small, hard gland could be felt, also freely movable.

The clinical diagnosis of "epithelioma" was confirmed by the microscopic examination. The ulcer and gland were completely excised.

Case 2. Mr. P. C., aged seventy. As the patient could neither read nor hear, the history is very scanty. He presented himself at our clinic, late in May, with an ulcer

on his lower lip, which he claimed had existed for four years. He seemed to have more or less pain in it a great deal of the time. The ulcer was situated at the mucocutaneous junction, was $\frac{3}{8} \times \frac{5}{8}$ inches in size, very superficial, but slightly indurated at base.

The diagnosis was "epithelioma," and the treatment excision. The diagnosis was confirmed by microscopic examination. As this patient was so old and as no lymphatic enlargements could be felt, simply the tumor was excised, and that under cocaine anesthesia.

In connection with these cases I wish to call your attention to the practical points gleaned from Senn's "Pathology and Surgical Treatment of Tumors":

As all cancerous tumors bear a resemblance to one another anatomically and manifest the same clinical tendencies, and as the several varieties, formerly separately described—epithelioma, scirrhus, encephaloid, colloid, glandular carcinoma—differ only in their structure from their location, the type of cells or the kind and degree of degeneration of the tumor tissue, I will simply mention a few general facts that apply to all varieties. The general plan of the histological structure of the various forms of carcinoma is the same.

Carcinoma is an atypical proliferation of epithelial cells from a matrix of embryonal cells of congenital or post-natal origin. The local and general infections are caused by the local and general dissemination of carcinoma cells. It is this cell migration and the intrinsic capacity of the cells to reproduce themselves in new and strange localities that distinguish malignant from benign tumors, and upon which depends their malignancy. The new epithelial cells, like the ameba and leucocytes, possess the power of independent locomotion. The process of distribution of tumor tissue resembles embolism. Generalization of carcinoma takes place in consequence of the entrance into the general circulation of carcinoma cells or fragments of tumor tissue which, when arrested anywhere in the arterial system, constitute carcinomatous

emboli, from which the metastatic tumors grow. The type of cells of the primary tumor is reproduced in the metastatic tumors.

All carcinomatous tumors are composed of epithelial cells and an alveolated stroma of connective tissue. In the squamous-celled carcinoma, the so-called "epithelioma," developing in the skin, the squamous epithelial cells are arranged in concentric layers in the alveoli, forming the so-called "cancer nests" or "epithelial pearls." The alveoli are formed by the colonies of cells which form in the connective tissue spaces, each colony the offspring of a single epithelial cell which has found its way into the connective tissue. As the cell mass increases in size the connective tissue fibers are separated and form the alveolus. The product of fatty degeneration in squamous-celled and glandular-celled carcinoma in its naked eye appearances resembles very much the contents of an atheroma. It is composed, like the latter, of detached dead and degenerated epithelial cells, granules of fat and a granular detritus. In ulcerating carcinoma of the lip and the skin the products of fatty degeneration, in the form of small plugs presenting the appearance of atheromatous material, can be squeezed out upon the surface by pressure. The same condition is not met with in any other ulcer, and is therefore of the greatest diagnostic importance.

The most usual seats of the squamous-celled carcinoma are the lips, skin of face, mouth, nose, ear, penis, vulva and anus; also, but more rarely, the esophagus, tongue and larynx. The tumor is usually elevated above the level of the surrounding skin, has a hard base and indurated margins, ulcerates early and frequently admits of the expression of the characteristic epithelial plugs. The ulcer, once formed, remains permanently, increases in size and manifests no tendency to heal.

The most frequent exciting cause is prolonged irritation or inflammation—cracks, fissures, warts, eczema, scar-tissue, etc. Incompletely obliterated branchial clefts,

remnants of the urachus or dermoid tumors or displaced embryonic cells anywhere else may, under favorable conditions, become the starting point. If starting in a pigmented mole we may have the melanotic carcinoma, an unusually malignant variety of "epithelioma."

So far as diagnosis is concerned remember that carcinoma, though sometimes congenital or occurring at an early age, is still very rare before thirty years of age; that a nodulated fixed tumor is in all probability a carcinoma; that a nonulcerating solid tumor with regional infection of the lymphatic glands is most likely a carcinoma; that the presence of young proliferating epithelial cells in any of the mesoblastic tissues is an unmistakable evidence of carcinoma, but that the absence of epithelial cells in abnormal localities in a section from a suspicious tumor is no proof of the nonmalignant nature of the tumor.

The malignancy is in inverse proportion to the age. The more a carcinoma resembles an inflammatory process the greater is its malignancy.

Now, when it comes to treatment, remember that, as carcinoma involves by local extension all tissues and organs, irrespective of their anatomical structure, and as it spreads especially by the lymphatics, involving not only the glands, but also the intermediate channels and paraglandular tissues, the radical operation should consist in the removal by clean excision of the tumor and the entire lymphatic apparatus in the invaded areas with the surrounding connective and adipose tissues. Enucleation of the carcinomatous glands is therefore bad practice, for not only does the paraglandular zone of infiltration remain, but also the connecting lymphatic channels. Local infection through the superficial lymphatics of the skin travels as often against as with the lymphatic current.

*ANEMIA A FACTOR IN THE PELVIC DISEASES OF WOMEN.**

BY E. STILLMAN BAILEY, M. D., SENIOR PROFESSOR OF GYNECOLOGY IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Strictly speaking anemia or bloodlessness is in the great majority of cases a symptom comparable to jaundice or dropsy, rather than a disease. It is in this sense that it becomes so great a factor. The causes of anemia are such as arise from excessive blood losses, blood destruction, or to imperfect blood formation.

In the field of gynecology the causes to be carefully looked for arise from: 1st. A prolonged drain of large or small quantities of blood from the uterus, as in the so-called meno- and metrorrhagias. 2d. From a long drain, as found in prolonged nursing and menstruations. 3d. From a drain of a continuous albuminous leucorrhea. 4th. From malnutrition, digestion and assimilation, due to lack of nourishing food, unhygienic surroundings, lack of sunlight, etc. 5th. From the presence of poisonous substances found in the blood, malaria and the absorptions from uric acid and constipated conditions.

Anemia as a symptom has been known for years, but a new impulse has been given this study of blood diseases because of the wonderful results obtained in the experiments conducted in the physiological laboratories in this and other countries. The clinical significance has been enhanced an hundredfold and the present status is on a much higher plane and teaches lessons of greater import than ever.

The modern blood analysis states at once the exact clinical condition of the patient and predicts accurately the state of health and the possibilities of resistance to disease. When any one system of examination can go so far as to note the changes in the blood after each meal

*Paper prepared for the meeting of the Illinois Homeopathic Medical Association, May 9, 1900.

or after each bath or bit of exercise, it becomes an element of immense importance to understand and to interpret. The complete examination, if any examination can be complete, requires twelve or more distinct observations. Some of these have vital import; viz., the amount of hemoglobin outranking the blood count and the specific gravity and the form of the cells requiring interpretation, etc., etc. One fact presents itself at the onset, that in the normal blood count there is one-half million less of blood cells to the cubic millimeter in the female than in the male. The quantity of the fluids of the body are lessened, then, in health, and they vary materially from that of her healthy brother.

From experiments that have the sanction of truth, each and every normal menstruation may predispose to anemia, inasmuch as there is a large loss of both red and white corpuscles, and, in addition to these, a loss of four and one-half per cent on the average of the hemoglobin in each case. This is a somewhat startling statement, and would seem unexplainable if menstruation were classed by any possible means other than a normal function, which, in turn, sometimes deviates from a certain arbitrary standard, but in a few hours or a few days the wastes have been restored by the efforts of nature in the readjustments of the fluids of the body. The losses, however, of corpuscles and chemical solids and the loss of the physiological functions of each must be promptly restored or the wedge has already started that will soon separate the patient from her heritage of health.

The clinical history of the diseases of women is very intimately associated with the epochs of puberty, menstruation, pregnancy, parturition, lactation and the menopause, and each epoch finds expression in the functions connected with the blood vascular system.

It is apparently not enough, then, that the body of woman be well nourished, so as to be well supplied and fortified, but that her normal condition must be rich in blood making. The consecutive changes, losses and

interruptions, through these various epochs, call for constant diligence in observing and maintaining the highest possible degree of physical perfection and development. Every woman to be perfectly well must be as near physical perfection as it is possible to get, and even then the chances of maintaining this seem to be handicapped by nature's own physiological environments.

Anemia is one of the first of a lot of symptoms that usher in the peculiar diseases of the sex. It is a predisponent, also, for it stands as a cause where other symptoms follow as a result. This is the real essence of my paper, and I wish it underlined. It is not infrequently of itself the cause of a lot of distress. The symptoms growing out of it are the changes and pallor both of the skin and mucous membranes, languor, debility, incapability of sustained exertion both of mind and body, dizziness, fainting, headache, edema of the extremities, peevishness, irritability of temper and diminished emotional control. Neuralgia, the prayer of the nerves for a better food and blood supply, is of frequent occurrence. Loss of appetite, dyspepsia and constipation about complete the picture of the average case of anemia. With this vast array of symptoms is it at all surprising that the importance of the first cause be most carefully sought for and removed, especially as they are dependent on blood losses that lead to bloodlessness?

In many cases of profound anemia the body fat is well preserved, though the muscles are usually soft and flabby. It is not true that anemia can always be detected by the physical appearances of face or form. The continued deficiency of hemoglobin leads to a fatty condition of the internal organs. The first to be noted is that of the heart, afterwards those within the abdomen and pelvis. The significance is then readily understood, for the pendulous abdomen, the flabby fatty changes in the abdominal walls and the accumulation of sub-peritoneal fats are the conditions too often met with and so undesired, that the factor of anemia must be fought if the patient would

escape. I should go a step further in this connection in saying that of late the cases of obesity coming under my charge and care are subjected at once to the blood analysis and in each case the reports show an anemia existing, and it is possible that even the most obese are so because of the very poverty of the blood they have. It is time now to study this form of disease from the newer standpoint and even the obese may be cured by such alimentation and increased feeding rather than by the slower process of starvation and purgations.

There is but a short step from anemia to chlorosis, and this is essentially a woman's disease. It seldom happens in males. The essential blood change is the loss of hemoglobin in the individual blood corpuscle rather than from the deficiency in the number of cells. Chlorosis is rather rare after the patient has passed her twenty-fifth year and quite as much so before the age of fifteen. In a compiled table of eighty cases of chlorosis, by Bramwell, in which the oldest is thirty-one years and the youngest thirteen and one-half and the menstrual habit noted in each, it was shown that twenty-seven out of sixty-two of the cases had amenorrhea and only nine out of the eighty had normal menstruation. There is not a particle of difficulty, then, in understanding what a factor chlorosis is in the diseases of women; my plea is that this symptom be understood and its significance appear in the treatment of the cases.

Its essential cause is in a lack of proper nutrition; and here let me find fault with the sumptuous diet of the rich quite as much as with the meager fare of the poor. It is possible to tickle the palate and please the senses, but the real nutrition comes from a demand from within for certain necessary supplies, and without these the rich and poor are alike. In a like manner we might speak of pernicious anemia and leucocytosis.

It is estimated that thirty thousand of the sex—varying in age from tender years to past middle life—in this city are pursuing avocations where they are obliged to

work during the working hours in rooms poorly ventilated and artificially lighted. They are all working for bloodless wages, and sleep and live as best they can. The living at best is poor, and is it any wonder that anemia becomes such a common factor in those just coming into womanhood?

There is another army of anemic women who are mothers, who, while nursing anemic babies, are preparing for another child's coming. Their round in life seems to have its circumference in suffering, work and starvation. Scarcely able to have a day of comfort or a night of rest, they cannot recover from losses sustained in the various clinical epochs. The time was when pure air, sunlight, pure water and a night of delightful rest seemed to be the heritage of the race, which now seems relegated to a favored few.

In the treatment of anemia my first suggestion, however, is not the name of a so-called remedy. I would blush for shame if I were to hand the patient a well-selected remedy when I knew that it was food she needed rather than medicine. I deem it necessary to recommend food, pure air, pure water, and clean day and night garments as helps back to health. I deem it wise, also, to state plainly the present and future risks to health and life unless radical changes are made in the unsanitary conditions prevailing. I have such confidence in the well-selected remedies according to the totality of the symptoms that I do not care to mention those with which I am not familiar.

I have used fer. phos. and it has done wonders. I have also a strong prejudice in the results obtained from cit. of iron and strychn., a remedy that for twenty years has proven itself of great value. I know of the utility of phosphorus, phos. acid, nux vomica, mercurius, cal. carb. and iodine, pulsatilla and natrum mur.

I do not know exactly how it is with my colleagues, but quite a number of the cases I have had to treat have been through the iron treatment without good results.

They were nearly ironed to death. It seems necessary for us as homeopathic physicians to know every fact concerning the blood—to know it from the normal to the extremest limit in its pathology—and if we do this and do as we have been doing, curing the cases of anemia by a well ordered diet and a remedy to influence the individual back to a healthy state, that it is our time to tell others that our remedies for anemia are quite numerous and are wonderfully prompt and efficacious in assisting nature back to her own standard of health.

THE TREATMENT OF HAY FEVER.

BY ORRIN LELROY SMITH, PROFESSOR OF RHINOLOGY AND LARYNGOLOGY, HAHNEMANN MEDICAL COLLEGE.

The treatment of hay fever resolves itself into preventive and curative measures. The latter divides itself into constitutional and local aids.

Constitutional treatment. Once the attack is "on," the best prescription is a sea voyage or a residence in the White Mountains, the Maine lake region or Northern Michigan. Many patients cannot afford such, and to this majority we devote the major part of this paper.

It would seem unnecessary to caution patients to avoid as much as possible, a high wind, heat, dust or a strong light, yet it is always advisable to do so. This ruling, however, must not debar light exercise, which usually proves beneficial. Upon leaving the house many patients will experience considerable relief from smoked "goggle" glasses. In extreme cases you may be able to induce the sufferer to wear a nasal respirator and with added relief.

Urinalysis, in the minority of patients, reveals a disturbed uric acid ratio that unless removed will defeat other measures. For this valuable suggestion we are indebted to Dr. Seth Bishop.

The majority of hay fever victims are of the so-called "nervous" type and show more rapid improvement from

cool salt water sponges, spinal douches of cold water, faradism, massage, and an easily digestible, highly nutritious and non-stimulating diet. If the nasal discharges are acid, then lemon and orangeades, salad dressings and the like, should be forbidden.

Arsenicum iod. is as nearly a remedial specific as we possess, especially indicated in pale, anemic patients with glandular enlargements. The mucous surfaces itch and burn and the discharges therefrom, are excoriating. Marked prostration, great restlessness and anxiety complete the affiliation.

Chin. ars. More often indicated in malarial districts and characterized by suffocative attacks, beginning about midnight and lasting until morning, compelling the patient to sit up and lean well forward.

Naphthalin 2x is indicated in those cases complicated with asthma, and for such is as nearly a specific as we possess. Much puffiness of the face and discomfort, if not actual pain, in the frontal region are reliable indications.

Allium cepa is an accredited prophylactic with which we have had no experience. All symptoms are aggravated upon entering a warm room and relieved by cool air.

Aralia racemosa is said, by Dr. Veschlage, of New York, to be indicated if the patient exhibits extreme sensitiveness to a draft, the least current of air causing sneezing, with copious, watery, excoriating discharge from nostrils and posterior nares, of a salty, acrid taste.

Rosa d. 6x the late Dr. Ivins found to act prophylactically and curatively in the spring forms of hay fever.

Sanguinaria can. has for special indications susceptibility to odors which sometimes cause faintness; raw, scalded feeling of nasal mucous membranes, and a right-sided aggravation of all symptoms.

We have seen no results from such remedies as artemisia, euphrasia, sabadilla, sinapis or stieta. Occasionally the familiar general symptoms of gelsemium, nux vom., phosphorus or zincum are present. Theoretically material doses of ipecac tr. or 1x should prove beneficial, if not curative, and we mean to give it a trial.

Local treatment. As a local agent cocaine has given more prompt relief than any other drug. However, the relief is often temporary, and the strength must be progressively increased, so that when its use is prolonged or discontinued the reactionary symptoms are as bad as the original affection. The cocaine habit is easily induced; and the prescriber should know the exact amount of the drug his patient is getting, the constitutional effects, etc. Those cases where we seem unable to escape its use, a weak solution (4 per cent) should be given the patient, directing him to weaken the same as rapidly as possible.

For the past year we have been experimenting with suprarenal extract as a substitute for cocaine, and while some very satisfactory results have been achieved, we are not ready to designate its individual sphere.

Much local relief will be secured by the use of boric, sodic or oxychlorine sprays or douches to the nasal mucous membrane, hot or cold, as the various individualities indicate. Application of the same individual solution to the conjunctivæ is equally productive of comfort. In failure of these measures, recourse must be had to cauterization of the hyperesthetic areas of the nasal fossæ. As agents we much prefer chromic, trichloroacetic or acetic acids and in strengths varying from 20 per cent to the crude acid, according to the individual case. Repeated cauterizations are usually necessary.

Preventive treatment. In the main any mechanical nasal or pharyngeal irregularity greatly predisposes and often determines an attack of hay fever. Unless the attack is very severe, and the nasal abnormality glaringly causative, my practice has been to avoid any surgical interference during the acute exacerbation.

We find that operated tissue heals more kindly after the patient has passed the acute attack and regained his normal condition. Polypi should be carefully and thoroughly removed, the bases cauterized and the indicated remedy, probably thuja, teucrium, sanguinaria or calcaria carb., administered. Nasal spines, spurs or synechia

must be operated with special attention devoted to antiseptic and all other measures that insure kindly healing. Where there exists deviations of the nasal septum we are opposed to the crushing operation, believing a modified Asch operation yields fewer cicatrices and sacrifices less mucous membrane.

Chronically hyperesthetic or hypertrophic turbinates must be cauterized in one instance, a portion removed in another, while a third may require both. Adenoid tissue in lymphoid subjects, if present to any extent, should be removed.

Too frequently septal abrasions or ulcerations are located so well forward that they are overlooked and determine the failure of other treatment.

We believe conscientious attention to individual constitutional and preventive treatment will accomplish more for these sufferers than all else combined.

TREATMENT OF SYNOVITIS.

BY M. R. BARKER, M. D.

If called during the first few hours, before swelling has begun, extension is to be applied, sufficient force being used to separate the bones of the joint, thus alleviating pain by providing room for the swollen and inflamed membrane. The joint is then to be wrapped in cotton and a firm roller bandage applied. If pain is still severe morphine is to be thought of. Aconite is one of the best internal remedies for the local inflammation. Following this treatment the majority of cases recover in a few days. If effusion has taken place the contents of the synovial sac should be evacuated, and the sac thoroughly washed with 2½ per cent sol. of carbolic acid. The aspirator wound should be sealed with collodion, the joint enveloped in cotton, a firm roller applied and extension made. Sometimes the joint will refill; if so, repeat the aspiration and treat as before. Should the inflamed

membrane be in a subacute or chronic stage when seen, aspirate as above indicated, wash the sac out thoroughly with sterile normal salt solution and after evacuating this throw into the sac one dram of carbolic acid ninety-five per cent; knead the sac thoroughly so as to distribute the acid. Then apply cotton and roller bandage and make extension as before described. All cases will recover quickly under the above treatment unless tubercular in nature.

The following case may serve as an illustration: Miss F., thirty years of age, had been treated seven weeks for inflammatory rheumatism of the knee joint without benefit. She had suffered excruciating pain all the time, and was greatly emaciated when I first saw her. The knee joint was bent at a right angle and was fixed in that position; it could not be moved by myself or the patient.

The muscles about the knee were atrophied, the peri-articular tissue edematous, and purple in color, and fluctuation could be detected. I evacuated three ounces of mucopurulent exudate, washed the sac with normal salt solution, after which I injected one dram carbolic acid ninety-five per cent, bandaged knee as above described and made extension. In one week was able to remove extension, at which time patient got up, the limb being straight and devoid of pain; in three weeks the patient was as well as ever. I could cite many cases, but this is one of the most difficult and will suffice.

Clinical Society Transactions.

F. H. HONBERGER, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

W. P. MCGIBBON, M. D., RECORDING SECRETARY.

The regular meeting was held at the college amphitheater, Saturday evening, July 28, at 8:30.

REPORT OF THE BUREAU OF GENERAL MEDICINE.

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

XXV. METHYLENE BLUE AS A REMEDY. BY H. V. HALBERT, M. D.—We are always glad to learn of any new remedies. Papers on diagnosis and pathology cannot interest as much as the methods of treatment and the results of practice. As homeopathic physicians we are constantly watchful for any new remedy which will cure our case, for it is a characteristic of our school to depend upon the remedy as much as possible. Therefore, I present these cases and refer to this remedy hoping thereby to add something to our general fund of information, and, at the same time, trusting that I may stimulate a further investigation as to the truth of what I may say.

Methylene blue was first called to my attention by Dr. Clarence Bartlett, of Philadelphia. He had used it quite successfully in neurological cases of various kinds. Following his advice, I attempted to use it in the graver forms of nervous diseases, particularly in *tabes dorsalis*. I must admit I was, at first, much disappointed with these experiments, though I think I had some success in cases of paralysis agitans and multiple sclerosis. Improvement, however, in this line of investigation was not pronounced, and, for a time, I abandoned my efforts. Nevertheless, I continued my investigation, and finally was rewarded with some degree of success in the neuralgias of *neurasthenia*.

The first case which encouraged me was a typical *neurasthenic* who suffered severely with facial neuralgia. After two weeks' use of methylene blue the relief was marked. For a long time she had been given morphine and other hypnotics every night because the neuralgia

was so extreme that she could not sleep. There was no abatement of the pain when the opiate was discontinued, and as a last resort she promised to give my remedy a thorough trial.

The patient was a lady, about forty years of age, who had suffered in this way for a year or more in addition to her neurasthenic trouble. She had been under a surgeon's care for carcinoma of the breast. An operation had been successfully performed, and after this she was relieved for a time. There was also evidence of an organic involvement of the other breast and a cancerous development in the mediastinal region. Her greatest pain was in the arms. Methylene blue was given in the third potency four times daily. After a few days she experienced much relief; the remedy was then continued with good results. Soon she returned to her family physician, who was induced to give morphine again. The second time she returned to me, and methylene blue was again given with as good results as at first. The relief was as pronounced and more permanent than when morphine was used. She returned to her home again, and I have lately learned that the morphine habit was stronger than this remedy.

My experience in this case led me to further use of the remedy in similar cases. The results have been very encouraging. I might name several cures as the result of this procedure. The tendency to tremor in neurasthenia, and the spasticity of hysterical contractures is certainly overcome by this means. I believe the remedy lessens the irregular innervations of exhausted nerve cells. More than this, I am sure it corrects the trophic disturbances which appear as the result of nervous exhaustion.

I have also tried the remedy, with pronounced improvement, in cases of spinal irritation. At present I am making experiments in this line in chorea and epilepsy. In the former I have already achieved some good results. In one case of transverse myelitis I think I see some encouragement from its use.

In malarial fever, I am confident, we cannot find a better remedy. I believe it destroys the plasmodia malaria better than quinine, and I am sure the after results are better. In about a dozen cases of this kind I have seen the chills and fever decrease from day to day, and I now depend upon it in all cases of the kind. I do

not mean that it is the only remedy I use for such cases. I prefer it as an adjuvant, giving four tablets four times daily in conjunction with my indicated remedy.

In typhoid fever I believe we shall find nothing better. At the last State society meeting I called attention to the fact that some day we should find methylene blue to be a real intestinal antiseptic. About that time a case from out of town was brought to me and placed in our hospital. The patient had been delirious for several weeks and the regular typhoid symptoms were present. Normal salt enemas, sponges, and the usual remedies seemed to avail in no respect. The case was becoming desperate and the friends more solicitous. I gave him methylene blue 3x, four tablets, every two hours. In two days the temperature gradually subsided and in a week's time it went no higher than 100° in the afternoon, while it remained at the normal point during the forenoon. The delirium, subsultus and all nervous excitement vanished in the course of a week. The most pronounced improvement was observed in the reduction of the tympanites which seemed to disappear, as if by magic, as soon as the remedy was used. In three weeks the patient returned to his home perfectly well.

I might add that I have since used this in three other cases of typhoid. Two of these I had from the very beginning and was able to watch its action carefully. Both of these cases gave all the indications of a severe type, but the use of the remedy seemed really to abort the fever; and in two or three weeks' time the worst was over and an uneventful recovery took place. It seemed to check the tympanites and delirium which had appeared in each case.

The third case was not so successfully treated. The patient was a young lady twenty years old. She came from a suburb and was evidently in the third week of the fever. The diet had not been restricted and she had received no medicine. When she entered the hospital the delirium was extreme and the temperature was about 105°. Methylene blue was given and under the adjuvant care and treatment the temperature subsided nicely. In fact, the improvement was wonderful but intestinal perforation came on suddenly and she died in less than a week's time. I certainly feel that had the case been mine from the beginning, I could have saved her.

This experience is sufficient for me to warrant the use

of methylene blue in all cases of typhoid. I would not, however, use it alone, for other indications may call for other remedies, but I certainly believe its adjuvant power is all that I claim for it.

In cases of pus infection I do not believe it can be equaled. It has already made a record in gonorrhœa and cystitis. In prostatitis and pyelitis or in any condition where pus is present I have no doubt of its efficacy. In cases of simple albuminuria, where prostatitis or cystitis are complicating factors, it has worked like a charm.

So far as any bad effects from its use are concerned, I must say I have so far observed nothing unfavorable. Other than the discoloration of the tongue and the "blueness" of the urine no unfavorable symptoms ever appear. Herter claims it may be successfully used as a test for the ability or inability of the kidney to do its normal excretory work. In other words, a prompt disappearance of the dye, within thirty-six hours, may be taken as an indication that the kidneys are normally relieving the blood of urea, salts and other urinary constituents. A delay in this respect would indicate a latent uremia. In the latter condition it is quite probable that the remedy should not be used.

XXVI. THE CLINICAL USE OF THE IODIDE OF ARSENIC. BY A. L. BLACKWOOD, M. D.—The iodide of arsenic patient is chilly; he cannot endure cold weather; and his family history reveals a tendency to tuberculosis. Whenever he develops a bronchitis or pneumonia, the process is apt to terminate in tuberculosis. In diseases of the skin it is of service where there is a dry, scaly eruption, attended with persistent itching. During the past year I have had three children from one family suffering from ichthyosis that have been greatly benefited from the use of this remedy. From the mucous membrane of the nose it produces a thin, watery, irritating and excoriating discharge from both the anterior and posterior nares, and a fluid, acid coryza with paroxysms of sneezing, which are worse in the open air. The patient is pale, anemic and prostrated, and is subject to asthmatic attacks. There is a feeling of weakness in the eyes with burning pain as if lachrymation would appear. From these symptoms it is evident that it will be demanded in hay fever.

I have in my clinic at the present time a patient who has suffered for the past ten years from hay fever. It has appeared the first of June each year. I was led to give

this remedy on account of the marked prostration, the excoriated condition of the lips and the irritating and burning caused by the discharge. He claims to have received great relief from it and is able to continue his work, something he has not done for several years. It is just as serviceable in chronic nasal catarrh. The nose is swollen, there is a profuse thick yellow discharge, with destruction of the mucous membrane to such an extent that ulcers are formed. The discharge is excoriating, there is burning in the pharynx, and the tonsils are enlarged. In the mouth it produces a thick membrane that extends from the fauces to the lips. The breath is fetid, the respirations are difficult, the pulse is slow and weak, and there is great prostration.

From these symptoms its similarity to diphtheria may be seen, and while the symptoms resemble those of arsenicum alb., there is more glandular involvement with the iodide. It is indicated in both the hypertrophic and follicular pharyngitis where the nasal discharge is watery and excoriating. There is prostration, and one is in doubt whether there is tuberculosis developing or not. Should the disease be located lower in the respiratory tract, the respirations are increased in frequency even while at rest. There are attacks of asthma, which cause the patient to sit up in bed. Following a slight bronchitis or pneumonia there is a tendency to develop tuberculosis. And you will find it indicated in cases of bronchitis which are associated with pulmonary tuberculosis in the early stages where there is pallor of the skin, rapid loss of flesh, anemia and dyspnea.

I have at the present time such a patient, with a family history of tuberculosis, his mother and several members of her family having died from it. He was taken with what his physician diagnosed as pneumonia. He did not react from the disease, and although he was up and around, there was lassitude with shortness of breath on the least exertion, and a continuous loss of flesh with pallor of the skin. The appetite and digestion were poor. There was a cough with expectoration of a muco-purulent material, and an afternoon rise of temperature followed by night sweats. A physical examination showed dullness in the right infra-clavicular region with fine moist rales at the close of inspiration while expiration was high pitched and prolonged. The microscope confirmed our diagnosis of pulmonary tuberculosis.

Under the use of this remedy the night sweats have ceased, the appetite and general health have improved, and cough and expectoration have about ceased. This remedy has snatched this patient from his inherited foe, as it has several in my clinic. But there is no system on which its action is more marked than that of the vascular, where it not only arrests degeneration but restores the vitality.

In its proving it has developed vertigo, which is accompanied with a weak, tremulous feeling; the patient is worse on attempting to rise and again on lying down following a slight exercise. The vertigo is most marked in the aged who are suffering from the effects of arterio-capillary fibrosis. A lady, sixty-one years of age, with a family history of arterial degeneration and showing all the evidences of it herself, besides being weak and anemic, and practically an invalid for two years from vertigo, was so relieved that she goes around and is now very comfortable.

This remedy acts favorably when the same pathological condition involves the heart and larger arteries, also in cases of senile heart where the organ is enlarged, its action irregular and increased, the pulse has a shotty feeling under the finger, and there may be slight anginal pains at times. In several cases I have observed favorable results from it where there was an emphysema of the lungs associated with the diseased heart. A patient, seventy-three years old, has been obliged to give up his work, which is heavy, three times during the past three years, due to atheroma of the heart and arteries, but under the influence of this remedy has been enabled to work with a degree of comfort. When this same pathological condition invades the kidney and a chronic interstitial nephritis results, this remedy comes in again; and while I would not for a moment claim that its effects are curative, it does stop the degenerative process and restores a drooping vitality. In the use of this remedy I have employed the potencies from the second to the sixth, and have had a few patients that could not take the second on account of its marked action.

XXVII. MIGRAINE. BY KATHERINE B. CLAPP, M. D.—
Two years ago Mrs. A. presented herself to me, complaining of symptoms manifold and complex. The chief of them was headache, which she thought was caused by some uterine trouble. The patient was thirty-eight years

old, five feet two inches in height, and weighed one hundred and twenty-five pounds. She had given birth to two children, who are living and are in good health.

The patient's mother suffered from severe headaches when passing through the menopause; a brother was in a sanitarium because of *tabes dorsalis*. During my first interview with Mrs. A., I noticed that although the complexion was not pallid, the skin gave evidence of not being properly nourished, the face was full of fine wrinkles and the skin looked dry and thin. Deep drooping lines at the angle of the mouth and sharp lines between the brows were present. The eyes had an intense, nervous expression, with contracted pupils. The neck below the chin appeared too old for a woman of thirty-eight.

The skin, on the dorsal surface of the hands, looked yellow and dry, and the fingers drooped. The patient related her symptoms in a manner that showed that she was not trying to magnify them, but she seemed to be in a desperate state of mind, and continually changed her position while talking to me.

In a physical examination I found the liver and spleen normal as to size. The heart seemed all right, excepting a slight accentuation of the second sound. The uterus was somewhat enlarged, slightly retroverted, and there was a simple cervicitis. The pelvis seemed to be tender to the touch and to deep pressure.

The patient claimed that her menses were always too late and lasted from seven to nine days. The headaches seemed to have no connection with the menstrual period. The urine was examined on three occasions, showing a specific gravity of 10.20, 10.23, 10.20; a little uric acid was found and a few oxylates. The bowels were constipated, the stools being sometimes dark colored and at other times light colored. No rectal inflammation nor venous congestion existed. The sphincter was rather tight and I dilated it when she came for treatment. The appetite was good, even when she had headache. Sleep was disturbed by dreams.

These headaches were recurrent and there seemed to be three influences inducing their recurrence: i. e., prolonged reading or sewing, over-exertion when doing her housework, or shopping, and indulging the appetite for sweet things. She told me that she did not know whether the sweets caused the headaches or because the headache was coming that she craved the sweets, and eating them made the headaches worse.

After prolonged use of the eyes the pain began in the vertex, a steady boring pain, that seemed "to crawl toward the temples, and back of the eyes," with rings of color before the eyes, a sense of fullness in the head, and dizziness. The patient said, "When I am greatly fatigued my headaches begin in my heart with a feeling of tightness, and as though a dull instrument of some kind was pushing upward into it." These sensations were followed by pressure and pain at the base of the brain, accompanied by roaring sounds in the ears. At such times she would awaken about two or three in the morning feeling as though the heart would stop beating.

The pains in the head she described as hard pains, never shooting or darting; sometimes the pain passed down the spine. I would here state the patient had backache in the lumbo-sacral region, not all the time but as she said, "nearly all the time." Often at night she had great restlessness of the limbs, below the knees, sometimes the lower limbs ached a dull, steady, sullen ache.

The headaches from eating sweets resembled those induced by eye-strain, only she thought the black specks before the eyes were more numerous, and the headaches lasted longer. The patient, between the attacks of headache, enjoyed fair health.

Treatment. Local applications of borated calendula to the cervix soon caused the cervicitis to disappear; applications of hot hamamelis relieved the pelvic tenderness. Four doses of mercurius dulcis cleared the intestinal tract; and, by the way, I think clearing the bowels also helped in removing the tenderness in the pelvis.

Bryonia 3x four times a day was the next remedy prescribed. The patient was directed to an oculist to have the eyes examined, and he reported that they were astigmatic and hypermetropic. For this condition glasses were prescribed.

The headaches continued to recur and the constipation was persistent. Cannabis indica 3x was then prescribed, and still she reported no improvement.

As the patient complained of feeling tired all the time, so tired that she could scarcely stand, I advised her to go to bed for two weeks, to avoid sweets, reading and unpleasant conversation about business or household affairs; she had previously given up tea and coffee and her glass of beer; the beer she craved only when tired, but any carbonated water satisfied the craving. In a week

she returned, saying that it was impossible to remain in bed, for her back ached worse when lying down. I then began to observe the patient's temperament more carefully, and although not appearing to be a "nervous" person, as the term implies, I found that she was extremely sensitive to criticism, and, while seemingly reticent, when once engaged in conversation, she was inclined to be quite loquacious. I also discovered that her constipation was like the constipation of the *nux vomica* patient, and *nux vomica* 6x was prescribed.

A vegetable diet, excluding tomatoes, was advised. The patient was told to take a salt glow twice a week, a cool sponge bath every morning, followed by breathing exercises.

At the present time I am happy to state she has not had one of the old headaches for six months. The skin looks healthier and fresher, she is brighter, and can work about her house; if she overdoes in any way, either in reading or working, she flies to *nux vomica*, and the headache is aborted.

DISCUSSION: Dr. BAILEY: The subject of headaches will always be of interest so long as patients consult physicians. The theme as presented in the observations made by the essayist commends itself at once to any one having much to do with migraine. The thought is brought out that the head symptoms are resultants. In my experience there are very few cases of headache that are not caused by disorders other than in the brain. The whole range of menstrual disorders are through the sympathetic nervous system and do not concern the brain itself. I am rather forced to the view that headaches result from auto-intoxication; sometimes it is intestinal auto. intoxication, sometimes through the amount of metabolic products, sometimes the uric acid diathesis, the presence of adenoids or errors of refraction, etc. It seems in the paper that these were all considered, and, fortunately, the treatment resulted so very favorably.

It is for these reasons that a universal curative headache powder, or potion, or diet, or bath, or exercise, has never been discovered, and so long as there are characteristic headaches there must continue to be a search for the remedy for the individual in question. It is the old story of the homeopath: The search for the symptoms and the treatment of the patient rather than the name of the disease or disorder. Then, too, there is the forceful

argument that an all-round view of the case, including treatment as well as causes, is necessary for success in a curative way.

XXVIII. CASES FROM PRACTICE. BY A. H. GORDON, M. D.—*Case 1.* March 22, 1900, Mr. M., age fifty, applied at the office for treatment of stomach trouble. The "stomach trouble" proved to be a typical case of typhoid fever of great severity, and the patient to be a man addicted to the use of alcoholic beverages to excess. The fever dragged its slow course along for six weeks under the usual remedies, when a peculiar, and to me, an unusual complication occurred, after the fever had apparently run its course, as the temperature had been normal or only slightly above for some time.

The complication consisted of a general dropsy, commencing with the extremities and rapidly extending over the entire body. The accumulation in the thoracic and abdominal cavities was very great, interfering with the function of respiration and the heart's action to such an extent as to excite the gravest doubts as to the patient's ability to survive the attacks of dyspnea, which were becoming more and more frequent. Attendant symptoms were obstinate constipation and partial suppression of the urine, the daily quantity varying from ten to twenty-two ounces.

Clinical and microscopical examination of the urine, repeated many times, failed to disclose any disease of the kidneys. The heart and lungs were also found to be normal, although laboring under difficulties on account of the hydrothorax.

Many, apparently well indicated, remedies were administered, and expedients adopted with only temporary relief and an immediate return of the alarming condition.

Finally, a careful study of our materia medica revealed the fact that of all the remedies used in dropsical affections, the totality of the symptoms seemed to point to apocynum cannabinum as the indicated remedy. "The general dropsical condition of the drug, ascites, hydrothorax, anasarca, the sense of oppression about the epigastrium and the chest, the short dry cough, the excretions diminished, especially urine and sweat, dropsy, with thirst, but drinking causes pain or vomiting, cases usually uncomplicated with organic diseases" (in this case note that no lesion of heart, lungs or kidneys could be demonstrated) "after typhus, typhoid, scarlatina, etc."

All of these conditions were present, making as complete and perfect a drug picture as one could ask for; so the remedy was accordingly administered, not with the confidence that the writer usually administers well indicated homeopathic remedies, however, for apocynum had been used by him with indifferent results on many previous occasions. In order to give it a fair trial in this case, a fresh and reliable preparation of the drug was secured and its effects carefully noted.

There was no sudden change for the better, but the patient held his own for several days; then the secretions gradually began to be reëstablished. The quantity of urine passed in twenty-four hours reached thirty-two to thirty-six ounces. The hydrothorax and ascites next disappeared, the anasarca following except in the feet, where the swelling remained for about four weeks, disappearing at night when in bed, but reappearing during the daytime with great regularity as soon as he assumed an upright position. It was finally controlled by bandaging, and the medicine being continued, he is now able to do light work and is about well. One thing noticeable in the case was that the apocynum had apparently no effect on the obstinate constipation which existed. It was therefore necessary to relieve the same by frequent high rectal enemas.

This case is only one more example of the power of the indicated homeopathic remedy to snatch the sufferer from the jaws of death; but it gives one a mighty determination to search out the remedy to the everlasting benefit of our patients, and the glorification of our law of drug action and its discoverer, Samuel Hahnemann.

Case 2. Crategus in a heart case.—I owe an apology to the society for appearing before you for a second time as an advocate of the remedy used in the next case cited. I cannot resist the temptation, however, of recording another brilliant success in the use of this drug, especially as several of the noted physicians of our school in recent papers read before the Chicago Homeopathic Medical Society and the Illinois Homeopathic Medical Association have seemed to give the impression that it was of very little value.

December 3, '99, was called upon to visit Mr. H., of this city, who had been afflicted with heart disease for many years; occupation, traveling salesman; age about thirty-eight years.

He had been attended by the most eminent physicians of the country, in the East as well as the West, his last physician being a prominent old school doctor of Chicago, who had given up the case, informing the family and friends that it was only a question of a few days when the final end must come.

I found the patient confined to bed, cyanotic, his limbs enormously swollen, almost complete suppression of urine, a very rapid, intermittent, irregular, and at times, almost imperceptible pulse. He was not able to raise himself in bed without immediate symptoms of collapse appearing; he spoke with great difficulty, and in fact, presented a perfect picture of approaching dissolution from heart failure.

An examination of the chest showed an enormously enlarged and dilated heart with leakage, regurgitation of the aortic and mitral valves, dilated hypertrophy following aortic and mitral insufficiency. It is in just such cases as these that I have seen *crategus oxyacantha* exert its wonderful powers, and I administered it to this dying man, having assured the friends that although the case was seemingly hopeless, I had known it to have restored compensation in many similar cases.

He received *crategus* in the usual dose every three hours day and night for four days, and no other medicine of any kind. At the expiration of that time he was sitting up in bed, dropsy having entirely disappeared, urinary secretion restored, pulse fairly good, respiration unimpeded, appetite very good, skin normal in appearance, a complete restoration of compensation and a new lease of life for Mr. H.

I received a letter from him six weeks afterward from a western city asking for another prescription, and a report April 7 of this year to the effect that he was as well as he had been for years and able to attend to his business as usual.

I bring this case to the attention of the members of the society, hoping that when you are confronted by death in the guise of failure of compensation in heart disease, you will not fail to remember that *crategus oxyacanthus* will oftentimes restore the equilibrium of the circulatory apparatus, and thereby prolong a useful life.

XXIX. CYST IN THE MAMMARY GLAND. BY E. S. BAILEY, M. D.—Mrs. —, age fifty years, presented herself in company with Dr. Owen, her physician, July 20,

with a history of a mammary tumor, right side, noticed for the first time two weeks ago. Its presence was detected while having a dress fitted, when a hard mass in the breast was easily outlined, and the breast itself was discovered to be considerably larger than normal for her. Pain was experienced, and it became quite a factor. The base of the gland and to the right of the nipple seemed most involved. Her physician, from some former experiences, took the ground of its presence being suspicious, and advised consulting a surgeon. During the two weeks following this discovery there was a progressive increase in the size of the tumor. There seemed to be an entire absence of any inflammatory stage. The breast at times seemed of stony hardness. It was nonadherent to the fascia and the most careful examination failed to discover any involvement of the axillary glands. There was no increase in the temperature or pulse, and there was no cachexia. The health of the patient had been excellent in every particular for years.

Examination was made by four competent physicians, and each one was slow to pronounce the growth cancerous. I am assured that each one looked upon it as "suspicious," and its early removal was recommended by all.

The fourteenth day after its discovery she was placed upon the operating table and under the chloroform was again carefully examined and fluctuation was detected. The aspirator was used and two ounces of fluid easily withdrawn. This upon analysis was negative, having a specific gravity of 10.22, slightly alkaline reaction, and under the microscope gave a few epithelial cells and some blood corpuscles. There was no evidence of a malignant growth discoverable from the fluid discharge. It was also noted that the entire hardness of the gland disappeared when the fluid was withdrawn. Its size diminished to normal and the breast seemed natural again.

I report the case, as it is the first cyst of the mammary gland that I have had in my practice, now extending over twenty years. I am privileged to add that while the diagnosis had not been made as absolute carcinoma, it was strongly suspected and treated as though it might be in the near future anything but an innocent tumor. Dr. Chislett has given me the privilege of reporting from his record book five cases of cysts of the breast, and he adds that four of the five had been referred to him for operation as cases of cancer of the breast, and one came into his clinic when he

gave the diagnosis of fibroma of the breast. It was only under anesthesia examination and in operative work when the diagnosis was carefully made.

The treatment in this case was the injection of iodine to obliterate the sac. The recovery was prompt and entirely satisfactory.

TREATMENT OF INOPERABLE CANCER.—Cooley's method of treatment with mixed toxins of erysipelas and bacillus prodigiosus is reported with additional cases. He has not changed his opinion as to the benefits of this method, but he finds the round-celled sarcoma much less susceptible than the spindle-celled, and the melanotic still less susceptible. The dose given depends largely on the vascularity of the tumor and the condition of the patient. The initial dose should seldom be more than one-half a minim diluted with boiled water, which should be gradually increased until reaction temperature reaches 102° or 103° F. After the dose has been increased to one minim, dilution is unnecessary, and if it is not injected directly into the tumor, much larger doses can be borne. He thinks the best preparation is mixed unfiltered toxins of erysipelas, but in weak individuals and children the filtered toxins are safer. He dwells on the importance of aseptic precautions and claims that the risk from the treatment, when properly given, is comparatively insignificant. If 10 per cent instead of 1 per cent of these otherwise hopeless patients can be cured, the outlook for this method is encouraging.—*Jour. Am. Med. Assn.*

THE TREATMENT OF SUNSTROKE requires much judgment. There can be no routine treatment. Each case must be managed according to the indications present. Mild cases require nothing more than the recumbent posture, in a cool, shady, breezy place, cool drinks, removal of superfluous clothing, and cold applications to the head. The temperature should be taken by the rectum, as the skin may feel cool, while the internal organs are extremely hot. This is very important. Should the thermometer show a temperature of 104° to 106°, the case is critical, and the treatment should be energetic. The indication is to lower the temperature, and to secure this end ice should be freely used. If ice is not at hand, cold water will answer nearly as well. The temperature should be frequently taken while this treatment is being carried out, and when it falls to 103° cold applications should be stopped; otherwise too great a reaction may ensue.

If the temperature is subnormal warmth is called for, just as in collapse from any cause. Alcohol in some form is of use. A little chloroform by inhalation, or amyl nitrite, will be in place if there are convulsions. Either of these preparations, however, should be used sparingly and cautiously, for fear of heart failure. Strychnia in doses of one-twentieth grain is useful in some cases, but must be used with much care and judgment, as it will do harm if there is danger of asphyxiation from tonic spasm of the muscles of respiration. Morphia or bromide of potash is also useful to control convulsions. When remedies are used hypodermically they should be thrown deeply into the muscles, as absorption is very slow if put only beneath the skin. Be careful that by well-meant but ill-directed energy the case is not made worse.—*Michel, in Chicago Clinic.* B. D. H.

Editorial Comment.

Chorea a Pyogenic Disease.

A very interesting article appeared in a recent number of the *Medical Record* substantiating the theory that chorea was of pyogenic origin. Inasmuch as this disease has been associated pathologically with articular rheumatism, it is quite natural to accept this claim particularly when the chorea follows a rheumatic attack.

Westphal reports a case of acute articular rheumatism which was followed by chorea and complicated by endocarditis and nephritis. He succeeded in isolating from the blood, the brain and the endocardial vegetations a streptococcus capable of producing polyarthrititis in lower animals. Mircoli refers to seventeen cases of rheumatic chorea in which pyogenic cocci were found in the joints of fourteen. From other careful observers we may be assured of the relation existing between chorea and rheumatism. The chorea seems to be a manifestation of the cerebral localization of the pathogenic agency.

The Prevention of Tuberculosis.

The vigilance of the professional world is certainly alive to the prevention of disease as well as the cure of the same. If we are not able to eradicate tuberculosis we may surely do much to discourage its development and epidemic increase. It speaks well for the advancement of medical science when it considers the well people as much as the sick. Recognizing the fact that we are to prevent disease, if possible, and cure it when we can, it truly behooves us to accept and encourage every measure of prevention and self-preservation. The advent and increase of tuberculosis will demand concerted medical efforts in the future lest we have a percentage of afflicted ones who cannot be properly isolated. The

duty of the hour, then, points toward every organization or safeguard against its development.

In addition to protection against the disease, we should consider the principles of public health which resist the disease. Dr. Allbutt, in a recent speech before the Oxford Society, touches this point clearly. "He epitomized the precautions as an active crusade against three D's—damp, darkness and dirt; a crusade which, as he reminded his hearers, every individual could carry out in his own home. In getting rid of these evils they would at the same time be getting rid of many other pests besides tuberculosis, and they would be raising the standard of the general health to a much higher level. There is much wisdom in inculcating the general principles of hygiene in such public meetings, for general hygiene appeals most strongly to the mind when its application to a special evil is forcibly impressed."

The Therapeutics of the Thyroid Gland.

Dr. H. M. Biggs has given an interesting résumé of this subject. He insists that the question of thyroid therapy is still in an unsettled condition. He claims its value, however, may be observed in exophthalmic goiter, psoriasis, eczema, lupus and obesity. His statement that it usually caused an aggravation of the symptoms of Graves' disease must be accepted with consideration. The tendency to use the extract in such cases savors too much of isopathy, particularly when "thyroid feeding" is undertaken. Graves' disease, in the beginning, is not a disease of the thyroid gland. The true pathology is found in the sympathetic system. The gland enlargement is only one of the cardinal symptoms.

It is unfortunate that he does not mention myxedema as curable by this remedy. In fact, he seems to disbelieve it from the fact that it does not apparently have a lasting influence in cretinism. If thyroïdine has a medicinal

record it certainly is found in myxedematous conditions and in psoriasis, which is, without doubt, a cutaneous expression of that disease.

In order to fully appreciate the medicinal value of thyroidine it must be given only in the homeopathic attenuations—the third decimal potency preferably. The symptoms which call for it are found when the gland is atrophied and when the anemic conditions observed in myxedematous states are present. For that reason we find that it is useful in obesity, particularly if it is of the mucin character observed always in true myxedema. Associated with this, where hebetude is a mental symptom, it is found to be useful in stuporous insanity and similar mental derangements. But so far as goiter is concerned we might as well give up the idea of performing a cure with thyroidine.

Alcoholic Decrease.

An editorial in the *Medical Times* gives some very interesting statistics and comments regarding the decrease in the use of alcohol as a beverage. The statistics are taken from careful observations made by the *Philadelphia Press*. It is claimed that:

“The decrease in the consumption of alcoholic liquors has been in progress for two generations and the average annual amount of spirits consumed per capita in this country is now only two-fifths of what it was sixty years ago, according to the census of 1840, when the per capita consumption was 2.52 gallons. In 1860 it was still higher, or 2.86, so that from 1860 to 1897 the per capita consumption had fallen almost one-third.”

The use of domestic wines and beer on the other hand has for a time increased, though it is now claimed a decrease is noticed. This goes to show that while much extravagant discussion as to the enormous consumption of intoxicating drinks is constantly heard, the real facts point to the happy conclusion that this gen-

eration is not going to the "eternal bowwows" as much as casual observations would naturally indicate. That the people of reason may be convinced as to the physiological and moral dangers of alcohol, is truly confirmed by these statistics.

The editorial makes a further assertion to the effect that much of this credit is to be given to physicians rather than to extreme temperance exhorters. It is true that "much more can be accomplished by the discussion of this subject from a scientific standpoint than from a sentimental." When people of reason are once convinced that the only excuse for the use of such things must be a physiological demand for it, and when they discover that it is a dangerous thing for their health to use it in excess, then a reform is sure to follow. Of course we cannot use this argument when intemperance has become a disease; still the majority addicted to the habit are not suffering with the craving disease for it. Discussion and study from the scientific standpoint will create a reform which ought to be enduring.

The Lymph Cure.

Since Brown-Sequard's elixir of life theory was first promulgated many forms of "health rejuvenators" have been put upon the market, with more or less advertising commendation. Just what the accurate results have been it is hard to find out. The promulgators of the lymph treatment naturally furnish testimonials showing the most pronounced cures; but as yet no positive and unbiased statistics have been obtained. Every physician, no doubt, has received recent inquiries in regard to its remedial value, for it must still be admitted that the average chronic sufferer still seeks a specific in treatment.

Careful investigation of a few individual cases has revealed the following information: Three cases of extreme rheumatism with pronounced joint deformity, experienced decided relief for a time, but no depreciation

of joint enlargement was noticed. As long as the treatment was continued systematically there was a relief from pain, but as soon as it was discontinued there was a return of all the old symptoms. All of these patients abandoned the treatment. Two cases of *tabes dorsalis* at first were greatly encouraged, but now are as bad as ever. Three cases of hysteria were temporarily stimulated and thought a cure was surely accomplished; after the treatment was stopped they were really worse than ever. Several other cases of chronic debility abandoned the treatment, after a few months, with no appreciable results.

Therefore, after an honest consensus of cases actually watched, it would seem that no better results are obtained by this method than by the average careful and scientific treatment of physicians. It is due to the profession that facts should be given, for, if there is any real virtue in this treatment, and if there are no attendant dangers, there should be no hesitancy in using it. If the results are positive more reliable data should be given to the profession.

From quite a reliable source the following information has been obtained as to the lymph:

"It is made from the lymph of goats first, the contents of the lymphatic glands, the thoracic duct, receptaculum chyli, and from the substance of the spinal cord, medulla, the gray matter of the cerebrum and the cerebellum, to which is added the semen taken from the testicles of bulls and goats. These, by gradual trituration and filtration, or heavy pressure, are reduced to a highly concentrated fluid by very complex process."

The Present and the Future of Homeopathic Materia Medica.

Under the above title a very interesting address was delivered by Dr. J. W. Sheldon at the last State Homeopathic Society of New York. This address was printed

in full in the July issue of the *North American Journal of Homeopathy*. From it we clip the following :

“Has materia medica received the same attention and made the same progress as other departments? If not, I ask why? We have, it is true, men who devote much time and labor to the study and proving of drugs. Is it not also a fact that the average practitioner neglects to give such matters proper attention? I fear we must admit that materia medica is not treated with the consideration which its paramount importance demands. For many years, through medical journals and in various ways, numerous new remedies have been brought to the notice of the profession. How have we received them? Have we treated them as homeopaths and in accordance with the law of advanced medicine? Is it not true that we are prone to content ourselves with ‘clinical indications’ or to appease our Hahnemannian instincts with speculations regarding the homeopathicity of certain applications of a drug?”

There is certainly more “truth than poetry” in this statement. The advent of science has, to a great extent, taken the place of the indicated remedy in everyday practice. The name of the disease and the pathological study connected with it are surely absorbing too much attention. To a great extent this interest is dethroning the homeopathic law even with those who believe in it. For some unexplainable reason the professional tendency is toward extremes; one may believe entirely in the theory of the indicated remedy to the exclusion of modern scientific adjuvants, while another seems to have fallen into the habit of using stereotyped prescriptions. Hence we find that compound tablets and stock prescriptions have a larger sale than usual.

It will be an unfortunate day for our school and a more unfortunate experience for the laity when the indicated remedy is abandoned. The moment a doctor loses sight of cardinal symptoms he drops into a rut of routine work and the results of his practice will be unsatisfactory.

There are several reasons for this laxity of interest in the old-fashioned method of study and practice. One is due to the fact that we live in a commercial age and the doctor's temperament partakes of the rush and pellmell influence of the times; he has no opportunity to study and so the old prescription is used over and over again. Then, again, people will not attend to business and take medicine every hour by the watch, and convenience obliges the physician to concentrate the dose and lessen the hours for taking it. Here comes in the danger of stimulating drugs which help the patient "to feel better." In this way the busy practitioner falls into habits which pervert his professional precepts.

There are other reasons for negligence in pure homeopathic study. To an investigating and impartial mind there is much in our *materia medica*, which is confusing, conflicting and untrue. Let a man give us a good book with reliable provings and it will be a blessing to our school. We must get rid of the chaff, and more than all we must have authors with scientific education. We might as well admit, first as last, that it is necessary for us to keep up with the train of scientific study. If we try to foster ideas that are obsolete or to tack on to the grand law of homeopathy anything which does not conform to science or savor of modern reason, we might as well give up the job of increasing the homeopathic ranks. The truth of homeopathy will live, and if we do not avail ourselves of its real science we shall make a mistake which will not be easily corrected.

Hospital Notes.

THE SURGICAL CLINIC.

SERVICE OF DR. H. R. CHISLETT.

Case 1,126. RUPTURE OF THE ILIO-PSOAS MUSCLE; RECOVERY. Mr. W. E. E., expressman, American, aged twenty-six.

History. While putting a bridle on a horse the animal became frightened and ran away, crushing the patient between the wagon and the barn wall. The step of the wagon struck him, as he expresses it, beneath the testicles and he thought the hub of the wheel struck him in the abdomen. The patient was brought to the hospital soon after the receipt of the injury when the examination determined two oblique wounds, one above and one below Poupart's ligament. The former was about one and one-half inches in length and the latter about one inch. There was total disability to lift the leg. After a careful shaving and scrubbing, two small scrotal wounds, which were superficial, were trimmed and sutured. Both wounds in the inguinal region were then enlarged and the bleeding vessels ligated. Through the upper one, lacerated wounds of the external and internal oblique muscles were trimmed and sutured. Through the lower wound a careful examination of the parts revealed the rupture of the ilio-psoas muscle just above the attachment of the lesser trochanter. A few fibers of the iliacus were still attached to the femur below the trochanter minor, and this fixed tissue gave us good leverage to draw the contracted muscles down and attach them with buried sutures of catgut. I also made use of the pectineus muscle as a basis for relaxation sutures to take the strain off those of approximation. After thorough irrigation, suturing the superficial wounds and the introduction of tubular drainage, the limb was dressed in the flexed position.

Result. The wounds healed kindly and after eight weeks the patient was able to resume his employment. The limb was of course weak for a considerably longer time, but when last seen he had regained a good power of flexion.

Case 1,127. VARICOSE VEINS AND CHRONIC ULCER OF THE LEG. Mr. A. M., Swede, aged thirty-two.

History. Family history good; father, mother and five brothers all living and in good health. About thirteen years ago he was examined physically before taking a position in a shop and was told by the physician that the veins of his legs were enlarged. The doctor recommended that a bandage be worn all the time, an advice which the patient did not follow. In a short time he noticed that his legs began to swell, to cause him considerable pain and an ulcer formed above the left ankle. He then procured a bandage which he has used continuously since. The legs have been less painful and there has been less swelling, but his ankles and feet, where the bandage could not be so tightly applied, have caused him great suffering.

Examination. Aside from the ulcer above mentioned, the legs and feet are edematous, the skin pigmented and rather sodden from retained moisture incident to wearing the rubber bandage. The branches of both the internal and external saphenous vein are dilated and pouched, in some places being so thinned as to seem almost ready to rupture. Upon the right leg the most troublesome parts were the antero-internal portions of the upper third. Over this area we made a large horseshoe flap, dissecting up the skin, and after ligating the main branches, excised a large plexus formed by the radiale of the internal saphenous. The largest branches of the external saphenous were then ligated through small incisions from just above the external malleolus up to the lower portion of the popliteal space. On the other leg, where the veins did not seem so distended or diseased, multiple ligation without removal was the operation performed.

Result. The ulcer healed, the edema disappeared, and though still badly pigmented, lost its sodden and softened appearance.

Case 1,128. HERNIA AND HYDROCELE. Mr. M. E., Hollander, aged twenty-seven, car builder by occupation.

History. Family history good. Father, mother, three sisters and five brothers all living and exceptionally strong. Patient has had a hernia for eight years, probably the result of heavy lifting. It troubled him very little, only coming down once or twice a year for the first four years. By lying on his back for ten or fifteen minutes the protrusion was readily replaced, after which, to use his own expression, he would not know that he had it. Four years before admission to the hospital he took a course of

treatment for the cure of the hernia, and wore a truss steadily for two years. At this time the truss was broken, and he then discarded it, and for the past two years has done nothing for the rupture. About a week before admission the hernia came down and efforts to replace it proved ineffectual. The patient is a married man, the father of three children, all boys. He has always supposed that he had only one testicle, the left one being absent, though occasionally he has felt a small lump where the gland ought to be. The examination revealed an irreducible mass with a sort of a boggy feel in its upper part but distinctly fluctuating in the lower portion. It was rather oblong in shape and about four inches in length. The incision revealed a hernia and hydrocele. The hernia was reduced, the sac dissected out, ligated and removed. The inguinal canal and the external ring were then supported after the method of Kocher, by buried sutures of catgut. The skin incision was then prolonged down to the scrotum, the tunica vaginalis opened and sutured to the scrotal integument, the cavity being packed with iodoformized gauze, and the patient put to bed.

Result. Uninterrupted recovery, the hernia wound healing by first intention, the cavity of the hydrocele filling up by granulation tissue.

Case 1,129. TRAUMATIC URETHRAL FISTULA, URINARY EXTRAVASATION; RECOVERY. Mr. P. W., American, aged twenty-two.

History. Father died eight years ago, cause unknown. Mother and three sisters living and well. The patient himself has never been ill enough to require a physician's care. While crossing a pit on a bridge made of long boards, one of the boards turned edge up and the patient fell astride of it. The pain was extreme. He was immediately put to bed; the scrotum swelled up almost as large as his head, and "turned as black as coal." The patient entered the hospital the day after the accident with distinct evidence of urinary extravasation and a hematoma in the perineum. The scrotal tissues and the skin of the penis were black from the extravasated blood. The perineum was incised and the retained blood and urine evacuated. As the wound in the urethra was apparently small, the patient having urinated several times before admission, I decided not to do a cystotomy, but to use a retaining catheter for a time. Later this was removed and a metal catheter inserted every six or eight hours. After

about four weeks the steel sounds were passed twice a week, and after eight weeks the wounds were completely healed, urine passing naturally in a good sized stream. The rupture of the urethra being anterior to the triangular ligament, the extravasation was guided, after distending the space between the said ligament and scrotum, beneath the dartos into the scrotum itself. Had it not been incised and drained it would have burrowed still further, extending onto the abdomen beneath the deep layer of the superficial fascia.

Case 1,130. TUBERCULOSIS LYMPHADENITIS. M. J. M., aged twenty-three.

History. Family history good. Parents and three brothers and sisters all in good health. When about twelve years of age the patient noticed a small swelling on the right side of the face, just in front of the ear. This gradually enlarged until it was about two-thirds the size of a hen's egg. The growth was painless. When he was sixteen years old he had it incised, and the doctor described the contents as "jellylike" in appearance. The sac was not dissected out, and in about two years the swelling was as large as ever, remaining apparently the same for many months. It then began enlarging again, extending downward to the neck, until at the present time it is as large as an ordinary fist. It is now quite painful, the pain being of a dull, aching character. The examination revealed a large, lobulated mass as above described, apparently involving the parotid lymphatics as well as those of the submaxillary and upper cervical regions. An incision, beginning a finger's breadth below the lobe of the ear, curving around the base of the swelling, exposed the enlarged glands, which were removed by blunt dissection. The cavity was cleansed with boric acid solution, a drainage tube inserted at the lower angle and the wound sutured.

Result. The patient made a nice recovery and was discharged entirely cured.

IGNATIA IN TUBERCULOSIS.—The *Revue Homeopathique Française* for May reports the case of a woman far advanced in tuberculosis with heart complications in which the use of ignatia was of the greatest service in relieving her distress. Several other remedies were tried without benefit, although kali carb. was found to assist at a later period of the disease. The most prominent symptom for which ignatia was prescribed was the peculiarly anxious expression of the countenance and the profound sadness at all times manifested.

B. D. H.

Correspondence.

PARIS, FRANCE, July 22, 1900.

EDITOR CLINIQUE:

Upon the 14th of June last I left New York on the steamship *Konigen Luise* for Bremen, regretting to miss the dedicatory exercises of the Hahnemann Monument, which was to be unveiled at Washington a week later. Arriving at Bremerhaven after a ten days' voyage, I visited several of the watering places, sanatoria and institutions in a trip through Germany, Austria and Switzerland, descending from Mt. Gornergrat, where we threw snowballs at midday and slept under two blankets, near the foot of the Matterhorn, at night, to this city, the mecca of all European travelers during the closing of the nineteenth century, where the thermometer registered the highest the past week known in Paris in the last one hundred years.

Before leaving home I was under the impression that the International Congress of Homeopathy would begin on the 24th of July, for which date I had engaged return passage from Southampton, but was happily disappointed to find its sessions to be from the 18th to 21st of the month, so that I was privileged to attend some of the meetings. I will not attempt a report of the proceedings in the limited time at my command. One thing was evident, however; it was a meeting of specialists, the specialty being homeopathy. It was evident, too, that it means something to be a homeopathist in Europe when we consider how few, comparatively speaking, there are here to uphold its standard. For instance, while in Munich, the large, wealthy and influential capital of Bavaria, I visited the little homeopathic pharmacy therein and learned that only five of her physicians are disciples of Hahnemann. The memorable event of the congress, however, was the "Inauguration du Monument de Hahnemann," which occurred at "Pere Lachaise" at 10 o'clock yesterday. While the attendance was not large, as we Americans view things, there were representatives from Russia, England, America, besides nearby countries. The ceremony was simple, impressive, and the unveiling of the modest polished granite monument to the founder of scientific medicine filled the hearts of all present with peace and a sense of nearness to the great spirit which had lifted the shackles of empiricism from the practice of medicine and which had added an everlasting boon of comfort to suffering humanity. Before leaving the scene, which was marked by a reverential stillness as the concourse lingered to examine the inscriptions, I stopped to pick up a petal of a rose which had fallen from the large wreath which had been placed at the base of the monument. This I shall preserve in my copy of the "Organon," opposite paragraph 14, "Within the human body there is no curable disorder, nor any curable invisible morbid change, that does not make itself known as disease to the exact observer by means of signs and symptoms quite in accordance with the infinite goodness of divine wisdom." The congress closed with a banquet given to the visiting physicians at Ledoyen, Champs Elysees, which, unfortunately, I was unable to attend.

It is pleasant to visit the Old World, but pleasanter far to live in the New World beside dear Lake Michigan. I shall hope to be with you soon.

Fraternally yours,

N. A. PENNOYER.

Clinical Miscellany.

THE TREATMENT OF FLOATING KIDNEY must of necessity be surgical in its nature, but great temporary relief may often be obtained from the use of rhus., mercury, or magnesium phos.—*Clinical Reporter*.

DIONIN is recommended in *Merck's Archives* for June as a palliative in coughs. It has fewer unpleasant effects than morphine, shows no tendency to the formation of a drug habit and can be used in children apparently with perfect safety.

NO MORE CHARACTERISTIC SYMPTOM can be given as calling for an iodide than alternating bulimia and anorexia, or that other peculiar condition where there is voracious appetite accompanied by marked emaciation.—*Piedvache in Revue Hom. Francaise*.

DR. ERNEST NYSSENS, *Journal Belge d'Homeopathic*, believes that arsenic given in the early stages will exercise a curative influence upon facial lupus. He first gives the low triturations until he gets a slight aggravation and follows this with the same remedy in a much higher potency.

IN INJURIES about the spinal column we too often give arnica or staphisagria when hypericum would do more good, says J. T. Kent in the *Jour. of Homeopathics*. It is in such cases that the nervous structures are very apt to suffer and the early use of hypericum will not merely relieve the acute symptoms but often save life.

INTRA-URETHRAL INJECTION OF COCAINE.—Romme in *La Clinique* quotes Martel, of Paris, as having recommended this procedure in spasmodic retention of urine, claiming that relief was afforded promptly in almost every case. The method is simple, painless and obviates the difficulties and dangers of catheterization. To one familiar with the frequent after effects of forcibly opening the urethra this appears of the greatest importance.

THUJA, if given internally in proper doses, arrests passive hemorrhages, and it will cure enuresis of children and check the dribbling of the aged when not of parietic origin. It is the remedy in vesical irritation; especially in aged women in amenorrhea from pelvic atony it must not be forgotten. In anal fissures and prolapsed rectum of children, either applied locally or used with a hypodermic syringe, a cure may be anticipated.—*Mather, in Hom. Recorder*.

MERCURIAL POISONING.—At a meeting of the Kings County Medical Association, of June 12, Dr. T. R. Mansfield reported a case in which a woman developed septicemia after confinement, and a douche of 1 to 4,000 bichloride was given, one gallon of solution being used. Two or three days later there was excessive ptialism with swelling of the gums. Mercury had not been used in any other form and there had been perfect drainage.—*Jour. Am. Med. Assn.*

GELATIN IN HEMORRHAGE FROM THE STOMACH.—The latest use of this substance with which we are acquainted, for the purpose

of checking hemorrhage, is its employment by Pawlowski, who states that he has given gelatin solutions by the stomach, in cases of hemorrhage from ulcer of that organ, with very great success. The gelatin used is the ordinary commercial gelatin used as food. He asserts that it not only checks the hemorrhage, but tends to quiet the stomach and relieves vomiting.—*Therapeutic Gazette*.

TREATMENT OF LUPUS BY ETHER INJECTION.—In *La Clinique* for July, Emile Sergent calls attention to this method of treatment first employed by Vidal and which, he says, has not received the attention it deserves. He claims for it many radical cures and says it is almost entirely free from pain and hemorrhage and leaves no subsequent citratization. In old cases of slow growth it is not so effective owing to the presence of a fibrous capsule. The method is contraindicated after active inflammation has supervened.

A CASE OF EPILEPTIFORM CONVULSIONS is reported by Dr. M. P. Hatfield in the *Chicago Clinic* in which the attacks for a time occurred as often as every hour day and night. Vigorous treatment was instituted with bromides, etc., which only served to keep the spasms under partial control. Surgical interference was at length advised but was refused by the mother, who at length gave up doctors in despair and took the child into the country. While there under intelligent nursing and careful diet the child made a complete and apparently permanent recovery, which, the doctor says, is little short of miraculous.

A FEW REMEDIES IN GASTRIC ULCER.—In the *Homoeopatisk Tidsskrift* of Denmark, in an article on this affection, the editor recommends treating the associated gastric catarrh with natr. mur., nux vom., puls., ars., carbo veg., sulph. or lycop. Atropine 4x is useful for the severe pains. Sulph. and arsenicum are the chief remedies to effect a radical cure. Phosphor. and arg. nitricum have a curative influence, the latter in the second or third decimal. Bismuth is serviceable more where there are so-called nervous pains in the stomach. Carbo veg. is indicated where the pains appear when the stomach is empty.—*Pritchard, in Hahnemannian*.

EARLY SYMPTOMS OF DIABETES.—Professor Unschuld calls attention to an early symptom of diabetes which is seldom mentioned by writers on the subject, but which is yet frequently found, and may often assist in an early diagnosis of the affection. This symptom consists in cramps in the calves of the legs, and is found in about 25 per cent of all cases. The pains occur with especial frequency in the morning upon waking, and occasionally also during the night. They are rarely troublesome in the daytime, unless after a nap or bath. Cramps of this nature occurring in a person of feeble health should always, Dr. Unschuld holds, suggest necessity of examination for sugar.—*Popular Science News*.

JONNESCO'S OPERATION (neurectomy of the cervical sympathetic) is discussed in the *Jour. of the Am. Med. Assn.* for July 7, by Hartwig, of Buffalo. After reviewing such cases as have been reported and comparing the results with those of experiments on animals, the author concludes that the operation is destined to become more popular when its dangers are more accurately known. It should be attempted first, he says, in persistent epileptic fits, in severe glaucomas next, and last in true exophthalmic goiter.

Personally the writer does not share the optimistic views of Dr. Hartwig, the results he has observed, especially in glaucomatous cases, having been far from satisfactory.

BOTTINI OPERATION MODIFIED.—In the *Hahnemannian Monthly* for August, Dr. Leon T. Ashcraft describes a modification of Bottini's operation for hypertrophy of the prostate. The modification consists essentially in the addition of a perineal urethrotomy to the operation as usually performed, and is especially advantageous in cases complicated by cystitis. The points in its favor are: It permits freer manipulation within the bladder; hemorrhage is more easily controlled; the use of a drainage tube after operation is permitted; the stretching of the bladder neck thus made possible prevents subsequent cysto-spasm.

The author reports no cases, but claims that good results have invariably resulted from this procedure.

SOME SYMPTOMS OF EYE-STRAIN not generally recognized are described by E. G. Starr in the *Jour. of the Amer. Med. Assn.* First among these is pain in the back of the neck, often radiating to the shoulder. Such cases are often called muscular rheumatism. Secondly he mentions mental confusion or inability to concentrate the attention upon one particular subject. His remarks in this connection are particularly interesting, suggesting an intimate relation between the function of the fovea and the development of intellection. His third symptom is perhaps not clearly distinguished from the second, being a mental inaptitude or backwardness in children which is of course readily understood. Later he mentions irritability and vertigo, both well recognized in this connection, and some minor symptoms of doubtful value.

NICLOUX has made experiments (*Gazette des Mal. Infantile*) regarding the passage of ingested alcohol from the mother to the fetus. Experiments upon pregnant guinea pigs, to whom alcohol was given by means of the stomach tubes, proved that the alcohol appeared both in the blood of the mother and of the fetus.

Parturient women were given a dose corresponding to one-half of a cubic centimeter of absolute alcohol to the kilogramme of body weight, one hour before the birth of the child. Examination of the blood obtained from the placental end of the cord showed that alcohol was present.

Experiments made with the milk of dogs proved that alcohol appears rapidly after its ingestion, being found in fifteen minutes, and reaching its height in three-quarters to one hour. With human milk the results were similar.—*Archives of Pediatrics.*

APOMORPHIN.—In the June number of *Merck's Archives*, Douglas states that apomorphin acts as a prompt and well-nigh infallible hypnotic, if given hypodermically in doses of 1-30 gr. In some patients, however, this is too large and produces nausea. The proper dose is one that should just fall short of this effect, and 1-30 gr. being about one-third of the ordinary dose, it is naturally safe. He has found that it becomes inert if given in a saturated solution of boric acid, of which fact he has not discovered any mention in the medical literature. There is no danger of producing a drug habit, as an overdose at once causes emesis. The advantages it possesses besides safety and lack of habit production, are its promptness of action in

producing sleep in less than half an hour, its almost absolute certainty of action, even in the wildest delirium, and the refreshing character of the sleep.—*Jour. Am. Med. Assn.*

THE MENOPAUSE AND HEART DISEASE.—Dr. Hossiewitz, *La Gynecologie*, after five years' observation, finds that a functional cardio-vascular neurosis appears at the menopause in certain women. This neurosis is very dangerous when organic disease of the heart already exists, being one of the most frequent causes of asystolism. Patients with arterio-sclerosis without valvular lesions resist best the unfavorable influence of the menopause, when aortic insufficiency is aggravated. The same ill-effect is seen in mitral disease. Dilatation of the chambers of the aorta, tachycardia and irregular pulse have been noted in these patients, but not in any direct proportion to the degree of arterial sclerosis present. The cardiac neurosis of the menopause comes in fits between the periods, and is usually improved by the appearance of show. They are, like all other phenomena of the menopause, aggravated by overwork, violent emotion, and all debilitating influences.—*Homeo. Jour. of Obstet.*

THE TREATMENT OF CHRONIC CONSTIPATION OF INFANTS BY BUTTER.—Doerfler (*Muenchener Medicinische Wochenschrift*) believes that the cause of the constipation so frequently observed in artificially nurtured infants is due to the excessive dilution of the milk with barley water, whey and similar liquids. He has found that the addition of fresh and unadulterated butter is the best means of preventing the constipation. It increases considerably the nutrient quality of the food without causing irritation; it gently stimulates the sluggish bowels, and, by facilitating the propulsion of the chyme, promotes the removal *per vias naturales* of any excess of food material that may be present. The amount to be given needs careful regulating, and should be, in the beginning at least, under the control of the physician. To obtain the desired results, it is necessary that the butter be absolutely fresh and without admixture of any sort, because its beneficial effects are lost if chemical changes are allowed to take place through melting or heating.

SURGICAL HINTS.—In burns about the neighborhood of the joints, keep the limb flexed if the burn is on the extensor side, and extended if the flexor side is affected.

In burns of the face, where the nose is badly affected, it is often a good idea to pass pieces of rubber drainage tubing up the nostrils in order to prevent closure during cicatrization.

If you can help it, do not operate on a man who is drunk, especially if he appears to be an habitual drunkard. Drunkenness certainly seems to favor the occurrence of sepsis, owing to diminished resistance of the tissues, and shock occurs very readily. Besides this, delirium tremens may come on to complicate matters.

Phimosis and balano-posthitis occasionally occur in adults in whom no venereal disease is at fault. In these cases it is well to examine the urine before operating, for diabetes may be the cause, and in the latter case it is not always safe to operate. Diabetic gangrene of the penis has also been mistaken for phagedenic chancre. — *Surgical Era.*

WE HAVE SEEN CHLORETONE do much good in cases of obstinate vomiting following etherization for abdominal operations, when

it seems to act as a local anesthetic in the stomach and also to produce nervous rest, quiet, and good sleep. It does not irritate the stomach as does chloral, but on the other hand exercises a sedative influence. We have never seen it produce any circulatory or respiratory depression when given in doses which were efficient as sleep producers, although it is but fair to state that we have not employed it in cases which have been addicted to powerful narcotics for a long period of time. On the other hand, we have employed it in a number of instances where patients were accustomed to take considerable quantities of alcohol, although not excessive quantities, and have found that it acted very well. While there can be no doubt that it is best given in sugar-coated tablets, it is not to be forgotten that it can be given dissolved readily in a little warm water, as its taste is not sufficiently disagreeable to make its administration in solution at all difficult.—*Therapeutic Gazette*.

MANAGEMENT OF THE HAIR DURING AND AFTER FEVERS.—Jackson (*New York Medical Journal*) gives the following directions in regard to the care of the hair after fevers:

Once or twice a week a little pomade containing a dram of precipitated sulphur to the ounce of a good cold cream should be well worked into the scalp, or a three per cent lotion of resorcin in oil and alcohol may be used daily. Many prefer a liquid preparation. Once in two or three weeks the hair and scalp are to be washed. For the shampoo, any good soap may be used, though the most convenient kind is a liquid one, such as the tincture of green soap. If the latter is used, the patient should be directed to invert the bottle on a piece of flannel, dip the flannel in warm water, and use just as little soap as will make a good lather. So used, the soap will not convert the hair into a mass of strings. If too much soap is used, it will be difficult to wash it out. After washing, the hair is to be carefully dried, and a little of the pomade rubbed into the scalp to take the place of the natural oil removed in the washing.

THE TREATMENT OF OBSTRUCTIVE DYSMENORRHEA.—Duke (*Medical Press and Circular*) states that mechanical treatment of obstructive dysmenorrhea has so far given the best results. To insure permanent relief the cervical canal must be kept open and the uterus as much as possible in the normal position. Duke has treated a considerable number of inveterate cases by either gradual or forcible dilatation, and in some cases by the cutting operation of Sims, followed directly in all by the introduction of his spiral wire stem, which is worn by the patient when up and about for at least three months, by which time the stem becomes loose and can be removed, insuring a patency of the canal unobtainable by any other means. This stem can be worn with comfort, there being no necessity for a recumbent position except for the first week at most after its introduction. Its flexibility and hinged disk at base keep it in position. In case it becomes blocked it is easily cleared by a sound or sinus syringe, but if the wearer follows directions and uses the vaginal syringe or douche regularly every morning on rising, there should be no trouble.—*Therapeutic Gazette*.

FEVER AND ANTIPYRINE.—In an article on this subject in the *Journal Belge d'Homeopathie*, Mersch says that the action of antipyrine on the healthy subject has thus far been ignored. Contrary opinions are expressed by different investigators and we are forced to conclude that by other than clinical experimentation it is impos-

sible to learn whether this drug will increase or diminish the temperature in the healthy subject. He cites three clinical cases of similar character, one of which is as follows: "Immerwahr reports the case of a woman of twenty-eight years who had been vigorously treated for syphilis in 1894. Three years later she again had mucous patches in the mouth and in the vagina and some induration of the glands. The symptoms disappeared after treatment. In April, 1898, having a headache she took fifty centigrammes of antipyrine. The following day she had vesicles in the mouth which rapidly disappeared. Some days after she took another dose of antipyrine. The same evening she was taken with a chill and fever and an urticaria appeared on the body. The next day numerous vesicles appeared on the buccal mucous membrane, the palate and the lips. In four days the vesicles were dry but the patient had difficulty in swallowing. The urticaria had disappeared."

PERFORATION OF A TUBERCULOUS BRONCHIAL LYMPH NODE INTO THE TRACHEA.—Caillé, of New York, in *Archives of Pediatrics*, reports a case of sudden death in a girl four years old from the above cause. She was admitted by the house physician with the diagnosis "bronchitis." There was no elevation of temperature, no pain, no dyspnea, and the heart and kidneys were free. A few râles could be heard on auscultation over the sternum. On the morning following her admission, she was playing with other children in the ward when she suddenly began to complain of pain in the neck, and almost immediately became cyanotic and asphyctic.

As a large caliber O'Dwyer tube did not relieve her dyspnea a low tracheotomy was performed also, without giving relief. The obstruction was evidently in the lungs and she died in a few minutes.

At the autopsy both bronchi were found plugged with a cheesy material which came from an abscess cavity situated above the bifurcation of the trachea, and which had perforated and ruptured into the trachea. As long as the child was under observation there were no symptoms pointing to such a condition and the cheesy gland was in an unfavorable position for surgical interference. It was found on examination to be tuberculous.

THE QUININE FOLLY.—Dr. B. K. Fletcher prefaced a paper on the indicated remedy in intermittent fever, delivered before the Trousseau Clinical Club, of Philadelphia, with a few remarks on the inadequacy and misapplication of quinine in these fevers. "Quinine," said Dr. Fletcher, "is used by many as the main remedy in intermittent fever. The old-school practitioner uses it because he knows of nothing better. But the homeopath has no such excuse. In his materia medica he has remedies that will not only stop the paroxysm as quickly as quinine, but will cure the disease in a superior manner. Under these circumstances it appears strange that so many homeopaths resort to quinine. I have no doubt that the majority use it from habit, a habit acquired in their younger days of practice. A young physician fresh from college is, of course, anxious to get quick results in order to gain a reputation, and not feeling sure of his homeopathic remedies, or of his ability to select and administer the correct one, naturally falls back on quinine, and so forms a habit from which it is hard to break away. Others, again, are too lazy to hunt for the correct remedy, and, taking that which requires the least mental effort, ladle out their quinine without regard to the misery they may cause the patient. Still others do not know enough to find the remedy. So quinine is their only resource."—*Med. Century*.

ON SOME DIAGNOSTIC DIFFICULTIES ASSOCIATED WITH DILATATION OF THE RIGHT VENTRICLE.—J. Stacey Wilson draws attention to the following signs of diagnostic value: (a) The character of the murmur; it is apt to be softer and more blowing in tricuspid regurgitation. (b) The nature of the vessel up which the murmur is conducted. The character of the pulsation is often a useful guide, being weaker and more fluttering in the veins, stronger and more even in the arteries. Also the pulsating parts of the vessel can often be felt to come to an end suddenly in the case of a vein. (c) The relative loudness of the murmur in the neck as compared with its loudness in the second right interspace may prove of service for diagnosis. In the case of the aorta, the loudness in the neck is always equal or nearly equal to its loudness over the second rib or interspace. In the case of murmur of tricuspid origin, if there is free regurgitation up the veins, the murmur may be as well conducted as the aortic, but as a rule it is not, and the conduction is not loud. (d) Another important sign is the relationship between the loudness of the first sound and the murmur as heard in the arteries of the neck. If the first sound of the heart can be heard over the arteries of the neck, while the murmur is heard faintly or not at all, it is strong evidence against the murmur being of aortic origin.—*The Birmingham Medical Review*, June, 1900.

ACUTE ARTHRITIS.—I wish to call attention to the acute inflammation of joints in children, which occur, as a rule, either as complications or sequelæ of other diseases, and may begin either as a synovitis, an epiphysitis, or an osteomyelitis. The majority of cases begin as an osteomyelitis. When accompanying the exanthemata, diphtheria, or typhoid, they are usually due to a streptococcus infection. Cases complicating pneumonia have been reported in which the diplococcus was the cause.

In the synovial variety the symptoms are as a rule comparatively mild. There is a local heat, swelling and tenderness, with a temperature of from 101° to 102° F. When the joint is quiet, the pain may not be severe, but the slightest motion will cause severe pain. When it occurs as a complication of some fever, the diagnosis is comparatively easy, but when it comes as a sequel or without known cause, it may be difficult.

When a decided rise of temperature or a sudden attack of pain occurs in a child suffering from, or recently recovered from, any of the above-mentioned diseases, all of its joints should be carefully examined.

The most common error in this, as in all other joint inflammations, is to make a diagnosis of rheumatism. The latter does not remain in any one joint to the exclusion of others for any length of time, and it is not a suppurative affection.—*Therapeutic Gazette*.

SOME OBSERVATIONS ON INTUBATION OF THE LARYNX BY THE O'DWYER METHOD.—Under the above caption West, of Philadelphia, reviews an experience with seventy-five cases in the *Am. Gynecological and Obstetrical Journal* for April. While recognizing the possibility and the need for further improvement, he believes it to be the best method yet devised. His mortality is 45⅓ per cent, which he explains by the apparently hopeless condition in which most of his patients were before the operation was performed. In most cases he places the patient in the conventional position, i. e., sitting facing the operator in the lap of the assistant, but in cases of extreme exhaustion or of failing heart he uses the recumbent posture.

"The keynote to the successful performance of intubation is in firm but gentle control of the base of the tongue, and elevation and control of the epiglottis so as to have it out of the way of the end of the tube and also prevent injury to it. The average time of leaving the tube in position in cases that recovered was six days. In a number of cases when the tube was removed at four or five days reintroduction was necessary. My observation leads me to the following conclusion concerning the removal of the tube in cases of diphtheritic origin. When the laryngeal difficulty occurs at or near the onset of the disease it is usually necessary to leave the tube in position for a longer time than when, as not frequently happens, the laryngeal complication occurs several days after the onset of the disease. The same care concerning fixation of tongue and elevation of epiglottis as suggested in speaking of intubation will make extubation easy."

COLCHICUM IN RHEUMATISM.—Dr. Mossa cites Kafka as to the value of colchicum in acute articular rheumatism, especially where the patient is very sensitive, so that the slightest jar of the bed, air or floor renders the pains unbearable. The fever and pains exacerbate during the hours of the evening and night, with copious sweats and excretion of a scanty and thick urine, together with insatiable thirst. The larger joints are intensely red and hot, while the smaller ones appear swollen and stiff, and even while they are most painful they feel as if paralyzed or numb. At the same time, in consequence of the fever, the respiration is much accelerated and the heart impulse is greatly augmented, so that a possible complication of endocarditis or pericarditis is to be feared. In such a case colchicum (3) acts much better than aconite or bell., for within twenty-four hours the most violent pains may be alleviated and the disease under control. Under such circumstances one should frequently examine the thorax, for he has not seen good results from this drug in endocarditis or pericarditis, but rather then give spigelia.

Colchicum has a special affinity for fibrous tissues, including the tendons and aponeuroses of the muscles, the ligaments, and even the periosteum. The swelling caused by colchicum may be dark red or even pale, and very sensitive to pressure and movement, with a great inclination to jump from one joint to the other. The evening and night aggravations are markedly pronounced. In chronic cases there is weakness from lack of sleep. Every slight external irritation, as of light, noise, or strong odors, distress them, and their pains seem to them unbearable. The patient may suffer from violent cramps of the muscles of the feet, and particularly of the soles of the feet.—*Pritchard, in Hahnemannian.*

Miscellaneous Items.

Dr. C. H. Whipple, '96, has located at Houghton, Mich., where he will limit his practice to diseases of the eye and ear.—Dr. S. B. Parsons, dean of the Homeopathic College of Missouri, died in St. Louis, June 9, at the age of fifty-eight.—Dr. John P. Wood, of Coffeetown, Kan., is practicing homeopathy at eighty-nine years of age.—Dr. W. B. Morgan succeeds the late Dr. Parsons as dean of the Homeopathic Medical College of Missouri.—On July 20, the last day of the International Homeopathic Congress in Paris, was unveiled a monument to Hahnemann, erected over the resting place of his remains.—The New York State Homeopathic Society will hold a special jubilee session in October to celebrate its fiftieth anniversary.—Dr. Grace Dowling died on June 11, at her home in Muskegon, Mich. Death resulted from tuberculosis, with which she had suffered for many months. Dr. Dowling graduated in 1896, and was one of the valedictorians of her class.—Dr. Nellie C. Flint has located at Austin, Ill.—Dr. F. F. Laird, of Utica, N. Y., has permanently located in Los Angeles, Cal.—A new department of bacteriology and pathology has been established at "Old Hahnemann," with Dr. W. Henry Wilson at the head.—The new laboratory building is being rapidly finished and will be in working order at the opening of the term.—Dr. Wm. Todd Helmut has been elected honorary president of the Surgical and Gynecological Society of Homeopaths.—Dr. N. A. Pennoyer has just returned from a brief visit at the Paris exposition.—Dr. E. H. Pratt will hold his annual course on orificial surgery at the Chicago Homeopathic College, beginning September 17.—Dr. Frank R. Leeds has concluded his service as interne in the Baptist Hospital. He is now in Michigan City taking a rest before he locates.—Dr. Chas. F. Johnson, '96, is now located in New Buffalo, Mich.—Removals: Dr. C. H. Whipple, from Barberton, Ohio, to Houghton, Mich.; Dr. J. A. Whitman, from Charleston to Beaufort, S. C.; Dr. Marie Walker, to 6418 Stewart Ave., city; Dr. Y. G. Richmond, to 5611 Washington Ave., city; Dr. P. S. Replogle, from 2308 Indiana Ave. to 3002 Prairie Ave.; Dr. C. K. Wiles, from 2468 E. Seventh St. to 2319 Independence Ave., Kansas City, Mo.—Yellow fever is becoming slightly

more prevalent in Havana and in several Central American cities. Three cases were reported on August 3 at Tampa, Florida.—Sir William MacCormac was for the fifth time elected president of the Royal College of Surgeons of England on July 26.—A judgment for \$10,000 has been obtained against St. Vincent's Hospital of New York, in consideration for severe injuries from hot water bottles received by a patient while under an anesthetic.—Dr. E. J. Beardsley has removed from Champaign, Ill., to Fowler, Ind.—We now learn that the New York School of Clinical Medicine has NOT been discontinued. This is in contradiction to a previous notice sent us.—Dr. Wilbur N. Linn has located at Oakland, Ill.—Dr. W. J. Vaupel has located at Waterloo, Iowa.—Dr. S. F. Swantees is at Jewell City, Kan.—Dr. W. E. Taylor has taken to the woods in search of large game.—Drs. Bailey and Cobb will soon begin their camping season in Northern Wisconsin, and the rest of us poor mortals will remain at home and dis—(cuss) our misfortune in not getting a vacation.—Dr. R. A. Hicks, of Paducah, Ky., was in the city for a few days.—Dr. Harvey Dale has resigned as associate editor of the *Visitor*.—The Missouri Valley Homeopathic Medical Association will meet in Kansas City, Mo., Oct. 2, 3 and 4.—Dr. H. B. Fellows, so long connected with Hahnemann College, has been quite ill for the past year.—Dr. A. K. Crawford has quite recovered his health since he went to Oakland, Cal., and besides he is doing a large business.—The new catalogue of "Old Hahnemann" is just out and may be had upon application to the Registrar, Dr. Joseph P. Cobb, Hahnemann College, Chicago.—Dr. W. H. Outland, of Zanesfield, Ohio, has bought the practice of Dr. Harbert, of Bellefontaine, Ohio, and will move to the latter place early in October.

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Original Lectures.

TREATMENT OF GASTRIC ULCER.

BY O. G. TREMAINE, M. D., PROFESSOR THEORY AND PRACTICE, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

In considering the treatment of these cases one should first look carefully for the cause. If there is reason to think it may be hot, irritating food or over-hot drink, prohibit their use. If anemia or sclerosis have produced the ulceration, give careful attention to treatment called for by such conditions. It is quite common to find a history of anemia, sclerosis, amenorrhea, tuberculosis or disease of the heart present. Attention must be given to any such predisposing causes.

Sometimes certain occupations predispose to gastric ulcer and should be given up. If the patient's surroundings are unhygienic, suggest such improvements as may be practicable. It is also well to explain quite fully, at the beginning of the treatment, the great importance of having your instructions faithfully carried out. The painful nature and prolonged course even in the curable cases, the serious accidents that may occur, the tendency to exacerbations and to recurrence, all tend to make this imperative.

The patient should then be emphatically advised that nothing short of careful and methodical treatment can offer a reasonable probability of cure. The length of time will vary from a few weeks to several months,

obviously depending upon the cause or causes predisposing, the state of general nutrition and the age and vigor of the patient. The size and location of the ulcer have also much to do with the duration and manner of treatment.

It is absolutely necessary to give the stomach as complete rest as possible. This is best secured by the patient remaining in bed for several weeks. Rectal feeding entirely for a few days, and then in part must be inaugurated; this is to allow the stomach as much quiet as possible. One of the most important agents in promoting cicatrization is rest. Continuous rest in bed also makes the question of nutrition easier of solution, because it lessens the demands of the system for food. Rest in the recumbent position is also the best safeguard against the serious accidents that may occur in the course of this disease.

The process of cicatrization is probably slower than the clinical phenomena usually suggest. Warm compresses or poultices should be applied to the epigastrium during the day. The greater the suffering and the more irritable the stomach when food is given, the better the indications for warm, moist applications. These applications relieve the sufferer, and in the more severe cases their use should be persevered in. Hematemesis, even if slight, contraindicates their use.

Sometimes water, quite hot, taken slowly will relieve. The quantity of warm water so used varies much in different cases, some certainly doing best with free use of hot water, others not tolerating an ounce at a time.

Alkaline remedies are highly recommended because it is believed that the excessive acidity of the gastric juice irritates the ulcer, Carlsbad and vichy being especially good.

The diet must be carefully regulated. It is impossible for the stomach, when ulceration is present, to digest the necessary amount of nitrogenous food without at least interfering with the process of repair. Both me-

chanical and chemical irritation of the ulcer are to be guarded against. So far as it is practicable in the individual case, nourish the patient by nutritive enemata for from six to fourteen days. A plain enema to thoroughly cleanse the lower bowel should be given once daily. Allow me to say that I am penning these thoughts fully recognizing that while in some cases it is quite an easy matter to secure tolerance of the rectum to nutrient enemata, in others it is very difficult. It may be necessary to discontinue these enemata until the bowel irritation subsides and then resume them.

Some cases are much more easily nourished by the bowel than others, the capacity for absorption in some being more limited. The careful regulation of the diet is of great importance, and is often extremely difficult. Frequently the stomach is so irritable that it is impossible to administer more than a fractional part of the food needed. Inability to properly nourish the patient is, I am convinced, often the reason we fail to cure some of our cases of this disease. Metabolic activity is at best much below par, and the demand for increased nutrition is ever present. This is not the place to discuss the relation of nutrition to reparative processes, only to emphasize its importance.

The value of lavage, with alkaline or antiseptic solutions, is always to be considered. In mild cases, which respond kindly to treatment, I do not use it. In some more serious cases patients do not tolerate its use sufficiently to derive much benefit from it. In cases of recent severe hemorrhage its use is contraindicated. In many cases, not described above, the tube seems to irritate the ulcer. While all this is true, I am certain that in selected cases and careful hands systematic lavage, persistently used, offers much available aid in the treatment and cure of gastric ulcers. Only soft tubes should be used.

When the ulceration is near the pylorus, if long standing and severe, pyloric contractions may complicate the case. Marked dilatation is often so caused.

Cases of contracted pylorus will do well for a few days, then nausea and pain gradually develop until the pain becomes unbearable. Vomiting of large quantities of accumulated matter will follow, leaving the sufferer exhausted but relieved of pain; a recurrence of the same phenomena is liable to occur later.

In such cases an examination of the ejected matter will convince anyone of the futility of giving food by the stomach at such times. Gastric digestion is then nil. To control the pain, use lavage, and feed by the rectum, is our only recourse then.

How, what and when to feed the patient is a question easy to ask but difficult to answer. Upon our success in this very much depends. In each case it becomes a new study. What is one man's food another cannot take. The food taken by the stomach must be bland, easily digested, readily absorbed and if intended largely for intestinal digestion, of a kind, and in a form easily tolerated by the stomach until peristalsis passes it on to the intestines.

It is true theoretically and often clinically, that milk, raw or sterilized, and partially or wholly predigested, should constitute the chief diet. It must be remembered that while milk is an ideal food for the sick, if taken alone or undiluted soon forms large, tough coagula. It thus becomes more like solid than liquid food. It is also true that we meet some cases that do best on a diet without milk in any form. Milk with a little thoroughly cooked flour is often to be preferred because the coagulum formed is less firm than from milk alone. Milk may be peptonized or pancreatized or diluted with limewater or vichy; milk with strained barley water or oatmeal, raw egg beaten up in milk, milk whey added to beaten white of egg, buttermilk, koumiss, barley gruel, rice water, peptone solutions, Leube's beef solution, mutton broth, meat extracts, expressed beef juice, beef tea (properly made), scraped beef broiled, bouillon alone or with egg beaten up in it, meat juices, liquid peptonoids are all good. From

this list we may choose the diet for our patient until definite improvement is established.

I would then add to above diet list, soft boiled egg, toast and custard, and return very gradually and cautiously to a more liberal diet. All food should be taken slowly and at intervals of at least two hours. For the nutritive enemata I have found it necessary at times to vary from all the customary formula. Not more than six or seven ounces of the fluid should be used at a time.

Many cases may be best nourished by an enema consisting of two eggs, beaten with two to four tablespoonfuls of cream, and either liquid peptonoids, bovine or beef tea; or the egg may be combined with peptonized or pancreatized milk. The value of warm water in cleansing the bowel previous to the use of the enema should not be overlooked. The urgent symptoms are pain, vomiting, hemorrhage and perforation.

For pain careful diet, hot fomentations and poultices, sips of hot water usually suffice. Occasionally all food by the stomach must be stopped for one or two days, even after patient has made some improvement. For vomiting the same advice as for pain must be given, but in addition lavage should be used; cracked ice and alkaline drinks may be tried. In a few very obstinate cases of severe pain or vomiting, that persists in spite of all other available means, codeine must be given; when this fails morphine hypodermically should be resorted to.

The hematemesis is usually slight and frequently repeated, not calling for special treatment. When severe, absolute rest, the administration of cracked ice, ice cap over epigastrium, if necessary subcutaneous infusion of normal salt solution should be employed. Give such restoratives as may be needed, being careful not to stimulate more than is absolutely necessary for fear of recurrence of the bleeding from increased blood pressure. If obstinate, give morphine subcutaneously. If perforation occurs, or if a case is intractable, and the patient gradually but surely fails regardless of all available medical means, call a progressive surgeon.

Arsenicum is the chief remedy. Arsenicum inflammation invades primarily the stomach and intestines. All arsenical catarrhs are acrid and irritating; the muco $\text{\`{s}}$ a is infected, and after a time may become eroded and ulcerated. In no other form of gastric disease does the general system suffer so much as in the arsenical. The pain is often confined to one spot. There is burning pain in the epigastrium, with thirst, restlessness and anxiety, and the patient is often unable to take more than a little fluid at one time. Violent vomiting is excited by eating or drinking, and all nourishment is ejected as soon as it reaches the stomach. Vomiting of mucus and bile, often mixed with blood, is frequently present with violent pain and sudden prostrations. The stomach is always extremely sensitive.

Argentum nitricum. The anemic or sclerotic condition so often present will suggest this remedy. The great usefulness of this remedy in severe chronic gastritis calls our attention to its value in ulcer. Patient is excessively nervous; much flatulence, pain below the ensiform cartilage, often confined to a small place extending through to the spine; much distress and excessive tenderness at the epigastrium; vomiting of large quantities of ropy mucus; cannot bear least food on account of increased pain.

Mercury, bismuth, hydrastis and uranium nitrate are often of value. Belladonna is useful as an intercurrent remedy when much pain is present. Nux vomica should be remembered for its great influence over gastric digestion. Pix cresol has recently done me good service in a severe case of multiple ulcers.

CONTAMINATION OF DRINKING WATER.

BY W. HENRY WILSON, M. D., SENIOR PROFESSOR OF PATHOLOGY AND BACTERIOLOGY, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The attitude of the public mind with reference to foods and drinking water present a remarkable contrast. While very little is positively known about foods in health, nevertheless the public spends much energy avoiding one food or another according to the particular source of advice which is being followed. Not so with water, however. Water from any and all sources is accepted without question and especially if it contains no impurities visible to the unaided eye. It cannot be made clear that many a glass of clear and sparkling water is rich in elements which cause disease.

This indifference to the purity of water originates, I suppose, from the fact that water is a natural substance and comes from natural sources, whereas foods are in many instances manufactured products.

The futility of our faith in the purity of water will become at once apparent if we inquire what may contaminate natural waters and make them unsuitable for drinking. The one contamination which is of supreme importance is by human feces. The seriousness of the whole subject will become at once apparent if we consider the two sides of the subject: First, the dangers from feces (and we ought to add urine); and second, the sources of drinking water and their liability to contamination.

First, as to the feces. It is well known that the discharges from the bowels both of typhoid and Asiatic cholera patients contain their specific germs in large numbers. It is not, however, so generally known that the bowel discharges of typhoid patients may contain the specific organisms months after the patient has returned to health. Also, that twenty-five per cent of all typhoid patients discharge an abundance of typhoid germs in the urine. But typhoid patients exist in every community which

is at all populous. Take New York as an example. It is considered remarkably free from typhoid, and yet she had 299 deaths in one year from this cause. Judging from the death rate there must have been nearly 4,000 cases of typhoid during that year. Another fact, every regiment both of regulars and volunteers in the late war developed typhoid in camp, and in nearly every instance it became epidemic. In the great majority of cases it could be traced to a home source. It is evident, then, that every community has within its limits almost constantly patients whose discharges are capable of contaminating a water supply.

What are the usual sources of water supply? Watersheds, rivers, lakes, springs and wells furnish most of the water used. It is generally stipulated that the watershed shall be an uninhabited one. This is never literally true. But one case of typhoid living so as to contaminate the water of a watershed is as good as a hundred. It may cause a whole epidemic, as it did in the famous Plymouth epidemic. Every source of water which has been mentioned except deep wells lined with iron pipes may at any time become contaminated by surface drainage. This is especially true of open wells, springs, rivers and lakes. However, the liability in this direction is much greater in some instances than others. This is a fact which should never be overlooked.

When a community develops many cases of typhoid fever and the source of its drinking water is subject to considerable surface drainage, no further evidence ought to be demanded for its condemnation. All city sewerage contains typhoid germs, consequently any mixing of the water supply with sewerage will result in an epidemic. This has been exactly the experience of cities.

Is the bacteriological examination of any service in determining the purity of a given source of water? Yes, if certain facts are borne in mind. First, the liability to contaminating drainage and to sewer overflow should be determined. If either of these are true and there are occurring numerous cases of typhoid then the water

should be tested. What should it be tested for? For feces contamination.

I very much doubt if the typhoid bacillus has ever been found even in water which undoubtedly contains these germs. Why? Because the bacteriologist can examine but a few centimeters, whereas the typhoid patients drank quarts or gallons before they secured their collection of typhoid bacilli. The group of germs known as the bacillus coli communis are always found with more or less certainty in water containing feces. It is true that they occur in the feces of animals as well as man. It is also true that the drainage which carries one kind will carry the other. The water analysis is therefore confirmatory. The present methods do not enable us to give absolute proof of typhoid contamination, but we can predicate fecal contamination with certainty.

INTERNAL REMEDIES IN DISEASES OF THE EXTERNAL AUDITORY CANAL.

BY C. GURNEE FELLOWS, M. D., SENIOR PROFESSOR OF OPHTHALMOLOGY AND OTOTOLOGY IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Case 1. Mrs. C., a young married woman, was sent to me eight years ago. Her history was one of repeated furuncles and furuncular abscesses of the external auditory canal. For an indefinite time she had been having these little abscesses which had been increasing in severity and frequency. She had had internal medication, expecting relief, but in due time it had not come. She then began to have ointments, salves, and poultices of various kinds applied, and finally, under complete ether narcosis, at the time of a group of these small furuncles, each one was deeply incised, curetted and packed. This, it was hoped, would be so radical that there would be no need of further treatment. The radical operation under narcosis had to be repeated, however, two or three times, and finally the case came into my hands.

I, of course, felt that no brilliant cure could be accomplished, but, for the sake of the patient, undertook it, and, after diligent study, I prescribed nothing locally except a dilute peroxide of hydrogen for cleanliness sake, but internally gave ferrum pic. 3x four times a day. The improvement was rapid, immediate and permanent, and although a few more furuncles appeared in the next three weeks, they gradually ceased and have not recurred in this last eight years.

Case 2. Dr. E., himself a physician, and knowing enough of his own complaint to have taken good care of himself, is annoyed by constantly recurring attacks of impacted cerumen, dead epithelium, itching of the external canals, and more or less roaring and subjective noises. He has used all of the internal and local remedies suggested to himself by his own reading and has had more or less consultation upon the subject. This was likewise an unpromising case, because the physician had had his own as well as the opinion of many other physicians. I began, however, according to my custom of recent years, by having him cleanse the external canals with pure peroxide of hydrogen; the reaction following this was very great; this was kept up until no reaction followed, when I had him apply a one per cent picric acid solution to the external canals, prescribing cal. picrata internally. His report at the end of two months was that he had greater relief than he had possibly expected, writing a letter of acknowledgment and gratitude.

Remarks. These cases are simply types of many which come to the aurist, and, although the trouble is not serious, and rarely affects the hearing, it sometimes is the cause of the persistent tinnitus, and the removal of external auditory irritation is not only gratifying in its immediate effect, but, as in the latter case, it relieves the tinnitus as well, a very annoying and persistent symptom. I do not believe that ferrum pic. will cure all cases, but ferrum pic., cal. picrata and picric acid have done more for me in the course of years than any other remedies for exter-

nal and auricular inflammation, and particularly for the blind boils and abscesses. A great deal is said nowadays as to the dry treatment, so-called, and, although I believe in it at times, as a rule I think that cleanliness can best be secured by the moist treatment. It is not a simple thing to clear out the debris of dead epithelium, cerumen, coal dust, etc., even by syringing; and my method of cleansing when pus is not present is by a probe covered with tightly wound cotton dipped in pure peroxide of hydrogen, and wiped gently but firmly over the whole integumental surface. If dead epithelium, pus or any foreign discharge is present reaction will follow, as is usual, and the process should be repeated until no reaction follows the use of peroxide of hydrogen; then the canals should be wiped perfectly dry with cotton for the twofold purpose of cleanliness and massage.

I believe that the massage plays a part in the cure of such conditions, but because the canal is small and tender when inflamed, it cannot be well applied unless done persistently and carefully. There are times when these little furuncles must be opened and cleansed, but there are so many glands that we oftentimes do more injury than good. After the acute attack is past I am in the habit of advising my patients to cleanse their ears once in a while with peroxide of hydrogen, and to apply a simple cerate or plain vaseline not oftener than once a week or two. This, together with the regular cleansing, as performed with the ordinary toilet, is sufficient. The general health, however, is often at fault and should be attended to, as the ear is frequently a local manifestation of constitutional trouble.

Case 3. By way of illustration as to the effect the general health plays upon this condition of external auditory inflammation, I would cite Case 3.

Mrs. M., a nervous, high-strung society woman, began to have small pustules in the external auditory canal. The first sign was a sensation of tenderness, and inspection revealed absolutely nothing. Within twenty-four

or forty-eight hours at most, fluctuation could be detected and incision would reveal a couple of drops of pus. The healing was prompt, and this was the end of the attack, but in a few days others would come; so week after week and month after month, these peculiar pustules reappeared. Treatment similar to that suggested above was followed; picric acid, ointment, chrysophanic acid, and the whole list of ointments and internal remedies was gone through.

A blood analysis showed a very poor state of health behind the auricular inflammation. Late hours, high living, constant attendance upon receptions, dances, etc., would not be abandoned, and, in spite of tonics and bodily treatment, the condition continued more or less severe for over a year. Absence from the city and society engagements for a few months, however, put an end to the condition, so that no pustules or abscesses have appeared in six months.

Remarks. This last case was a very annoying one from both the standpoint of patient and physician, and I believe the physician's failure was entirely dependent upon the patient's unwillingness to forego any pleasure, preferring rather to suffer the annoyance and pain of the abscesses. I do not believe the indicated remedy, whether local, internal or otherwise, can accomplish the impossible. It is not always possible to control our patients. But in the disease mentioned, slight though it is, this control is absolutely necessary for the best results. The more I treat ear disease the more I believe that attention to details is all important, and in anything like inflammatory condition of the middle ear or mastoid cells, and even in some of those considered less important, I know the results are better when the patient is under the surveillance of the nurse or in the hospital. Had this patient even taken ordinary precautions, with rest and recuperation, I believe the treatment would have been more effective.

KALI PHOS. IN INSANITY.

BY W. E. TAYLOR, M. D., SUPT. WESTERN ASYLUM FOR THE
INSANE AND PROF. MATERIA MEDICA, HAHNEMANN COL-
LEGE, CHICAGO.

During the past two years and a half the results from the use of kali phos. in insanity have been so gratifying that I feel the profession may be interested in what has been accomplished by this agent.

I have not found it useful in puerperal insanity or in extreme violent attacks of acute mania, except during the convalescing stage when it aids materially in strengthening the brain. My best results have been obtained in cases which have been "acting queer" for a long time; when the brain has been gradually growing weaker, causing loss of memory, lack of interest in everything, careless in business, jealousies, suspicions, and suffering more or less from insomnia. This condition may result from domestic troubles, business reverses, overwork, religious excitement or rather brooding over religion for a long time, cases of self-abuse, or any case where the nerve fluids are exhausted.

Six months ago a lady about twenty-six years of age was received into the hospital. She was very insane but not violent. For more than a year she had been melancholy, due entirely to domestic troubles. Her mind became weak, spirits depressed, cross and fretful, constantly looked on the dark side of life, and finally had hallucinations of hearing. When admitted she was emaciated, pulse 120, respirations 20, temperature 98°, and pupils dilated. She slept little at night and during the day was very gloomy; had great dread and cried much of the time; bowels and stomach were deranged and she would take food only by persuasion. For a period of two years she had taken much medicine and been treated locally for uterine trouble. My examination, however, revealed nothing abnormal in that organ. Her menstrual flow was irregular and scanty. For two months I gave her various

remedies that seemed to be indicated, but she gradually grew worse. I then sent for a member of the family who gave me a full history of the case. I prescribed kali phos. In a few days she became very much brighter, played on the piano and sang, and each day improved both mentally and physically until she seemed perfectly well and was sent home.

The above case is a fair sample of a number which we have apparently cured with this remedy.

When insanity is caused from masturbation, and the patient is not idiotic in his actions but is restless and morose and at times quarrelsome, and has false hearing even though it be very aggravated, but of not too long standing, it yields more readily to kali phos. than any remedy we have used.

In paresis, when a patient has moods, is irritable and restless (not profoundly melancholy), kali phos. will improve the physical condition and quickly and materially brighten the intellect, and stay for a time the incurable disease.

The suggestion which I especially desire to impress, is that kali phos. is very useful in cases of insanity dependent upon an exhausted condition of the nerve forces, when there is no marked inflammatory condition, and that it is invaluable during the convalescing stage, or in all cases of insanity after the inflammatory stage has passed.

HOMEOPATHIC THERAPEUTICS.

BY CHAS. H. EVANS, M. D., PROFESSOR OF MATERIA MEDICA
IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

I. PHOSPHORIC ACID IN TYPHOID FEVER.—In the treatment of typhoid fever phosphoric acid is a drug too often neglected. Not only is it indicated in certain stages but in many instances it is the chief remedy during the entire course of this disease. In such cases when an intercurrent is needed to meet some complication, and this has been removed, it will be found that phosphoric acid is again called for.

This drug is most apt to be indicated in patients who have been restless, tired and inactive for a long time previous to their illness and have passed almost imperceptibly into the fully developed disease. Even when in the full grasp of enteric fever the patient does not present symptoms in their average completeness or intensity, nor does he reach the height and depth of a typical case.

Such cases lie more or less quietly for hours at a time, utterly indifferent to all their surroundings, asking nothing, desiring nothing. If conscious, he replies to questions in the fewest possible words and volunteers no remarks about himself or anything else. Delirium when present participates in this passive feature of the case; it does not assume a violent, or even a moderately active character. Instead, the patient lies comparatively quiet and with little or no change in position, while his moving lips and constant whispered mutterings testify to the fancied panorama which passes before him. He may be roused from delirium by speaking to him, and he may answer more or less intelligently, but even while his words are being spoken he relapses into unconsciousness and resumes his picking at imaginary objects in the air. His countenance is blank and his gaze is vacant, but there is not the distressed appearance seen in another class of cases.

The mouth and throat are dry and the parched tongue not infrequently shows a red line extending along the brownish dorsum, which widens toward the tip, somewhat like that presented by the rhus patient. Nosebleed is apt to occur both in the earlier and later stages of the disease.

Although the subject for phosphoric acid presents a meteoristic abdomen, there is more or less rolling and gurgling in the intestines due to shifting flatus. The stools are frequent and watery, and not uncommonly involuntary. In cases where a milk diet is employed undigested casein appears in the stools in white lumps. Albumin is found to be present in the urine.

The eruption, as far as the observation of the writer goes, is sparse and quite pale.

II. *VERATRUM ALBUM* IN CHOLERA MORBUS. The average severe case of cholera morbus is successfully met more frequently with *veratrum album* than by other remedies, and this statement is based upon the personal experience of the writer in such cases, extending through many years.

This term is not to be understood as inclusive of gastro-enteric catarrh arising from various causes, and often called "bilious attack," but a choleraic disease during the summer season, and attacking children or adults without previous warning. In such instances vomiting and purging not only alternate but may be simultaneous, and after the first few evacuations have taken place have very little color. The discharges are watery, pass almost without effort, and may flow from the rectum involuntarily when any movement is made by the body.

Exhaustion is profound, every particle of strength seeming to have departed. The forehead, face, hands, feet and the lower arms and legs become covered with a corpselike sweat. Intensely severe cramping pains occur in the flexor muscles of the various divisions of the arms and legs. The features are more or less sunken and cold and the examining finger discovers the tongue and mouth to be quite cool. Such a condition of the patient is quite serious, but the white hellebore has the power to relieve it. The writer has always found it best to administer the drug in the form of a watery solution, disregarding the slight gastric irritation which it may or may not induce, retching being more apt to be due to the continuance of the disease. Moreover, a teaspoonful dose cannot be entirely vomited, as the greater part of it has been absorbed before it can reach the stomach, and frequent dosage will soon produce the curative effect of this remedy. The thirtieth dilution accomplishes all that can be desired, and may be given in five or ten-minute doses.

III. *GUAIACUM* IN RECURRENT TONSILITIS.—Although *hepar* has been considered the classic remedy for suppurative tonsilitis, it seems to promote rather than restrain the formation of pus in these organs. The writer is aware that *hepar* is said to hasten the formation of pus when administered in a low potency but prevents it when it is given in high potency; such, however, has not been his experience in the recurrent form.

In simple idiopathic tonsilitis this is true, although it has a formidable rival in *baryta carb.*, but neither of these drugs fills the place of *guaiacum* in the recurrent variety.

In the latter form there seems to be a diathesis rendering the tonsils liable to successive annual or semi-annual attacks of inflammation, and which may exist as an inheritance of gout, syphilis or scrofula, more or less remote. From clinical experience it would seem as if

guiacum has the power of extinguishing this dyscrasia, and thus preventing the frequent occurrence of the local disease, both of these being links in this same chain.

Were the provings of this drug more extended, they would, no doubt, be found to exercise a decided influence in a much wider clinical field than the meager provings now suggest, and this drug would in all likelihood be a valuable addition to the present number of constitutional and glandular remedies, possibly in regions untouched by them.

The method employed by the writer for the use of guiacum in recurrent suppurative tonsillitis consists in directing the patient to report as soon as the earliest signs of an approaching attack announce themselves; when, in the absence of indications for other remedies, three or four drops of the mother tincture of guiacum (amply sufficient) are dissolved in half a glassful of water and the solution taken in two teaspoonful doses every two hours. It may be that the potentized drug is as efficacious as the tincture and as prompt, but the writer has had such uniform and gratifying success with the latter that he hesitates to make the change, and such patients are skeptical as to any relief being afforded. In old cases this prescription, while not always able to prevent suppuration in the first instance, nevertheless limits the swelling and abscess nearly fifty per cent. At the approach of the next attack the same method of treatment is again observed with the result that suppuration is very slight, and when the third one appears, if it appears at all, no abscess forms or even inflammation. The attacks become separated by longer and longer intervals until they cease altogether; these are cases of long standing; those of shorter duration are relieved much sooner.

*THE ADULTERATION OF FOOD.**

BY A. C. TENNEY, M. D., MT. VERNON, IOWA.

In March of '98, the National Food and Drug Congress was organized in Washington, D. C. At that first meeting thirty of the States were represented. That event must be accepted as marking an advance in civilization.

The adulteration of food stuffs is, according to A. W. Blyth (than whom I can give no better authority on this

*Read before the Iowa State Homeopathic Association, June, 1900, at Cedar Rapids, Iowa.

subject), essentially a crime of primitive states of society.

If this be true, the grade of our advancement can be judged as much by the purity of our food supply as by the shape of the jaw or the length of our appendix.

In this first meeting of the congress above spoken of, Representative Brosius, of Pennsylvania, spoke earnestly upon the "relation between a people's food and their folly; their meat and their morals; their digestion and their destiny." He urged general enlightenment on this subject of food adulteration and also the necessity of national as well as State legislation to protect the people from the evil effects of impure food.

Following him, Mr. H. D. Perry, of Massachusetts, said, "There is some leading, general cause why almost everybody is sick; why 25 per cent of the children die under one year of age, and 33 per cent under five years of age; why 95 per cent of the people who engage in business fail; why the country is strewn with tramps and drunkards, the jails and penitentiaries and asylums and almshouses full. I suggest that the cause for these things is mainly because the people of this country do not understand the proposition that naturally organized food products make possible natural conditions and *that there is no other way.*

Last October, at the meeting of the American Public Health Association in Minneapolis, Minn., Prof. H. W. Wiley, Chief of the Chemical Division of the Department of Agriculture, Washington, said, "The decay of food is due to fermentive action caused by organisms, capable of reproducing their kind, and to the enzymes which are secreted by the living organisms.

The process of digestion in the alimentary canal is due almost solely to the latter cause, the action of the germs capable of self-reproduction being exceedingly limited, and even doubtful.

It may be stated, however, that *any* substance which has the property of *suspending* or *retarding* the action of the germs of reproduction has a *similar action* upon the enzymic ferments.

Hence, it follows that when these substances, which are added to preserve foods, reach the alimentary canal their paralyzing action will continue during the process of digestion. Hence, this broad principle should be enunciated as being *definitely* established *that all* substances which are capable of preserving foods have also the property to a certain extent of retarding the process of digestion."

The association embodied the sentiment thus expressed in the following resolution:

"Resolved, That this Association favors the enactment and enforcement of laws to prevent the addition to milk or other food products of formaldehyde, preservaline, freezine, or *other* chemical agents not approved by competent *scientific authority*." With this leading we can lend ready assistance and do much for the general health of our patients and communities by watching the foods placed before them and endeavoring to remove these evils from our way in medical practice.

With this thought in view I have selected the following points to bring to your attention. Beginning with milk, we find it may be ruined for food purposes by the use of formaldehyde, glycerine, borax, boracic acid, salicylic acid and other drugs as preservatives, to say nothing of its adulteration by "the addition of water, the abstraction of cream (or both combined), the mixture of separated milk with new milk and the addition of cane sugar or starch to conceal watering." The mere mention of these drugs and changes in the composition of milk will suggest their resultant evils.

Before we can condemn any medical treatment in such cases we must look well to the food supply.

Considering now "the staff of life," we find that it is often adulterated by the addition of rye, rice meal, barley meal, potato starch, the flour of various leguminosæ, linseed meal, buckwheat and some other starches. Here where we *expect* the most honest food we are often very badly deceived.

That popular beverage, *coffee*, has been the subject of unlimited adulteration. Besides chicory, the following mixtures are "s'andard" imitations of coffee when ground and mixed together and pressed in molds :

1. Coffee, bran and molasses.
2. Wheat flour, coffee and chicory.
3. Wheat flour, bran and rye.
4. Chicory, peas (or beans) and barley.
5. Wheat, oats and buckwheat.
6. Wheat flour and sawdust.
7. Hulls of leguminous seeds formed into granules with molasses and roasted.
8. Pea hulls and bran.

What an array of delicacies ! And do you think Nux. will antidote the effects of such coffee ?

Now let us sweeten our coffee and we may get in addi-

tion to the sugar desired, one or all of the following: glucose or starch sugars, dextrine, chalk, plaster, sand and various species of flour. Happily, these have not been used much of late years, except in powdered sugar.

Turning our attention to the spices used in preparing our foods we are almost sure to find in pepper faded leaves, ground fine, or linseed meal, the husks of mustard or ground rice in large quantities. The ground rice is added to pure pepper in large enough quantities to make the "white pepper" of commerce.

Besides the above, wheat flour, sago, woody fiber, rape seed, potato, cheap spices, chicory, rye, the stones of olives, bone dust, marine salt and various others less often used.

When we send for a little mustard the plaster made with it is frequently rendered inefficient by a too liberal admixture of wheat flour, colored by turmeric.

If flour is not at hand the industrious merchant may add potato starch, pea flour, radish and rape seeds, linseed meal, yellow ocher, chromate of potash, plaster of paris or clay with a little cayenne pepper or ginger to add "life" to the mustard.

Tiring of the above frauds, let us enjoy a cup of chocolate. Oil of almonds, cocoa oil, beef and mutton fat with starches and chalk make a very pleasant beverage.

Or, if you prefer, take cocoa and you will never be able to determine how much Venetian red, brick dust or peroxide of iron with sugars and starches, you have consumed.

Tea lovers have long known of the many sharp practices which obtain in the tea trade.

Those who use wines, whiskey or beer do not care about the amount of crude spirits and mineral acids they consume, or are happily ignorant of them.

Prof. N. K. Knight, chemist in Cornell College, recently conducted a series of experiments to determine the composition of ordinary baking powder.

He says, "A fifty cent can of baking powder could be filled with an A No. 1 article, compounded by experts at a cost of thirteen cents a can.

The same can could be filled with flour or cornstarch for about two cents.

As such cans are sold they contain about $\frac{1}{3}$ baking powder and $\frac{2}{3}$ flour and cornstarch.

As you all know, baking powder is composed of soda bicarbonate (HNaCO_3) and potassium acid tartrate

($\text{KHC}_4\text{H}_4\text{O}_6$). To combine these ingredients properly the proportions should be determined by their atomic weights, or 84 parts of HNaCO_3 to 188 of $\text{KHC}_4\text{H}_4\text{O}_6$.

They should dissolve in water and give a neutral reaction, and upon the addition of water and an acid the Na is transposed, resulting in $\text{KNaC}_4\text{H}_4\text{O}_6$ (Rochelle salt) and H_2O and CO_2 are liberated.

Considering the price paid and the ease with which these ingredients could be supplied in the proper proportions, is it not strange that only one specimen examined met the requirements? Under such conditions it is plain that the adulteration of food stuffs must be considered in every sense useless and generally harmful and should receive our most vigorous denunciation.

A careful estimation will show that an excess of either ingredient in baking soda alone will cause a free acid or alkali to reach the stomach.

How about the effects of brick dust, yellow ocher, chromate of potash, plaster of paris and a few of the other adulterants mentioned above?

Clinical Society Transactions.

F. H. HONBERGER, M. D., PRESIDENT.
 ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.
 W. P. MCGIBBON, M. D., RECORDING SECRETARY.

The regular meeting was held at the college amphitheater, Saturday evening, August 25, at 8:30.

REPORT OF THE BUREAU OF MEDICAL GYNECOLOGY.

ALICE BARLOW BROWN, M. D., CHAIRMAN.

PRESIDENT'S ADDRESS.

By F. H. HONBERGER, M. D.

Ladies and Gentlemen:—I take this opportunity to thank you for the honor conferred upon me by electing me to the presidency of this society. I am fully aware of the responsibility which the acceptance of such an office should carry with it, and I assure you that so far as it lies in my power I shall, with your assistance, endeavor to keep the society up to its already high standard of excellent and efficient work.

This society has been in existence for twenty-five consecutive years, has a membership of nearly five hundred physicians from the city and surrounding towns, and, remarkable as it may seem, has failed to hold its regular monthly meeting but two times during this entire period. At each of these meetings from two to six papers have been presented, and, together with their discussions, have been printed in our official organ, THE CLINIQUE. This is a record to be proud of, and one that very few, if, indeed, any other homeopathic medical society in this country can equal.

There are two sides to medicine, the theoretical and the practical or clinical, both of which are necessary. The latter applies the results of investigation and research to the daily needs of the suffering. It was for the cultivation of clinical study that this society was founded, and it has never deviated from the object for which it was organized, but has continued its work from the practical or clinical point of view, and has never been carried away by the fancies of the day. In reviewing the work done in the past I am sure we should feel encouraged and hope we shall be able to keep up the enthusiasm that has been ever present in the society from its inception, and that as a result of this unceasing energy and push THE CLINIQUE, with each volume, will continue to grow in

popularity and size as it has in the past. What has been done can be done again, and if each member of this society will give a small portion of his time to this branch of our institution it is bound to lead, as Hahnemann College and Hospital of Chicago has always done. She adopted clinical teaching, coeducation, anticipated more thorough requirements for matriculates, adopted the graded course, and extended her course to three and then to four years in advance of most other homeopathic institutions. She has always been one of the foremost to elevate and maintain a higher medical standard.

In this same line it would seem to me that some slight changes could be made in our rules whereby the attendance at these meetings can be increased and the meetings be made more uniformly interesting and beneficial to us all. If I may be permitted to offer some suggestions, I would recommend that the bureau or sectional system so successfully inaugurated several years ago be discontinued and that papers covering the different branches of medicine be solicited and presented at each meeting. The different specialties have become so popular and so distinct that when only one special branch of medicine is represented at a meeting only the members interested in that particular line are apt to attend, whereas, if the papers presented covered the different subjects it seems to me the meetings would be of more general interest, attract the members more uniformly, and elicit more discussions of the papers presented at each meeting.

I would recommend that we endeavor to have from four to six papers presented each month and that they be left with the secretary at the time of the meeting so that they may be forwarded to the editor of *THE CLINIQUE* at once and thus ensure their early publication in that organ. In regard to the discussions, if each person participating in them would write out and mail to the editor, within three days after the meeting, his remarks in full, it would be of material help to both the secretary of the meeting and the editor of *THE CLINIQUE*. Otherwise the discussions cannot be obtained in full for publication. If each member of this society would solicit volunteer papers from his friends or associates many excellent reports could be obtained during the year which otherwise would perhaps never be published. The presentation of specimens should at all times be encouraged and solicited. I would also recommend that the treasurer send a bill to each member in arrears for dues for the current year only. If

a majority of these are paid there will be sufficient funds to meet the necessary expenses of the society.

I believe it should be the duty of the members of the faculty of this institution to attend these meetings just as much as it is for them to fill their lecture hours in the college. As many of the papers presented by our outside members are brought here for the purpose of bringing out a full discussion and to have them discussed by specialists in the particular line to which they belong, when this can be more thoroughly accomplished the essayist and the members will receive greater benefit from these meetings.

At nearly every meeting we have physicians in attendance who are not members, principally because they have not had an invitation to join the society. Of course we are glad to have them with us, but let the member acquainted with them send in their application for membership and they will not only feel more free to come but they will then receive notice of the meetings and be reminded that their presence is desired.

XXX. TWO CASES FROM THE BLADDER CLINIC. BY RICHARD H. STREET, M. D.—It is only within the last half century that much has been known about the diseases of the female urinary apparatus. The study is still in its infancy, very little of practical value having been written upon the subject. Dr. Howard Kelly in his work on operative gynecology, treats the subject at greater length than any of the other authors.

We have not as yet any exhaustive records in this department as our clinic is still young and material somewhat limited. I will simply choose from our record the reports of two cases which have been treated with more or less success.

Case 1. Mrs. M., aged fifty-three. This case was first examined by Dr. Bailey, February 13, 1900. She presented the following history: For years, in fact as long as she is able to remember, she has had a great deal of trouble in retaining her urine. At times the incontinence would be so severe as to amount to a constant dribbling. Of late urination has been accompanied by a great deal of pain and excoriation. The patient says that when a very small child (does not know exact age) she fell into a box of glass, and that some days later a piece of glass about two inches long was removed from the bladder or urethra, she does not know which.

This fact was communicated by mail some years afterward. Our patient has been unable to learn any of the particulars. Cystoscopic examination showed the bladder walls to be in a perfectly normal condition. The caliber of the urethra was eight millimeters.

She was advised to use hamamelis cerate externally. She was given ten grains of soda bicarbonate three times a day and hamamelis 3x every two hours.

February 20, she reported slight improvement over the previous week. Examination of the urine revealed no abnormality except a deficiency in quantity, pus cells, bladder epithelium and uric acid crystals. Gelsemium 1x, every two hours, was prescribed.

The next week she reported a slight improvement. The remedy was continued but in a higher potency.

March 3, reported about the same. The bladder was irrigated with a four per cent solution of boric acid, at a temperature of 105°, the capacity of the bladder being only four ounces. Gelsemium was continued.

March 20, reported slight improvement and the treatment was continued.

March 27, reported decided improvement. She could then retain the urine almost two hours. She felt very much encouraged and in much better spirits. The treatment was continued as before.

The next date is June 8, the records not having been kept up during my absence from the clinic, at this time the patient having had according to her description of the conditions, an attack of acute cystitis. Cystoscopic examination showed slight inflammation of bladder walls.

The bladder was irrigated with two pints of boric acid solution. Capacity of bladder had increased from four to eight ounces. Cantharis 3x was given.

Patient did not report again until July 3, when she said she was feeling better in every way. She could then retain urine nearly three hours. She was again given gelsemium 3x, and irrigated as before.

July 10, continued improvement. She retained the urine longer, and had no pain at all. The treatment was continued.

July 17, reported not so well. Complained of dull frontal headache, drowsy feeling, loss of appetite and constipation. The urethra was very sensitive. The bladder was irrigated and nux vomica 3x was given every two hours.

Three weeks later she reported feeling better in a general way, but the bladder remained in the same condition, due, I think, to the fact that she had not been treated for three weeks.

To be successful in this work one must be persistent. Treatments should be given every second day to obtain satisfactory results.

With a history of rheumatism, in addition to the condition of the bladder, for my excuse, I wandered from the paths of homeopathy and prescribed salicylate of sodium, urotropin and benzoic acid one and one-half grains of each, to be taken in capsule form three times a day, in addition to her regular remedy. Local treatment was given as before.

On August 21 our patient reported feeling better than she had for years. She could retain urine longer and she complained of no pain. The bladder contained eleven ounces with very little discomfort to the patient. Gelsemium 3x was prescribed.

Case 2. Mrs. B., aged forty-seven. Three years ago she had trouble with the bladder, which she described as a pressure causing frequent and painful urinations with a great deal of burning in the bladder and urethra. She was treated by internal medication and recovered in about a month. Since then she has had several milder attacks.

Three weeks ago she took a severe cold, which resulted in the present attack. She was treated as before, but became worse instead of better. July 31 she reported at our clinic and was given cantharis 3x by the clerk. August 7, she reported much improvement and had very little pain. Cystoscopic examination showed the bladder walls to be very much inflamed and injected. I made a diagnosis of acute cystitis. The bladder was then well washed with a normal salt solution. Internally she was given soda bicarbonate, five grains three times a day, and cantharis was continued.

Examination of the urine showed bladder epithelium, calcium oxalates and uric acid crystals. Chemically it was normal. August 21, she reported complete recovery. She gave a history of having had three attacks of inflammatory rheumatism, and is now troubled with the sub-acute form.

Cystoscopic examination confirmed the patient's statement as to complete recovery, as the walls of the bladder were found to be in a perfectly healthy condition. Thus

tox. 3x was prescribed, and the patient was referred to the general medical clinic.

XXXI. CASES FROM THE WOMAN'S CLINIC. BY KATHERINE B. CLAPP, M. D.—*Case 96.* Mrs. R., entered May 28, 1900; nationality, Hollander; occupation, housekeeper; age, thirty-six years; height, 5 ft. 2 in.; weight, 125 pounds.

She was married when twenty-six years of age and has had two children; the eldest is now seven years old, the youngest is five years old. Labor with both children was difficult.

The patient has had one miscarriage at the fifth month; cause not known. Menses are regular every twenty-eight days, lasting three days. The flow is dark, offensive and scanty. She has leucorrhœa, profuse, thick, yellow. The bowels are constipated. The patient urinates frequently, passing large quantities of urine that has an offensive odor. The appetite is poor and the sleep disturbed. She complains of a dull, burning pain in the vertex and says that she is very nervous, and feels as though she would go crazy.

Physical examination. Laceration of perineum and complete anteversion of the uterus; stellate laceration of the cervix, granular cervicitis and endometritis. Examination of cervical and vaginal discharge by Dr. Wilson showed pus cells, gonococci, and other bacilli.

Treatment. The cervical canal was cleansed and treated with ichthyol. The vaginal canal was cleansed and a small tampon medicated with hydrastis used to be left for twelve hours. Cocculus 3x was given every two hours. The patient returned June 4, saying she felt much better. Examination showed an improved appearance of the cervix.

June 11, the patient reported feeling much better, and the treatment was continued. June 18, she complained of the old head symptoms, and of constipation, and was given hydrastis mur. every two hours. She was also advised to go to the eye clinic for an examination of the eyes. July 9, the report from the eye clinic was that the patient had astigmatism and conjunctivitis, for which she received a prescription for glasses. July 22, the patient was not so constipated, and had no leucorrhœa and no cervicitis.

Case 97. Mrs. L., nationality, American; age, thirty-two years; height, 5 ft. 4 in.; weight, 105 pounds; occupation, housekeeper. Puberty was established when she was

twelve years of age. She was married when twenty-three years old; has had no children, no abortions. She menstruates every twenty-two days, the flow lasting two days. It is scanty, and has a bad odor and is dark colored. Leucorrhœa is constant, profuse and yellow. The bowels are constipated. She urinates frequently, passing but little at a time, urine being dark, thick and having a strong odor. The appetite is poor. She complains of headache in the vertex, with dizziness and black specks before the eyes. The hands and feet swell at night. The patient is anemic with a temperature of 97.8° and pulse of 72.

Physical examination. The uterus seems hard, and the walls seem sensitive to touch. There are small hemorrhoids in the rectum.

Urinary analysis :

Amount passed in 24 hours.....	820 c.c.
Color.....	Amber.
Reaction.....	Acid.
Specific Gravity.....	10.23
Chlorides.....	1044 grms.
Sulphates.....	Normal.
Phosphates.....	5.74 grms.
Urea.....	18.86 grms.

She was given ammonium and sodium chloride four time a day. In a week the patient returned saying that she did not urinate so often but passed a greater quantity each time. The hands and feet had ceased to swell at night, and the black specks had disappeared from the eyes. The bowels were still constipated, the temperature was normal and the pulse 75. Nux vomica 6x was given. The third week the patient reported feeling much better and the bowels were normal.

The fourth week at the time for the menses, the patient complained of pain in the left ovarian region and was given bell. 3x. The fifth week the menstruation had been free and lasted four days. The uterus was reduced in size with no sensitiveness, and was not so hard. With this patient glycerine tampons were used as a local application. For the hemorrhoids æschulus cerate was applied. She was advised to eat eggs, drink milk, to eat plenty of well cooked vegetables, to take out of door exercise every day, and to take sponge baths every morning.

XXXII. REPORT OF CASES. BY JULIA C. STRAWN, M. D.—*Case 22,121.* Mrs. L. W., age fifty-two; entered clinic April 25, 1900. Puberty was established at thirteen;

climacteric at forty-seven. She was married at twenty-five years of age, and is the mother of four children, the oldest twenty-five years. She is a school teacher, and her general health has been fairly good, with the exception of both occipital and vertex headaches at times with slight constipation and a bearing down sensation of pelvic organs, feeling as if parts would fall out if not supported by some mechanical assistance. For fifteen years she has used cotton tampons, covered with white of egg, which she introduced herself into the vagina to support the uterus and ovaries. She also complains of pain in left inguinal region and palpitation of the heart. The urine is at times scanty and has an offensive odor. The patient is also extremely nervous.

Examination revealed an atonic condition of vaginal walls with atrophied uterus and ovaries and urethral caruncles.

The patient was treated with a creolin tampon and instructed to remove same in forty-eight hours, and if absolutely necessary to replace one of the kind in former use, but to try to get along without it. She was given *calcarea fluor.* 3x every two hours.

May 2, patient felt somewhat stronger she thought, as she had moved with less fatigue than anticipated. This time she was given a tampon saturated with boracic acid and about five per cent alum, with same instructions as previously and the remedy was continued.

May 9, the tissues had more tone. Treatment was continued, but one urethral caruncle was removed with needle cautery.

May 17, patient had not replaced tampon, had walked four blocks and returned with comfort. She was then doing all her own work. Another caruncle was removed and the tampon was used this time, and the remedy continued four times daily. *Bell.* 3x every three hours was given for pain in left side.

Patient came in every week for three weeks better of pelvic trouble, but complaining of some malaria, for which she was given some indicated remedy. On July 12 she complained of return of pain in left inguinal region, for which she was given *cimicifuga* 2x, with a report on the next visit that soreness had entirely gone. The patient now is practically well, looks much better in the face, cheeks are plump and she feels well. Was it the *calcarea fluorica* which was kept up constantly, only changing from the 3x to 6x?

Case 22,130. Mrs. G. A. B., age thirty-one. Entered May 17, 1900. Puberty established at twelve. She was married six years ago, has never been pregnant, but shortly after marriage did not menstruate for three months. As she was feeling very badly she consulted a physician, who said the uterus was much enlarged and bent upon itself. The patient does not know which way, but the physician straightened and opened the uterus, when a flow of an extremely offensive nature started. This physician gave her treatment for some time. Since then she has had dysmenorrhea, and menses last from one week to fifteen days, the flow varying in color from bright red to dark. Patient is very anxious to become pregnant.

Examination revealed prolapsus of the first degree, left corner of anterior cervical lip hypertrophied. The uterus very sensitive, and for this reason depth was not measured, though it was much enlarged. She was treated with ichthyol and glycerine tampon and *calcareia iod.* every two hours prescribed.

May 24. Patient is very anemic. Same remedy was given, with instructions to eat two raw eggs daily besides good general nutritive diet.

May 31. Menstruated since last treatment and flowed less than for several months.

June 6. Felt better while tampon was in place, and she began to flow when it was removed. The eyes have given her some trouble and she also complains of two burning spots in her back.

For this last symptom she was given iodoform 6x five times a day, with a continuation of the same local treatment.

She did not flow after removal of the tampon and the burning spot has changed to right hip and is only apparent when lying down.

July 25. She has been flowing for eleven days, but has had no pain during menstruation. The tenderness in uterus is nearly all gone, and depth of the organ measured about five inches and it was prolapsed almost to the second degree. She was given thyroidine 3x with some atropine 3x to take if she had pain in the inguinal region.

August 1, as she was improving, the treatment was continued.

August 15, she had menstruated, but not nearly so long as usual; no change in medicine was made except to change thyroidine from 3x to 1x. The report on

August 22 was that the uterus and surrounding tissues were improved, but the patient was suffering from hay fever.

This patient is extremely anxious to become a mother and by this treatment we are trying to get the organs back into normal condition. The patient presented the appearance of one suffering from general septic absorption in a mild degree when she entered, and now reports that she has not only greatly improved, but her friends notice that her general color is much better.

XXXIII. TWO CASES OF GRANULAR CERVICITIS. BY DR. ALICE BARLOW BROWN.—*Case 1.* Mrs. K., æt. thirty-two, came to the clinic in September, '99, complaining of stomach trouble, headache, backache, constipation and a bearing down feeling; married when twenty-four years; one child six years old; no miscarriages; family history negative; puberty at sixteen years; menses have always been regular and normal in every way; has not been so well since birth of child; general condition of patient is anemic.

Local examination. External genitalia negative; relaxed vaginal outlet; perineum and cervix lacerated; anterior lip of cervix everted by the hypertrophied condition and granular inflammation which has denuded the cervix of its epithelium; uterus slightly retroverted.

Treatment. On an average of three weeks every month the cervix was touched with the tincture of iodine and carbolic acid, equal parts. A tampon of ichthyolated glycerine was used when the parts were sensitive and afterward the boro-glyceride tampon. The constitutional symptoms were met with remedies as indicated. On February 1 the cervix and perineum was repaired by Dr. Bailey. The result was most satisfactory.

She came back to the clinic six weeks later, complaining of a severe cutting pain in right inguinal region. On examination the right ovary was found prolapsed, enlarged and nodular, seemingly cystic. A tampon of antiphlogistine was placed high up in the right vaginal fornix, to be retained for thirty-six hours. This treatment was given three times, after which all pain subsided. On examining the patient last week, the inflammation of cervix had entirely disappeared, the uterine appendages were normal and the patient was discharged.

Case 2. Mrs. S., æt. twenty-six, complained of headache, bearing down sensation, backache and stomach

trouble; married when nineteen years; children three—six, four and two years; confinements all were normal and attended by a physician. The family history was negative; puberty at fifteen; menses have been normal.

Local examination. External genitalia negative; relaxed vaginal outlet; cervix and perineum lacerated; subinvolution and retroversion; profuse noninfected leucorrhoea.

Treatment. For four months the cervix was touched with equal parts of tincture of iodine and carbolic acid. Each time the uterus was replaced with a boro-glyceride tampon. She was operated on in April for the repair of the cervix and perineum, having improved greatly from the treatments.

She came back to the clinic in six weeks and received the same treatment, as there still existed some cervical inflammation, which has been entirely overcome. The constitutional symptoms were met with the remedy indicated. This patient was also discharged last week.

In the clinical work we can seldom keep the patients coming to us until they are well. Immediately they begin to feel better, after a few treatments, they stop coming and often relapse.

Editorial Comment.

The Value of Adrenal Extract.

Although the present popularity of this drug has no doubt led to an exaggerated estimate of its value, and some claims are made for it that are not well founded, the fact seems established that we have in suprarenal extract a valuable and permanent addition to our armamentarium. Its sphere of usefulness as an internal medicament is as yet indeterminate, and there can be no doubt that its effect in regulating faulty metabolism has been too highly lauded.

For local applications as a vasomotor constrictor it is of great service, combining as it does the most powerful astringent properties with perfect freedom from toxic and irritating effects. It is most perfectly adapted for controlling hemorrhage during and after operations involving mucous membranes, where its action is a constant source of surprise and gratification. For reducing local congestion and for the temporary relief of such conditions as we find in hay fever and vernal conjunctivitis, it is probably without an equal. That it has a permanent therapeutic value when applied to catarrhal mucous membranes seems probable from experiments thus far made, but of this it is yet too early to speak positively.

The marked tendency of the drug to decompose when held in solution is a drawback that is thus far not entirely overcome, but this will undoubtedly be obviated with further experimentation. One firm has recently placed upon the market a solution of suprarenal with chloretone, claiming stability for the preparation as well as increased efficacy from the combination. This preparation is very pleasing in its first effects and will probably come into more general use.

The Tonsils in Relation to General Disease.

As a result of an exhaustive study of the tonsil in its relation to general infection Packard, of Philadelphia, concludes that under normal conditions this organ offers a barrier to the entrance of infection into the deeper tissues and thus protects an especially exposed locality. This view is an apparently rational one and is supported by the experience of most clinicians, but should not be quoted as an argument against the removal of those enlarged and diseased organs that are so frequently encountered in adolescents. The theory that removal of the tonsils renders the patient especially liable to pulmonary tuberculosis has been occasionally advocated on the ground that consumption has in some cases developed after tonsilotomy. The theory, however, is not confirmed by clinical observation nor is it supported by sound reasoning. That the tonsil in a hypertrophied state often becomes a source of infection will be admitted by anyone who has seen the putrid material so frequently found in such organs.

Cases are not rare in which a healthy condition may be maintained by frequent cleansing but in which severe and even dangerous inflammatory processes always result from a period of inattention. Such throats are necessarily more dangerous than any clean condition could possibly be and there is no more reason why radical measures should be refused than in the case of dental caries where careful and frequent cleansing would be equally effective.

The Woodbridge Treatment of Typhoid Fever.

The following clipping we take from an exchange:

"In the *Medical Sentinel* for July, Dr. Hey tells of some of the failures of the Woodbridge treatment of typhoid fever during the late war.

The treatment was given by Dr. Woodbridge himself, and he was assigned to a new ward of fifty beds.

He treated thirty-seven cases; four died on the eighth, fifteenth, eighteenth and twentieth days after admission. The percentage of hemorrhage was higher in his ward than any other and nearly fifty per cent of his cases relapsed. The writer concludes that the Woodbridge treatment is not only not beneficial but is positively dangerous and should not be used.

The Brand method was also shown to be of limited value and was indicated in the strong plethoric cases with high temperature."

It is interesting to note the changes of opinion regarding stereotyped methods of treatment in any disease. The moment someone brings forward a "perfect method" of specific treatment someone is sure to follow with ample proof that it is faulty. While everything that pertains to actual practice should have a proper investigation and consideration, it does not follow that we have yet arrived at that stage of medical ability where we may treat the name of a disease by any particular method.

The Woodbridge treatment may possibly apply as an adjuvant in some cases, but it does not follow that it may be even tolerated in all cases. Sometimes the forced depression of the temperature may be a necessity for the relief of the extreme delirium, but it certainly would give a dangerous reaction to the heart in many other cases.

The longer we practice and the more we observe we shall truly find out that the symptomatic treatment of typhoid and other diseases is the only safe and sure method to follow. The medication indicated in one case may not do at all in another. In fact the question of diet is the all important one, and unless this is recognized in the very beginning a fatal mistake may be made. Most of the cases are fatal because the fever is not recognized as typhoid in the beginning. Every physician should, therefore, presume a fever to be of typhoid character and follow a rigid liquid diet until it is proven otherwise. For this purpose a blood examination should be made in every fever case.

The Doctor's Vacation.

It is certainly a sign of encouragement to the medical profession to observe how many physicians, of late, have had the courage to take a vacation. It is somewhat in antagonism to the old theory that a medical man must always be on call day or night. Still the laity are becoming a little considerate of the family physician, and perhaps they realize how much he is to them, particularly when he has left town.

The failure to take a rest is much the doctor's fault. He fears naturally that some disintegration of his practice may occur, forgetting all the time that new patients may come when others leave. One dollar is as good as another, and there should be no question as to the loss of patients when a physician has made himself valuable to the community and to his clientage. A servant is worthy of his hire at all times and if, by strict attention to business, and more than all by scientific attainment, he has made himself of service to others, it will be recognized even when he is not at home.

Everyone should consider self-preservation from a physical standpoint and no one experiences a greater strain physically than the doctor. In order to do his best work, to have the clearest mind for the study of his cases, there should at times be a decided change of surroundings which shall give both physical and mental rest.

If we look over the statistics pertaining to the average longevity of physicians we would be astonished. Few are able to maintain their practice after fifty and many are complete physical wrecks before that time. It is the incessant demand upon mind, body and heart which tells in every case. To say nothing of the irregular hours, the trying cases and the exposure to disease, the practical man, and particularly the specialist, must devote much time to study. This is always an additional taxation upon the nervous strength, for invariably such work must be done while the midnight oil is burned.

The best men of the business world and the best thinkers have learned the necessity of periods of absolute relaxation from work. The doctors unfortunately have not learned this, and partially because the laity has not permitted it. It is not alone the summer vacation which insures this stability of strength and ability, it is rather the regular breaking away a certain portion of each week for real play or diversion. The physician of systematic habits may do this under all circumstances. The fault is because we have not learned how to do it, or rather because we have not the courage to do it.

Life is too short and the consequences are too serious to permit us to forget ourselves and our duty to those depending upon us. Overwork and under rest, dogged application, even to a righteous ambition, and an oversensitive theory as to duty does not excuse a physician for committing suicide.

Hahnemann College Opening Exercises.

The opening exercises for the regular college term will be held in the main amphitheater of the college Tuesday evening, September 25, at 8 o'clock. The introductory lecture will be delivered by Prof. A. L. Blackwood, music will be furnished by the usual quartette and the regular social entertainment will be held afterward.

All friends of the college are earnestly requested to be present.

Hospital Notes.

THE GENERAL MEDICAL CLINIC.

SERVICE OF PROF. H. V. HALBERT.

Case 1. ASPIDOSPERMINE IN WHOOPING COUGH.—Anything which relieves the severity of the symptoms in whooping cough is always welcomed. We have not yet found a remedy which is a true similitum of the disease, therefore we gladly seek any experience which tends to diminish the frequency of the attacks.

Of late it seems to be the aim of the general profession to seek palliation by relief of reflex symptoms, hence all manner of local applications are suggested from Roache's embrocation to the recent antitussin. That the extreme spasms of coughing are relieved by counter-irritation over the epigastric area we cannot deny, and for that reason any local application which relieves should be employed. At the same time, our attention should be called to the consideration of the neurasthenic features of the disease.

Recently I have had beneficial results from the use of aspidospermine in the third decimal potency. During the epidemic of whooping cough in our city the last year I have given it a thorough trial. I must confess nothing has helped my cases better than this. It not only reduces the frequency and severity of the spasms of coughing, but it cuts short the duration of the disease. It formerly was my experience that these cases continued for several months. Under the use of aspidospermine they do not last longer than a month and the symptoms are not nearly so troublesome.

I give generally three tablets of the third decimal potency six times daily. Frequently the stomach is disturbed by the remedy; then it is necessary to stop it for a while but not long, for the nausea is not extreme and there is no lasting disturbance.

Case 2. A CASE OF EXTREME CONSTIPATION.—About a month ago I was called hurriedly in consultation to one of our neighboring towns, to a case of supposed brain fever. The patient, a young woman twenty years old, had gone to bed in perfect health but had continued to sleep or remain in a state of unconsciousness for three days. There were signs of brain fever inasmuch as the

temperature remained high, the pupils were contracted, the face was extremely flushed and there was evidence of some paralysis. The patient being in a state of catalepsy it was presumed that at least a venous hemorrhage had taken place.

During all this time the bowels had not moved nor had the urine been passed. The patient seemed to be in no distress, the heart's action was quite normal and she was apparently sleeping comfortably. Fearing that there might be some uterine sepsis or something wrong in this respect, I insisted upon a local examination. To my surprise it was almost impossible to introduce the finger into the vagina and when introduced a hard mass was felt which simulated the feeling of a fibroid. The vagina was almost occluded by a mass which was found to be due to the protrusion of the rectum by impacted fecal matter. No knowledge could be obtained as to when the bowels had last moved.

We decided to relieve the intestine at once. Oil and glycerine were introduced to soften the fecal accumulation in the rectum until it could be emptied. Gradually a colon tube was forced into the bowel and a high enema was used. This was made as follows: Four ounces of castor oil, two drams each of inspissated ox gall and turpentine; into this were beaten the whites of two eggs and a pint of water added. Through dint of much perseverance a cathartic (mercurius dulc. ix) was forced into the stomach. Early the next morning a large movement followed and the patient began to show some signs of consciousness. The bladder, which had been relieved by catheterization, now acted voluntarily and much of the subsultus, which had become extreme, disappeared.

The colon tube with oil enemas was persistently used and within three days time the bowel was relieved of "three or four buckets full" of fecal matter. This was the report sent to me. Soon the patient became conscious and made a speedy recovery. As near as we could ascertain her bowels had not moved for nearly three weeks. How in the world the intestines endured such punishment without serious results it is hard to explain.

From this case we may learn the necessity of a thorough physical examination before relying upon the indication of symptoms alone.

Case 3. KALI PHOS. IN TYPHOID.—In many of the cases of typhoid fever which have been under my care

during the past few years I have often found, in the later stages, that it was difficult to restore the lost nervous energy which has followed the protracted fever. Often an irregular and bothersome rise of temperature appears when the patient seems to be out of the danger of typhoid. Such cases do not respond to febrile remedies. It is at this stage of the disease that kali phos. is found to be valuable.

I am reminded of several cases in the hospital in which this remedy has been employed with success. The symptoms which seem to call for it relate to a nervous state and an attendant fever associated with any undue excitement or nervous exhaustion. For some reason the vital power has disappeared and prostration, exhaustion and even melancholia are prominent features. The patient seems to improve up to a certain point and then all remedies apparently fail. The tongue is dry and the mouth is parched after the fever and the main typhoid symptoms have disappeared. Gaseous distention of the bowel with colicky pains ensue; the patient faints from the slightest exertion and many of the nervous symptoms, such as subsultus, insomnia and delirium return.

Kali phos. in such cases as this has been of great value to me when all else has failed. I use it particularly when neurasthenic conditions are associated with the fever, and particularly when the patient has been a mental instead of a physical worker.

Case 4. ANEMIA; PHOSPHORUS.—Miss J., aged fifteen years; two sisters died with phthisis, one just at the age of puberty; otherwise the family history was good. Patient is rather anemic; has not menstruated yet; has some pain in left inguinal region. Bowels are regular, urine normal, sleeps well, appetite good; has no cough. Four weeks ago an itching papular eruption began on the face and extended over the body, the tongue, eyelids and limbs became edematous, and afterward chills and fever followed. The attack came on suddenly and lasted about two hours. She was unusually well before the attack; feels tired and has frontal headache after the attack. Last Friday she had another attack lasting about an hour.

The patient was given phosphorus 3x six times daily and Stearns' hæmoferrum one pilloid before meals and at bedtime.

August 27, she had another attack lasting about an

hour; otherwise she was better. The prescription was continued.

September 3, still improving, has had no more attacks. The remedy was continued.

One of the reasons for prescribing phosphorus was the fact that papular skin eruption was attended with ecchymoses and a peculiar formication and numbness of the skin. This is a clear indication for phosphorus. Besides there was a constant complaint of weakness of the extremities; the arms and limbs felt weak, stiff and lame. The feet seemed to "fall asleep."

The chills and fever in this case were no doubt due to the anemic condition. This aggravation was worse in the evening, and there was no thirst attending, though she complained of much thirst during the intervals of the fever. Her appetite was capricious; at times she was very hungry and at other times she could not look at food. The hæmoferrum was used as a food remedy. The blood was greatly deficient in hemoglobin, and she had all the other symptoms of the anemia which generally attends a case of amenorrhea in a girl of this age.

Case 6. CHRONIC GASTRIC CATARRH; NUX VOMICA.—Mrs. H., age thirty-seven, family history negative. Came to my clinic for relief from a chronic stomach trouble. She said this dated from a currettement of the uterus following a miscarriage about six months previously. Since this time she has had pain in the left hypochondriac and epigastric regions. This pain comes on immediately after eating and is caused by any kind of food.

The stomach at times not only refused food but often discharged it by emesis. The tongue was always coated and she complained of sour and bitter eructations; acids were welcome. The bowels were irregular and very unsatisfactory in their movements; at one time there would be diarrhea and again constipation would follow. As a result of this intestinal indigestion fermentation was bothersome.

Preceding the exacerbations of stomach-irritation the patient suffered with severe nervous spells in which despondency was a decided factor. She became irritable and ill-humored and was rapidly drifting into a state of hypochondria.

Nux vomica 3x was given six times daily and the result was remarkable. In addition to this she was

advised to drink one-half glass of hot water, with a few drops of lemon in it, before each meal.

Just how much the reflex disturbance from the operation had to do with this case it is hard to tell, but it seems that a latent case of gastritis may be developed by any extreme experience of this kind. Possibly, too, the use of chloroform was an exciting cause. The gastritis, however, had no doubt existed in a mild form for some time. It is just such indolent cases as this which call for *nux vomica*. Then, too, much must be ascribed to the neurasthenic state which always preceded the attacks; this is another indication for *nux*.

We also find that *nux* is called for in stomach cases when there is an indolent or debilitated condition of the mucous membrane. In such cases the patient is always disturbed by food, vomiting occurs and there is an unnatural appetite. The hydrochloric acid is always deficient and hence certain acids are preferred, although there are abnormal fatty acids which are eructated. In the *nux* patient everything is irregular; the appetite is one day poor and another time good; the bowels are constipated and then diarrhetic; often water agrees and then it cannot be tolerated; the mind is also up and down; one day the patient is happy and again decidedly "blue." These peculiarities of the nervous system are features which we should not forget or overlook when *nux vomica* is called for.

The cure in this case was quick and decided.

Case 2574. MIGRAINE; SANGUINARIA.—Miss B., a young lady twenty-two years of age, came to me for a severe hemicrania which had caused her much suffering for six months or more. Her vocation was an exacting one and, being of a nervous disposition, her constant application to work was no doubt the exciting cause. In addition to the mental and nervous fatigue caused by her overwork, there was a history of rheumatism and uric acid, in considerable amount, had been found in the urine.

The paroxysms seemed to return with decided severity about once a month and they generally lasted about a week without any relief, even from opiates. It was noticed, too, that the spells were most severe during the evening. The pain always began in the occiput and settled with greatest force over the right eye, finally involving the right trifacial region. Attending these there was more or less nausea, but of the propulsive character.

Sanguinaria 3x was given to this patient continuously for several weeks. It was prescribed for the clearly indicated symptoms. The right sided pain ending over the right eye and then radiating in the supra- and infra-orbital area, the exacerbation during the evening, the peculiar vomiting, etc., were sufficiently typical symptoms calling for the remedy.

In the course of six months the case was absolutely cured, and it is now a year or more since any pain of the kind has recurred.

I report this simply to show what results may be obtained by careful consideration of cardinal symptoms and the persistent use of a remedy. The trouble is we seek immediate relief which is not possible without opiates or heroic remedies. By such methods a cure is not possible and for that reason the inevitable result is an operation upon the trifacial.

INHALATIONS OF DRY, HOT, MEDICATED VAPOR AS AN AUXILIARY TO THE TREATMENT OF PULMONARY AFFECTIONS. BY B. W. HENDERSON, M. D.—At the June meeting of the Clinical Society, 1894, Prof. Arnulphy reported a case of pulmonary tuberculosis cured in six weeks.

In outlining his treatment he says: "I also resorted to an auxiliary mode of treatment which in the past few years has given me considerable satisfaction in the treatment of pulmonary affections. I mean the direct inhalation, nasal or oral, of superheated dry air laden with medicated vapor."

The idea of treating phthisis by means of inhalations of dry, hot, medicated vapor of a strong antiseptic nature seemed to me so rational that I determined to investigate the treatment at my earliest opportunity.

It was two years later before this opportunity presented itself and now after four years' trial the results obtained have been so gratifying that I wish to present to the Clinical Society a few of the cases which I have treated by this method.

The object of this paper being to call attention to inhalations I may omit part of the internal treatment, but do not wish it understood that I rely upon the former more than the latter.

Case 1. A strong, healthy looking boy, eighteen years of age, had always been well until two years previous to my seeing him. At this time he caught a cold and his work being such that he was constantly exposed to the

changes of the weather, it gradually developed into a well pronounced case of asthma.

When I saw him dyspnea was very marked and there was considerable pain and an annoying cough.

Examination revealed the chest slightly distended, percussion note hyper-resonant, respiration sounds rough and irregular with sub-crepitant and sonorous râles over the entire chest.

Treatment. Commenced with ipecac 3x internally and inhalations of oil of eucalyptus, oil of thyme and oil of pine needles. Three days after beginning treatment the patient was seized with a very severe attack and I had the satisfaction of seeing the hot inhalations relieve it to such an extent that in one-half hour he was able to go to bed and sleep.

Ipecac was continued for two weeks in the treatment of this case after which he took nothing but the hot inhalations, which were continued daily for two weeks, then three times a week for six weeks, when he was discharged as cured.

I have examined this case twice in the last two years and could find no sign of any trouble.

Case 2. A woman thirty years of age, caught a severe cold a few months before I saw her and came to my office with all the signs and symptoms of insipient phthisis. She had a cough, night sweats and a temperature every afternoon varying from $99\frac{1}{2}^{\circ}$ to 100° .

Examination revealed a very rough, jerky inspiration, prolonged expiration, and a few moist râles in the infra-clavicular region of the left side. The microscope confirmed the diagnosis of phthisis. Tuberculin 6x was prescribed internally with inhalations twice daily of iodoform with oil of thyme and oil of pine needles.

At the end of one month the cough and night sweats had ceased, the temperature was nearly normal and she was feeling stronger; the sputum, however, still showed the presence of tubercle bacilli. I did not see this patient again for two months, and the only sign present then was a slight roughness of the inspiratory murmur. The sputum was free from tubercle bacilli. One month later this patient was discharged as cured. I have examined this patient twice in the last year and a half and have found not the slightest indication of any tubercular trouble.

Case 3. This was a case of advanced pulmonary phthisis in a young woman twenty-four years of age. The family history was bad; grandparents, father, mother, two uncles

and three sisters having died of tuberculosis. Six months before I saw her she had suffered with a hemorrhage from the lungs.

When she came to me she was weak, anemic, had a severe cough which prevented her from sleeping at night, pain on the left side of the chest, night sweats and a temperature every afternoon ranging from 100° to 101° .

Examination revealed a cavity in the left infraclavicular region. The right lung showed only a roughening of the inspiration at the apex. The prognosis in this case was grave and I gave little hope of improvement.

Treatment was commenced and faithfully continued for five months with the following results: She was given *guaiacum* tr. gtt. 5 in alternation with *arsenicum* and inhalations of iodoform with oil of thyme and oil of pine needles. In two weeks the cough had improved and expectoration was easier.

After three months treatment she was able to resume her duties as stenographer. There was no cough except in the mornings, night sweats had ceased and the temperature did not go above $99\frac{1}{2}^{\circ}$. Two months later this patient was so much improved that she considered herself well and contrary to my advice discontinued the treatment. Examination of the lungs at this time revealed cavernous breathing but no râles on left side, while the right lung had cleared up entirely.

Three months later this patient came back to me for treatment. She had caught cold while traveling, all the old trouble had been stirred up and she was much worse than when I first saw her, and will eventually die from pulmonary phthisis. I do not think this patient could ever have been cured, but the conditions were so grave and the improvement so marked, and that, too, during the worst part of the year, that it shows what can be done for those cases of advanced phthisis by hot inhalations.

The results obtained with the cases just mentioned I have had with many others. Colds which have threatened to terminate in pneumonia I have seen respond to a few treatments.

The instrument which I have had the best results with is the one called the "Triumph." I have also found that unless the thermometer registers above 400° F. the beneficial results will be very few.

The medicaments which I have found the most beneficial are formulæ composed of some of the following: Iodoform, oil of thyme, oil of pine needles, oil of wintergreen, eucalyptol, *guaiacol*, etc.

THE CHILDREN'S CLINIC.

SERVICE OF DR. W. O. FORBES.

Case 2,524. Victoria A., æt. ten years; entered clinic January 26, 1900. Family history good; had measles at three, chicken pox at seven and diphtheria and scarlet fever at nine; was bottle fed. This little girl was never well during first eighteen months of life, after which time she seemed to gain in strength and was never seriously ill until one year ago, when she had both diphtheria and scarlet fever.

During last year she has been very nervous, developed choreaform movements of face, hands and lower limbs, principally of hands and lower limbs; suffers with repeated attacks of headache, which begins in forehead and extends to occiput. Feet are always cold; catches cold easily and suffers with repeated sore throat; has occasional pains in shoulders and knees; is always anemic; bowels regular; appetite poor.

Physical examination revealed no organic lesion of heart, granular pharynx and enlarged tonsils.

Diagnosis. Chorea.

Case 2,562. Fay S., age ten years. Entered clinic March 30, 1900. Family history showed rheumatism in both father and mother; had diphtheria at seven, and tonsillitis frequently since then. For past two years feet and hands tremble and jerk, also the tongue twitches; cannot hold things in her hands and it takes her a long time to do anything, because of the difficulty in controlling her movement; facial muscle constantly in motion. Has sore throat often and rheumatic pains in her hips, legs, feet, and often in the sixth interspace on left side when stooping. She is a very active child; her appetite is not very good; bowels are usually regular. Physical examination revealed an anemic murmur.

Diagnosis. Chorea.

Case 2,572. Inez L., aged ten years. Father and mother had rheumatism. Entered the clinic April 9, 1900. She has had pertussis at three, measles at six and tonsillitis often. Had chorea three years ago, also one and one-half ago, and it has again recently appeared. She never has been entirely free from the twitchings, not even between the more severe attacks. She has taken some patent medicines, which temporarily relieved some of the symptoms. She is very irritable; extremely sensitive, feeling hurt at nothing; is very changeable; very restless

during sleep, moans and tosses about; does not want to eat anything but meat and sweets; bowels constipated.

Diagnosis. Chorea.

In presenting these cases, ladies and gentlemen, I wish to call your attention to the fact that they are all girls, all under twelve years of age, all white, and but one presenting a family history of nervous predisposition.

Eighty per cent of our cases of chorea appear in girls, and almost all cases of a true type of this disease are noticed between the fifth and fifteenth year; again, we rarely find the disease in the colored race, and but forty per cent of our cases have a family predisposition.

The exciting causes may be many—such as fright, excessive mental work, reflex irritation, nervous predisposition, injury, disease, etc. In our first and second cases we can trace the beginning of the trouble to disease, and in the third to nothing but a nervous parentage, with perhaps a hereditary rheumatism.

The diseases of diphtheria and scarlatina very often leave children of this character with rheumatism, and it may be developed in one or more ways, but in these cases the chorea is our first symptom of the development of rheumatism. Much has been said regarding the relation of chorea and rheumatism, but from the cases noted in this clinic during the past five years we are able to class chorea as a symptom of this disease in about eighty per cent of all cases.

It is a well established truth that the two conditions are found in sixty per cent of choreic patients, while we may have a typical case of rheumatism without any of the movements characteristic of chorea.

The cardiac symptoms are among the most important and in a vast majority of cases we have endocarditis as a constant lesion.

The cause of the disease when definitely determined, will be, I think, allied to, if not the same as that of a typical rheumatism.

As for the pathology of chorea we are as yet uncertain, but to me there are several conditions, such as the affection being on one or both sides, the awkwardness, improper articulation, absence of pain and cessation of twitchings during sleep, that make me incline to believe it is of cortex origin.

In these cases we have the two typical forms of the disease, one presenting the severe twitchings of the face,

the second of the limbs, while the third case is that of a recurrent chorea.

There is no question as to our diagnosis, and the prognosis of the disease at this age is always good.

We have used in our treatment such well-known remedies as agaricine, ars. alb., puls., fe. phos., actæa ras., hyos. and zincum.

In this little girl, case 2,562, we found agaricine 2x a valuable remedy for the facial movements, and while she has only been in the clinic a short time she has improved much.

In case 2,562 actæa ras. 3x was given, and has been of some value thus far in relieving the twitchings as well as the rheumatic pains.

In case 2,524 pulsatilla 3x has been of great value.

The diet, hygiene and general condition of these cases deserve no little attention.

We insist on all our cases being kept out of school until all symptoms have disappeared, and if possible very often recommend change of scenery, as there is nothing that will do a choreic child more good than a complete change of surroundings.

Correspondence.

PARIS, Aug. 8, 1900.

EDITOR OF THE CLINIQUE.

My Dear Dr. Halbert:—It is perhaps somewhat late in the day to report the proceedings of the late International Homeopathic Congress, recently held in Paris, yet I trust some of your readers will appreciate the brief sketch I propose to outline for the benefit of all who take an interest in the growth and spread of our cause.

The congress opened Wednesday, July 18, and closed Saturday, the 21st; two sittings being held almost every day, which were remarkably well attended, considering the tropical temperature prevalent at the time in Paris. At that rate you may be sure that a great deal of work was disposed of. In fact, with very few exceptions, every paper sent in from foreign countries had been carefully translated by a special committee working under the auspices of the general secretary, a most amiable, kindly, and superbly gifted gentleman, Dr. Lion Simon, of Paris, to whose activity and indefatigable efforts the success of the congress is certainly due.

The opening speech was made by the president, Dr. P. Jousset, of Paris, who is the "Great Old Man" of French homeopathy. His eighty-three springs did not seem to bother him much, when he stood there, addressing the assembly, his tall frame strong and erect, with his commanding presence, and his clear voice.

At Dr. Simon's suggestion, Dr. Dudgeon, of London (another

valiant veteran, he), Dr. McClellan, of Pittsburg, Dr. de Brasol, of St. Petersburg, and Dr. B. S. Arnulphy, late of Chicago, now of Nice, were elected honorary presidents amid the plaudits of their colleagues.

It would be impossible in a sketch of this kind to give an account of all the papers that were presented and of the discussion that followed. It will be sufficient for me to state that nearly every paper that was sent in by absent members was presented in an abridged form either by the general secretary or by some delegated member, and was given a reasonable and sufficient measure of attention and discussion. The members who were present were allowed ten minutes to develop the subject theme of their paper.

Among the essays that created most interest I will cite Dr. Dudgeon's disquisition upon "Bacteriology and Homeopathy;" Dr. Marc Jousset's on "Opothrapy;" Dr. Gatchell's (of Chicago) on "The Action of Remedies, a New Interpretation of Dynamization;" Dr. Kraft's (of Cleveland) "The Cyclopedia of Drug Pathogenesis from the American Standpoint;" Dr. Julia Holmes-Smith's (of Chicago) on "Chlorosis;" Dr. Arnulphy's (of Nice) on "Clinical Remarks on the Action of Naja Tripuclious and Crategus Oxycantha in Heart Disease;" Dr. Dewey's (of Ann Arbor) on "Sticta Pulmonaria;" Dr. Norton's (of New York) on "Homeopathy in Ocular Disease;" Dr. Parenteau's (of Paris) on "Circulatory Disturbances of the Eye with Alterations of the Vascular Tension;" Dr. Selden Talcott's (of Middletown, N. Y.) on "The Latest Development of the Hospital Idea in the Treatment of the Insane;" Dr. Sheldon Leavitt's (of Chicago) on "An Appeal to Homeopathic Solidarity and Independent Work," etc., etc. It fell to my lot to present a summary of a very remarkable essay sent in by Dr. Benjamin Bailey, of Lincoln, Neb., advocating the necessity for a general revision of our materia medica upon modern scientific principles. At my suggestion, the assembly took a vote sustaining the doctor's plea, and if Dr. Bailey succeeds in carrying his plan of grouping together one thousand American physicians with that end in view, I want him to count *me* in his phalanx, for I have advocated the idea myself for the last twenty years. Moreover, I know there were *many* among the members of the congress who would be anxious to join the movement, foremost among them Dr. Mersch, of Brussels, a man of eminent medical qualities and brightest future, and Dr. de Brasol, of Russia, who is a genius in his way, and a born orator besides. We all wish the doctor God-speed and good success, and congratulate him upon his fine effort.

The greatest courtesy and best of good nature prevailed all through the discussion of papers, although at times some delicate points were touched by the orators. Thus it was that Dr. Kraft's paper on the cyclopedia, having hinted at some defection in the ranks of the students in our colleges, owing to the dryness and difficulty of the materia medica, I was led to reply in rather sharp and warm terms, that although our materia medica was dry enough, still it depended entirely upon the lecturer whether the students took an interest in it or deserted the lecture room, and that no student, for instance, would have thought of taking a nap or skipping out while Farrington or Carroll Dunham, or even Lilienthal were in the chair.

Without being large the attendance at the congress was quite satisfactory (150 or thereabouts), especially if we consider that the men who attended were largely representative and of the best type. A few lady doctors were there also, among whom I was delighted to recognize Dr. E. M. Van Delinder, of Beloit, Wis., a faithful and

bright "Old Hahnemann" graduate. I saw at her side Dr. Clara Gary, of Boston. Among the many medical personalities I met at the congress I will cite the following names, among whom I counted already a few staunch friends: Dr. Richard Hughes, the pivot upon which silently but surely revolve all international affairs of this kind; Dr. Dudgeon, of London; Dr. John A. Clarke, of London, whose charm of physique and manners have won him scores of friends, among whom no truer admirer than your servant; Dr. Anton Nebel, of Montroux, Switzerland, a young but enthusiastic and very clever practitioner; Dr. Gisevius, of Berlin, to whom German homeopathy is heavily indebted; Dr. Mersch, of Brussels; Dr. Van den Heuvel, recently from Kimberly, South Africa; Dr. Lambright, of Antwerp; Drs. Fagiani, Baldelli, Bonino, from Italy; Drs. Giro Savall, Olive y Gros, Van Der Lann, from Spain; Velasco y Velasco, from Guatemala; and then the solid battalion from the States, among whom, first and foremost Dr. McClellan, of Pittsburg, Pa., who so ably and tactfully represented American homeopathy; and Drs. Malcolm Dills, of Carlisle, Ky., S. G. Cobb, of St. Paul, Minn. (how devoutly did I wish it might have been our dear friend Joseph P. Cobb). Thos. T. Gray, of Minneapolis, Minn., T. K. Reader, of Ashland, Ore., and many others whom I cannot remember. Among the native representative talent I take pleasure in pointing out especially Dr. Marc Jousset, the worthy son of the worthy president; Dr. Cartier, to whom is largely due the fact that Hahnemann is now buried at Perè Lachaise Cemetery, where a beautiful monument has been erected to his memory; Dr. James Love, a charming Frenchman with a lovely English name and still lovelier wife; Dr. Nimier, Dr. Heermann, the most lively and sprightly of the octogenarians; Dr. Daniel Verrand, Dr. Tessier, Dr. Boullanger, a new convert to our ranks from the other side; Dr. Malapert, Dr. Picard, of Nantes; Dr. Daniel, of Marseilles; Dr. Parenteau, the great French homeopathic oculist, who is at the same time a sculptor of talent and an artist to the finger tips; etc., etc.

The unveiling of the master's monument at Perè Lachaise, which took place at 10 A. M. Saturday, July 21, was a beautiful and touching ceremony, attended by quite a crowd of sympathetic followers, lay and professional.

Hahnemann, whose tomb was long neglected, rests now under a splendid pink granite monument crowned by David d'Angus's superb statue, an object of admiration for all passers by, and an enduring testimonial to the gratefulness and living faith of his disciples all over the world.

In the evening we all sat at the festive board at the famous Ledoyen restaurant, in the Champs Elysees. A most delightful affair it was. The menu was "out of sight," of course; and the flow of soul that accompanied the flow of champagne was of the most exquisite, pungent and mellow character. We all carried away from this most successful meeting, held in the official "Palace of Congresses" in the midst of the splendors of the exposition, under the paternal eye of the government, and the bittersweet grin of our friend, the enemy, the most pleasant memories, and the substantial impression that our numbers are constantly increasing, that our position becomes yearly more solid and comfortable, although in an hostile medium, and that our school is better understood by the public at large. It is also a significant fact that the Parisian press reported our proceedings with the greatest courtesy and evident good will.

But the great truth remains that the palladium of homeopathy rests with America, and no mistake. It is *you*, dear friends, on the

other side of the Atlantic—it is you who hold the flag around which the homeopaths from all countries are bound together and serry the ranks. Therefore, dear friends, hold it tight, hold it high, and proudly flaunt it to all the winds of heaven, so that there shall be no desertion, no weakening, no half-hearted acceptance, no humiliating compromise. *Sursum corda!* Let no one lose heart. These solemn assizes of homeopathy at the dawn of the coming century shall be truly prophetic of final victory.

Our law is one of the laws of nature, and nature is but the allegory of spirit. Laws of nature are naught but the outlines of the substance of divine thought; so that material things are simply the external attributes of invisible ideals. This is why we homeopaths work harmoniously with the great law of evolution, and the very momentum and *vis a tergo* of this tremendous energy is all in our favor. Truth will out. Let us be happy to be pioneers. And altho'

"Rugged places lie between
Adventurous virtue's early toils
And her triumphal throne"

still let us continue the beneficent struggle with confident hearts, with masculine courage tempered by feminine gentleness, and

"Awake, arise,
With deathless fervor fraught!"

Now, my dear editor and friend, will you please convey to all my numerous friends in the profession, throughout the States, through the medium of your magnificent paper, so safe in your clever and competent hands, the kindest greetings of my heart, which still remains in Chicago, though my body be elsewhere; and especially give to all my former colleagues and associates in the faculty of "Old Hahnemann" the assurance of my undying friendship and devotion.

A most cordial handshake to your so very sympathetic dean, Dr. Bailey, to your new president, Dr. Shears, than whom no one was better entitled to the honors and responsibilities of the position; to Dr. Bruce, to Dr. Chislett, to Dr. Gurnee Fellows, to Dr. J. P. Cobb, and Dr. Taylor, and Orrin L. Smith, and Blackwood, Kahlke, Swan, Snow, Forbes and my faithful Henderson, and the whole jolly crowd.

Long live "Old Hahnemann" of Chicago! Who knows but one day I may return to resume my place among you all: If the thought were always father to the deed, or the wish to the thought, the deed would be an accomplished fact, this very moment. But fate has decided otherwise. Nevertheless I am well and happy, and wish you all the same lot.

Most cordially yours,

Nice, France.

B. S. ARNULPHY.

P. S. At any rate, I bid you all "au revoir" until 1905, the date appointed for the meeting of the next International Homeopathic Convention, which is to be held in the United States.

Clinical Miscellany.

MANAGEMENT OF ABNORMAL CRAVINGS.—In acute disease it is advisable to yield to the cravings of the patient, but in chronic disease they must *not* be indulged.

It is to be noted that when a patient has by long continued use become habituated to drugs, such as morphia, tobacco, etc., the homeopathic remedy will, at times, act in spite of the continued use of the drug; but, of course, the action is short-lasting and imperfect.—*Kent, in Jour. of Hom.*

A CORRECTION.—Through an inadvertence in abstracting Dr. Van Schaick's article on diseases of the blood, published in the *New York Med. Jour.* of June 2, the author was quoted in our July issue as saying that iron is best administered in the inorganic preparations. This was of course an error, as the organic compounds are always preferable, a point which Dr. Van Schaick distinctly emphasizes, and he further says that he obtains the best results from the preparation known as the liquor ferri peptomanganatis of Gude.

CONGENITAL ABSENCE OF THE TRACHEA.—In the *Brooklyn Med. Journal* for July, W. A. Payne, M. D., reports a case of congenital absence of the trachea. The child was born cyanosed and artificial respiration was maintained (?) for a long time, and finally an attempt at tracheotomy was made and failed owing to the fact that the trachea could not be found. There was a bronchus on either side and a slender cross passage between the two, but the trachea was absent. Below the larynx there was nothing but a triangular piece of cartilage with the apex downward.

INIMICAL REMEDIES.—Remedies which are very similar in action either antidote one another or are inimical. This latter relation only holds good provided the first given remedy has acted and to some extent influenced the case. When the first remedy has taken possession, he is the proprietor, and this relation should be respected. If the first remedy has had no effect its inimical may be given with perfect safety.

Some remedies are inimical to each other in their acute sphere, and others only in their chronic.—*Kent, in Med. Adv.*

INFANT FEEDING.—After the first two days the infant should be fed at regular intervals of two hours, and from one to one and a half ounces at each feeding. About the third month the intervals should be lengthened to two and one-half hours, feeding three and one-half ounces each time. The intervals should be constantly lengthened, until at the ninth to the twelfth month feeding should be three and one-half hours apart, and seven to nine and one-half ounces in quantity. Until the sixth week two feedings during the night should be allowed; one from the sixth week to the sixth month, when all night-feeding should be discontinued.—*Rowell, in Med. Record.*

ACUTE MELANCHOLIA.—In the *North Am. Journ. of Homeopathy* Dr. D. H. Arthur, of the Gowanda State Homeopathic Hospital, reports one of twenty-one recoveries from this condition. The case was one of extreme severity, amounting frequently to insanity,

when the patient attempted to murder her own child, ate fly poison, and manifested other alarming symptoms. The condition appeared to be partly due to menstrual irregularities and pulsatilla was the remedy employed. No other therapeutic measures were employed except hot baths and the regulation of diet and exercise. Menstruation soon became regular, the melancholia disappeared and the cure was complete in about three months.

FARADIC ELECTRICITY IN RENAL COLIC.—Henry H., aged forty-eight years, was taken severely ill on June 22, 1900, with pains in the left kidney. He gave a history of three previous attacks in which the pains were so bad that he went into convulsions. The regulation treatment with morphine and atropine failed here even to give more than momentary relief. He was then placed on his side with the sore kidney up, the hip and legs elevated, and a faradic current interrupted sixty to eighty times per minute was applied to the front and back of the organ. One half hour of this gentle tapping of the kidney eased the pain completely. The patient passed water freely and was completely relieved by this treatment.—*D. S. Fruch, in Med. Record.*

TUBERCLE BACILLI IN HEALTHY NASAL CAVITIES.—In the *Medical Record* for August 25, N. W. Jones, M. D., of Rush Medical College, publishes the results of a series of experiments made to determine whether the tuberculous germ exists in otherwise healthy nasal cavities. His subjects were chosen from various occupations, and were in as good physical condition as could be found. Thirty-one guinea pigs were inoculated with the nasal and pharyngeal secretions, and it is somewhat remarkable that all the animals died. Typical tubercular lesions were found in the majority of cases, while a few died of acute septic infection. The tubercle bacillus was found more frequently in those persons who had been associated with patients afflicted with that disease.

MINOR FORM OF CARDIAC DILATATION.—Beverly Robinson (*Am. Jour. of Med. Science*) finds this condition in anemic girls just past the age of puberty. They suffer from menorrhagia, constipation and flatulence. The cardiac fluttering so often seen in these cases, and generally considered functional, he believes to be due to actual organic change requiring iron and oxygen, rest and massage and restricted hours of mental effort. But they also require, and in the beginning of treatment it is absolutely essential, small repeated doses of strychnine and digitalis until their hearts sufficiently respond to enable us to make satisfactory use of other means to restore bodily activity. In these cases the action is as a rule rapid, and the first sound is exaggerated and seemingly irritable. Our best results come from the strychnine and digitalis in moderate doses for a week or two, to be followed by a prolonged course of iron.—*Med. Record.*

ORAL SEPSIS AS A CAUSE OF DISEASE.—William Hunter says (*British Med. Jour.*) that for every case of gastric or other affection traceable to pyorrhoea alveolaris a hundred are found associated with other dental and oral conditions of sepsis. All the various stomatitides are septic in nature and often connected with bone disease (teeth), and no pus organisms are so virulent as those grown in connection with bone necrosis. Mouth asepsis is to be secured by: (1) the direct application to the diseased tooth or inflamed gum of carbolic acid (1:20), repeated daily for just as long a period as the

patient will persist in keeping his necrosed tooth or fang; still better (2) the removal of all diseased useless stumps; (3) the most scrupulous daily sterilizing by boiling of every tooth-plate worn; and (4) on the part of dentists the avoidance of too much conservative dentistry and of the use of contrivances like "bridges," which cannot possibly be kept aseptic.—*Med. Record.*

THE "TABETIC TYPE" OF HUMANITY.—Those of us who see large numbers of tabetics can hardly fail to observe the marked similarity in build, temperament and nutritional defect, which is evident, according to my observation, in the great majority of these patients. So accustomed have I become to noting the peculiar "make-up" of this class of patients, that it is the *exceptions* to the rule which excite my attention; and these, according to my view, are a small minority which may be estimated perhaps at from ten to twenty per cent.

The "tabetic type" to my mind implies what is ordinarily called a "loose-jointed," noncompact physique, with little tendency to blood or flesh. He may be quick and skillful, even an athlete, under training, but the tendency to "go to pieces" in the areolar, osseous, muscular and hemic, as well as in the sensory spheres, appears to exist. Early arterio-sclerosis is often a part of the clinical picture.—*F. W. Langdon, in Brooklyn Med. Jour.*

SURGICAL PAIN.—G. Ryder says (*Phila. Med. Jour.*) that simple, uninfected trauma of the viscera causes comparatively little pain, and this soon subsides. Contractile pain, of which examples are afforded by any abdominal viscus, is typical in its recurrence, and is rhythmical in character. At times it is intense, paroxysmal and colicky. Inflammatory pain is most severe when due to the colon communis and streptococcus bacilli. Neuralgic pain is paroxysmal, with intermissions, lightning-like and lancinating. Hysterical pain is usually burning and may occupy any part of the abdomen and its contents. Charcot's stigmata will differentiate it from other pains. Obstruction pains of the abdomen come with a sudden onset, are colicky and constant, and cause vomiting. In peritonitis the pain is localized at first, but soon becomes diffused and constant. All abdominal emergencies characterized by inflammation have one common and timely feature, that pain is increased by pressure.—*Med. Record.*

INGROWING TOE-NAIL.—For that very painful affection, ingrowing toe-nail, the following treatment is very strongly recommended by Dr. Kinsman in the *Columbus Medical Journal*:

1. Remove all pressure from the nail by cutting away a piece of the shoe.
2. Disinfect with hydrogen dioxide until no more "foam" appears.
3. Apply a drop of strong solution of cocaine in the base of the ulcer.
4. Apply a drop of Monsell's solution to the ulcer, then cover loosely with gauze. Repeat this process every second day until the edge of the nail is released by the retraction of the hypertrophied tissue. The patient suffers no pain from the application and all pain has disappeared the second day. The cure is effected in a week or two without inconvenience or interference with business.—*Pac. Coast Jour. of Homeop.*

A CASE OF PHOSPHORUS POISONING.—R. W., age eighteen, working in a chemical laboratory, carelessly carried a piece of phosphorus in his hand. The warmth of the hand and exposure to the atmosphere ignited the phosphorus, and the whole palm of the hand, the surfaces between the fingers, and a portion of the dorsum of the hand was severely burned, the phosphorus becoming incorporated with the integument. The wound was dressed with an ordinary surgical dressing, but as symptoms of phosphorus poisoning supervened, the following measure was adopted to remove the phosphorus: The dry wound was first thoroughly scrubbed with olive oil, and after the oil had dissolved all the phosphorus possible, soda bicarb. was added to it, and a little water, thus making an improvised soap, which when washed off each time removed all the free phosphorus. About three such treatments removed all of the irritating drug, and the patient made an uneventful recovery, the wound healing entirely in about two weeks.—*Reported by A. C. Tenney, M. D., Mount Vernon, Iowa.*

THE PHYSIOLOGY OF VOICE PRODUCTION.—In an article on this subject, W. Scheppegegrell says that the speaking voice should be placed as low as the voice will permit, so that it can be used without undue strain of the muscles of the vocal cords and accessory muscles, at the same time not being so low as to prevent changes in the inflections of the voice in giving expression to speech. Very frequently it is placed several tones above this, so that the constant strain from speaking places the subject in the same position as one who has ametropic vision and who feels the constant strain unless assistance is given by glasses. Fortunately, in this case, the correction is a more natural one, and the error being recognized and the subject placed under the care of one who understands the correct principles of elocution and the proper placing of the voice, the fault may be entirely corrected. Many cases of the so-called "clergyman's sore throat," chronic laryngitis, and other irritations of the throat, are due to this, and unless the cause is removed recurrences will naturally be frequent until eventually the voice may be permanently injured.—*Med. Record.*

RUPTURE OF PERITONEUM DURING LABOR.—This woman was in the hands of a midwife about three days and finally a doctor was called in. The doctor sent the woman almost immediately to the hospital. I think, however, that forceps had been used in their endeavor to extract the child. When the woman was brought to the hospital her condition was very poor and she was dying. The child was successfully removed but the woman died a short time after. On the autopsy we found the condition here: The rupture of the peritoneum occurred between the uterus behind and the bladder in front. This tear is irregular, about twenty centimeters in length, but only involves the anterior fornix of the vagina and extends from the right side of the cervix to about the middle of the cervix in front.

This case shows the damage that can be done with forceps, for it is the general impression at the hospital that this tear was produced by forceps, one blade of which grasped the anterior lip of the cervix in the fornix, though the hand or something else introduced into the vagina in the endeavor to extract the child might have caused the laceration.—*W. A. Payne, in Brooklyn Med. Jour*

HOME TREATMENT OF CONSUMPTION.—Osler believes that the arrest or cure of tuberculosis is a question entirely of nutrition, and the object of any treatment is to improve the physical condition of

the patient that he can successfully withstand the attacks of the disease producing organisms. He advises that the patient spend a great deal of time in the open air, or if this be not possible, in a room with a southern exposure, with the windows wide open. The patient should be gradually accustomed to sleep with the windows open. As large quantities of good nutritious food as can be digested should be given; even overfeeding or stuffing should be practiced. Raw eggs are recommended, beginning with three per day and increasing one each week till one or two dozen are taken per day. He reports the case of a young woman who had well-marked tuberculosis; her grandmother and two of her father's brothers had died of this disease. For more than a year she had had fever, had **lost much in weight and had profuse night sweats**. There were signs of extensive disease at the right apex. She was given special rules as to food and directed to spend most of the day in the open air, even when the weather was very cold. She began with three raw eggs per day and gradually increased to fifteen per day. Other good, nutritious food was used with the eggs. At the end of eleven months she had gained twenty-three pounds and the cough and fever had disappeared, though there were still some moist rales at the right apex. No medicine was given except a cough mixture part of the time. Osler concludes with the following remark: "A rigid regimen, a life of rules and regulations, a dominant will on the part of the doctor, willing obedience on the part of the patient—these, with the conditions we have discussed, are necessary to the successful treatment of pulmonary tuberculosis."—*Public Health Jour.*

A CASE OF CONGENITAL GOITER.—Dr. I. A. Abt, in the *Chicago Med. Recorder*, describes a specimen coming from the Chicago Lying-in Hospital, where the confinement occurred. The mother was thirty-eight years old and had always enjoyed fair health; this was her fourth pregnancy; her labor was not a difficult one, though the child was born deeply asphyxiated. Prolonged efforts of resuscitation were made; the child gasped several times, but it could not be revived. The examination showed a well developed female child. A tumor in the mid line of the neck was very prominent; it was the size of a walnut, hard, nodular and slightly movable. The tumor was exposed by an incision in the median line of the body, and was found to be an enlarged thyroid gland. The two lateral lobes, as well as the isthmus, were greatly increased in size. The tissue of the gland was examined; histologically, it was found to be a very vascular structure with hyperplasia of the cellular elements of the gland. It was observed that the diaphragm was almost completely absent on the left side; a few muscular fibers occurred to indicate the usual attachment of the muscle. By reason of this defect in diaphragm, the left thoracic cavity contained the entire left lobe of the liver, which was large enough to fill up the greatest part of this space. Upon lifting the left lobe of the liver out of the thoracic cavity, the stomach was brought into view; it was noticed that this organ was placed in an inverted position, so that the greater curvature of the stomach filled the place normally occupied by the apex of the lung. The greater part of the duodenum, as well as a few loops of the small intestine and a portion of the transverse and ascending colon, lay within the thoracic cavity. The heart was pushed to the right of the median line and lay in the right half of the thorax. In consequence of this position of the heart, the right lung was displaced upward. The spleen was found near the vertebral column in the left half of the thoracic cavity and was covered by the stomach and transverse colon.

APPENDICULAR PLEURISY.—Prof. Dieulafoy calls attention to a form of pleurisy which may complicate appendicitis, and which he denominates appendicular pleurisy. Extending by the lymphatics, it gains the peritoneum, extends through the right hypochondrium and invades the right pleural cavity. It usually appears from the eighth to the fifteenth day from the beginning of the appendicitis, and as an infection does not commence before the third to the fourth day there is time for the surgeon to intervene, for in suppressing the root of infection the secondary affection is prevented. Any appendicitis, slight, acute or intense, may be complicated by pleuritis. This complication, usually right-sided, is preceded by hepatophrenic symptoms; pains in the right hypochondrium, radiating into the shoulder, dyspneic anxiety, apparent increase in size of the liver. These are due to a perihepatitis and to a subphrenic empyema which precede the pleural involvement. These latter appear in their turn; pain in the side and cough and are confounded with those immediately preceding. Appendicular pleurisy does not always follow the same course. Usually it is putrid, with a vast effusion. In the beginning there are more or less pronounced and extensive friction sounds, but quite rapidly the signs of an effusion follow; dullness, absence of vibration, souffle, etc. The fever is variable; in some cases violent, in others slight. The dyspnea, anxiety, loss of strength, the bad character of the pulse, the pale and earthy color of the countenance of the skin testify to the gravity of the situation. Pleural as well as peritoneal infection, both are at the bottom. Edema of the chest-walls is not rare. On percussion at the upper portion of the chest exaggerated tympanism and on auscultation the signs of a pneumothorax are noted; amphoric murmur and hippocratic succussion. The first idea to occur to one is that a tuberculous perforation of the lung has happened, and, indeed, such a condition has long been known to occur in this situation; rarely does one think of a pneumothorax by putrefaction. But whether this be present or not the nature of the exudate should be determined by exploratory puncture, when it will be seen that it is not truly purulent, but dirty, serous, turbid, grayish and fetid. Without awaiting the results of cultures (aërobic or anaërobic) the empyema should be operated on immediately. Sometimes the pleural infection is reduced to a minimum, with a slight serous effusion which is easily absorbed. It is not a very common complication.—*La Semaine Medicale.*—*Pritchard, in Hahnemannian.*

B. D. H.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO

SPECIAL CLINICAL COURSE.

From Wednesday, September 19, to Wednesday, September 26, 1900, free to the profession.

For the purpose of demonstrating to the profession at large the class of clinical work done at Hahnemann College, the members of the college and hospital staff have prepared a special clinical course to be held the week preceding the opening of the fall term. At this time there will be presented a great variety of practical, everyday cases for the practitioner and also an interesting group for the specialist in any line.

All members of the profession are cordially invited to be present.

The following is the program:

- Wednesday, September 19—Clinical Electricity—Exhibition of
X-Ray Work, 10:30 A. M. Prof. F. H. Blackmarr.
Operative Surgery, 2:30 to 5:30 P. M.
. Prof. Shears, Prof. Barker, Dr. Hunter.
- Thursday, September 20—General Medicine, 3:30 to 5:30 P. M.
. Dr. A. L. Blackwood.
- Friday, September 21—Gynecology, 9:30 A. M. to 12:30 P. M.
. Prof. E. Stillman Bailey.
General Medicine, 2:30 to 5:30 P. M.
. Prof. Cobb, Dr. Forbes, Dr. Smith.
- Saturday, September 22—Operative Surgery, 8:30 A. M. to 12 M.
. Prof. H. R. Chislett and Prof. Kahlke.
Practical Urinalysis in the Laboratory, 2:30 to 4:40 P. M.
. Prof. G. T. Smith.
- Monday, September 24—Practical Blood Analysis, 9:30 A. M.
. Prof. W. Henry Wilson.
Clinical Microscopy, 10:30 A. M. Prof. A. C. Halphide.
Kidney and Cystic Diseases, 11:30 A. M. Prof. E. M. Bruce
General Medicine, 3 to 5:30 P. M. Prof. H. V. Halbert.
- Tuesday, September 25—Insanity, 9:30 A. M.
. Prof. W. E. Taylor, Western Illinois Insane Hospital.
Skin and Venereal Diseases, 10:30 A. M. Prof. C. D. Collins.
Eye and Ear, 2:30 P. M. Prof. C. G. Fellows.
Nose and Throat, 4 P. M. Prof. O. L. Smith.

Sub-clinics on all subjects in medicine and surgery, general and special, will be in continuous operation in the dispensary.

A similar course will be given in the spring, April 18 to 24, 1901.

Miscellaneous Items.

Dr. O. L. Smith is very proud over the arrival of a daughter at his house.—Dr. E. C. Register, of Charlotte, N. C., and editor of the *Charlotte Medical Journal*, gave THE CLINIQUE a very pleasant call not many days ago.—Dr. H. W. Bassett has left Oak Park and located at Richmond, Va.—Dr. F. P. Stiles is mayor of Sparta, Wis.—Dr. M. G. Violet has moved from Milwaukee to Butternut, Wis.—Dr. W. B. Webb, of Beaver Dam, Wis., is taking a summer course of study in our city.—Dr. W. M. Davison has temporarily left the city on account of ill health.—Dr. Sarah A. Goff, Hahnemann '86, died suddenly at Canon City, Colo.—Dr. Rudolph Virchow, the distinguished pathologist, celebrated his golden wedding in August.—Dr. J. C. Wood has resigned from the faculty of the Cleveland Homeopathic Medical College.—Of the lectures and clinics scheduled for the last session of Hahnemann College only $4\frac{1}{2}$ per cent were not actually conducted according to schedule. And this by a faculty made up entirely of practicing physicians.—Harlem, N. Y., is to have a hospital of 300 beds, one-half of which is to be under homeopathic management.—A new spring has been obtained at Nauheim by drilling, and all fears of failure in water supply have been dispelled.—Dr. Harvey Farrington and Dr. H. A. Cameron, both of Philadelphia, will remove to Chicago this month. Dr. Cameron is the editor of the *Journal of Homeopathics*.—In France the number of lepers is now nearly four hundred. A colony is to be established in the Vosges Mountains.—We now have more than one hundred women nurses with the soldiers in the Philippine Islands.—The names of five physicians are to be included among those inscribed in the Hall of Fame in Washington.—Denver is to have a woman's hospital to cost about \$100,000, the donation of

Mrs. C. N. Whitman.—The Rochester Homeopathic Hospital receives \$5,000 by the will of J. W. Gueis.—The *Pacific Coast Journal of Homeopathy* has moved from San Diego to San Francisco.—Dr. Haseltine has moved his Evanston office from the Y. M. C. A. Building to the Century Building.—Dr. Frank R. Leeds was married this month to Miss Florence Clark, at Chazy, New York. Miss Clark is a niece of the late Mrs. Caroline E. Haskell. Dr. Leeds will locate at Waterville, N. Y.—Dr. Shears has returned from his summer home at Lake Geneva.—Drs. Fellows, Kahlke and Woodard are spending a vacation of ten days at Manitowish, Wis.—Dr. Eugene Griffith, of Henderson, Ky., died very suddenly not long ago.—Dr. A. K. Crawford has taken offices in San Francisco, 406 Sutter St.—Dr. Jennie C. Murphy is doing a good business in Yankton, S. D.—Removals: Dr. Luella E. Axtell from Burlington to Marinette, Wis.; Dr. L. E. Strode has located at Paola, Kan.; Dr. W. O. Phillips from Grange City to Hillsboro, Ky.—Dr. A. C. Halphide's office is now located at 3217 Wabash Ave. Hours 9 A. M. to 6 P. M.—The editor of THE CLINIQUE spent the last week of August recuperating among the lakes of western New York.—Correspondence with the college office regarding the coming winter's course is unusually heavy, new students are already appearing and a considerable increase in attendance is assured.—Every practitioner should bear in mind the special clinical course to be given at Hahnemann College September 19 to 25; the schedule appears on page 520 of this issue and duplicates are to be had at the college office.—By the appropriation for the purpose by the Board of Trustees the scientific laboratories in the college building have been remodeled and are now equal in size and equipment to those of any medical college in the west. The newly acquired property south of the college building has been partially utilized for teaching purposes, thus adding a large and commodious lecture room to the conveniences heretofore enjoyed.

THE CLINIQUE.

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CHICAGO, OCTOBER 15, 1900.

[No. 10

Original Lectures.

THE ANNUAL ADDRESS.

DELIVERED BY PROF. A. L. BLACKWOOD AT THE OPENING
EXERCISES OF HAHNEMANN MEDICAL COLLEGE, CHICAGO,
SEPTEMBER 25, 1900.

I deem it an honor to be permitted to address you on the occasion of the forty-first opening of this institution. If those who attended here when it had but few teachers and a one-year curriculum considered themselves fortunate and have made a success in their profession, how much greater should be your success, when you consider the institution to-day, with a four-year graded course and an equipment that is excelled by none, and equaled by few. As I look into your faces to-night it appears to me that you are all desirous of making your professional life a success in the highest sense of the word, and I have thought it might be advisable for us to carefully study a few of the "steps to success," that you may from the very start guide your lifework intelligently. Pluck has demonstrated its superiority to luck; time has chanted the requiem of false theories and dogmas, and a recognition of cause and effect has exploded the theory that "what is to be, shall be, whether it comes to pass or not." Is it possible that there is a law governing the formation of the crystal, the growth of the vegetable, and the development of the human body, and yet no landmark by which a man or woman may guide his lifework that it may result in success? Nature may withhold from science her ultimate secrets but man is capable of rising, by definite laws, to higher things.

The only ethical quality of which I desire to speak is

honesty. This has not developed as rapidly as it should under the influence of civilization. In order to succeed you must be honest; honest with yourself, honest with your opportunities, for they come to all, often but once. We are all inclined to think that our opportunities are not equal, because they are not similar to those of others. The lamented Ben King has spoken on this subject thus:

“Jane Jones keeps talkin’ to me all the time,
 An’ says you must make it a rule
 To study your lessons ’nd work hard ’nd learn,
 An’ never be absent from school.
 Remember the story of Elihu Burritt,
 An’ how he clum up to the top,
 Got all the knowledge ’at he ever had
 Down in a blacksmithin’ shop.

Jane Jones she honestly said it was so!
 Mebbe he did—I dunno!
 O’ course what’s a-keepin’ me ’way from the top,
 Is not never havin’ no blacksmithin’ shop.”

I have heard of a poultry raiser who, when complaining that grain was expensive, was advised to mix sawdust with it and the chickens would not know the difference. After trying it for some time his friend asked him how the plan succeeded; he replied, “I do not know but it is all right, there were five hatched out yesterday, four of them have wooden legs and the fifth was a wood-pecker.” I have known students to pursue just as suicidal a policy. They sat on the back seats, read newspapers and cribbed their examinations, while as great clinics as the world affords were being conducted. They are now astonished at how little they know, and that people will not trust their lives to their knownothingness. Be honest with your opportunities, for they are the best that can be found anywhere. You must not only be honest with your opportunities, but also with your talents. They may not be the greatest, but they are capable of improvement, and there is a niche where they are needed and which they alone can fill. There is a legend from the days of King Solomon that as the workmen examined the stones sent from the quarries for the erection of the temple, there was one that, because of its peculiar shape, they thought to be useless, and it was thrown over among the rubbish; but when the last arch was being completed the keystone was missing, and one remembered this peculiar stone. It was sought out and found to

be the one needed to complete and hold the arch perfect. Be honest with your talents, cultivate and develop them, for there is a structure that demands them for its completion.

You should be honest with your profession, for with it you rise or fall. From it you have derived benefits that it has been accumulating during the centuries and in return you owe it an allegiance, an honorable and dignified support throughout life, not alone utilizing its many truths, but adding to them others that may be beneficial to future generations, being first a man and second a professional man; ever realizing what you should be, above what you are.

You must be honest with your patients, causing your every act to reflect the truth of the golden rule. I have heard of lawyers who thought more of their fee than of justice; I have heard of clergymen who labored as hard for dollars as they did to scatter the gospel truth, and physicians who called to see their patients after they had recovered and considered their reputation of greater moment than the life of their patients. There is not only an ethical but a legal relation existing between them. The physician desires to gain the confidence of the community in which he lives; to accomplish this he must deserve it. By the oath of Hippocrates the practitioner was to enter the house of his patient, but to do him good and avoid the appearance of evil.

“ This above all—To thine own self be true;
And it must follow, as the night the day,
Thou canst not then be false to any man.”

Not only should you be honest but you should be adapted to your profession.

The testimony is sufficient to prove that an individual cannot be truly successful in life until he has found his true place. The time was, and is yet to an extent, when a boy's course is mapped out for him by kind but ignorant parents. If loquacious he must be a lawyer; if born with an incompetent liver, and suffering from the resulting moroseness, it was mistaken for devoutness, a mitre was twisted upon his head and Paul must be a clergyman; while if slow of thought and stammering of speech, he was intended for a physician. Galileo's parents planned for him a glorious career in medicine, but beneath his anatomy and physiology he hid from them his Euclid

and Archimedes, and the scientific world bows to Galileo not as a physician but as the inventor of the telescope and microscope.

You should not only have the quality of mind that adapts you to your profession, but by constant observation and thought, adapt yourself to it. There should be a happy combination of education and culture, causing both sense and sensibility to contribute to your success. There are many in our profession who remind me of an old farmer who, although he had never seen a railroad, was very much opposed to one that was being built through his settlement, and did all in his power to prevent it. Several months after it was built he thought he would like to see it, so he went in and shaved, put on his Sunday clothes, and turning to his wife said: "Come, Amanda, let's go out and see that railroad." They accordingly took their stand upon an elevation about a half mile from the right of way, and before long a freight train appeared, passed along before them, and disappeared. Up to this time all was reflection, when the wife broke the silence and said: "Why, Isaac, I do not see that it does much harm." "No, Amanda, it did not that time, but you noticed that it came endwise; but you just wait till it comes sidewise once, and then you will see."

Why is it that there are such numbers in all our professions that are not succeeding? They are disappointed in life; they believe others are failures because they are; they are out of place, and as a result they are out of office; they are out of credit; they are out of courage; they are out at the elbows; they are out in the cold.

As Matthew Arnold says, better be the Napoleon of bootblacks or the Alexander of chimney sweeps than a shallow-brained attorney who, like necessity, knows no law.

" Brutes find out where their talents lie;
 A bear will not attempt to fly;
 A foundered horse will oft debate
 Before he tries a five-barred gate;
 A dog by instinct turns aside
 Who sees the ditch too deep and wide.
 But man we find the only creature
 Who, led by folly, combats nature;
 Who, when she loudly cries, 'forebear!'
 With obstinacy fixes there;
 And where his genius least inclines,
 Absurdly bends his whole designs."

My next step is application. An old Greek proverb says that "The gods, for labor, give us all good things." This thought has been expressed in a thousand different ways in all languages, and men of every generation have sought an easier way, but all come back to this as the only way. For, as the Greek expressed it in another proverb, "By their long memories the gods are known." By the gods they meant the "forces of nature," the unseen but operative powers that rule all things, and our knowledge consists in their recognition. But we violate the first of these precepts and expect something for nothing. It is a natural impossibility to receive anything for nothing, and when some one importunes you to take something on this basis, always have him sample it first. It is human nature to look upon ourselves as the world's creditors. I look back to my three years of academic life. I remember how I looked upon myself as a creditor of that institution; as I left it for the university I carried the same delusion; it was now my debtor, and the same idea haunted me when I entered the professional school. When I had paid my paltry fee, I rather felt that my obligation to the institution was about at an end, and it owed me everything and a diploma besides. I had forgotten that the value of wisdom was more precious than rubies. And as the student of Gamaliel has said, "we are debtors," to nature for all it has bestowed, to bygone generations for their thoughts, and, above all, to the great institutions that elucidate these thoughts and make them ours. See that the design is wise and just; this ascertained, pursue it resolutely, for the great results of life are attained by simple means and ordinary qualities. They must be rightly directed and time spent on the foundation. To many this is hard. "We cannot wait" is heard from the mouth of all. The boy cannot wait for the high school; he must push along half prepared for the intellectual struggle of life. Everything overtaxes him, he breaks down in middle life, and dies of old age before he is fifty. It is not only application but a concentrated application that succeeds. "Scatteration" has been termed the curse of American business life. Many are like the child who is continually pulling up his plant to see if it has grown; they lack the stick-to-it-tiveness that is so essential to success. They drop out of the race for the supremacy and are either lost to view or carried along on an invalid stretcher, objects of charity. You

must apply yourself patiently and await results. Bancroft labored twenty-six years to produce his "History of the United States." Noah Webster devoted thirty-six years to a dictionary, and Gibbon labored twenty years on the "Decline and Fall of the Roman Empire." Do not be discouraged if your undertaking appears arduous; dig deep and lay a solid foundation. Have you ever seen Bunker Hill Monument? It is beautiful; it stands unmoved by any blast, true to the plummet, and why? Because its foundation is laid fifty feet below the surface of the ground. If your life is to be a success do not be afraid of applying yourself to the drudgery of laying a solid foundation. You will be no exception to the rule. George Eliot spent years, and read a thousand volumes, before she could produce "Daniel Deronda;" the young Sioux Indian had to apply himself, for until he had killed his man he was not allowed to stick the feather in his headdress and have the title of brave warrior; he could scarcely get a girl to marry him until he had "got the feather." We might give other examples, but these are sufficient. Your four brief years here are hardly sufficient for you to learn the rudiments of the sciences with which your lifework is to be most intimately blended, to say nothing of the unfathomable depths in biology and psychology that from the very start will confront you; it is only by a constant application on a definite line that you can hope to succeed. Scientists tell us that by the constant pour the Niagara Falls have worn back through the limestone seven miles. An insect so small that it can hardly be seen is by its constant application filling up the Pacific Ocean. But it is constantly at that and nothing else. We have met many—some of them have gone from this institution—who early in their career gave us great hope of their ultimate attainments, being above the average in the ease with which they grasped a fact, but they have failed to distinguish themselves because they have refused to apply themselves to that continual labor that is the price of immortal fame. There has been no one thing they have clung to supremely and mastered.

You must not only be adapted to your profession and apply yourself diligently, but you must be enthusiastic in it. Not the enthusiasm of the unbalanced theorist who lives in the imaginative only, but of him who conscious of the stability of the foundation of his cause, the nobility of its undertaking and the sovereignty of its truthfulness,

goes forward with such determination that he carries conviction to the hearts of men the world around. The world will not have confidence in you unless you first have confidence in yourself and your cause. As Goethe has expressed it,

"But never hope to stir the hearts of men,
And mold the souls of many into one,
By words that come not native from the heart."

Enthusiasm calls for the consecration of your every power to a definite end; it is an unwavering confidence in your undertaking that you are the only one that has been commissioned to do it. As examples of its power we see it sending an Agassiz to study the Alps; a Pliny to the mouth of the volcano that has swallowed him; it caused a Michael Angelo to study anatomy twelve years, but it made his style and gave him fame.

Enthusiasts have been and are still called cranks. Columbus was called a crank, was thrown into prison and died in disgrace and poverty, but he discovered a new world. Harvey was called a crank, but he could demonstrate the circulation of the blood. Hahnemann was said to be a crank, but he revolutionized the practice of medicine. Give the name of the earth's immortal one who was not fired with enthusiasm by his ideal; name for me a great reform either political, social or scientific that was not the result of enthusiasm. What is your ambition? It is yours, if you are enthusiastic.

Your enthusiasm will not only spur you on to greater efforts, but as Raphael's enthusiasm inspired every artist in Italy, so yours may set a thousand lights a burning. For enthusiasm, like smallpox, is contagious.

This is said to be the age of the young man, and why? Because it is the age of enthusiasm, an attribute of youth. Listen! Romulus founded Rome when he was twenty; Napoleon had conquered Italy when he was twenty-five; and Byron died, having won fame, when thirty-seven.

Awake to the importance and dignity of your life work; don't dream during the hours you are awake. This is a bad habit to practice while you are sleeping. Be enthusiastic, be a lifter in the world; people may laugh at you, but remember that he laughs best who laughs last, and let that be yourself. Your enthusiasm will receive a rebuff at times, and here I am reminded of a little scene

that was enacted on one of those hot afternoons recently. A man was seated by an open car window chewing his quid of tobacco and expectorating out of the window, while across the aisle sat a woman, one of the world's enthusiastic reformers. She eyed her victim for a time and then crossing the aisle seated herself beside him, and began to upbraid him on the evils of his tobacco habit; how it was expensive; how it was unhygienic; how it was unhealthy and disgusting; to every point her victim very good naturedly acquiesced. Finally she became very indignant and in an elevated tone of voice said: "I tell you, sir, if you were my husband I would give you poison," to which he replied very good naturedly, "Madam, if I were your husband I would certainly take poison."

You may be adapted to your profession, you may apply yourself with all your reserve force, you may be brilliant, but if not enthusiastic you will lack weight in the struggle for the supremacy.

As a result of these various steps, and crowning all, is growth. This is not the result of effort, but the requirements having been met it is spontaneous. This is more than passing an examination that may be cribbed. It is more than the accumulation of certain facts that may, parrot like, be enumerated. It is the assimilation of all the facts, and the giving them forth to the world with our own stamp and impress, from our own laboratories, that the world recognizes them as ours. Your efforts to simply grow may be right in fidelity, but are wholly wrong in nature, for you fulfill the conditions by the habits you form, and the results follow naturally.

Opposition will confront you here, as elsewhere, for your chosen profession is one that is in the midst of the scientific warfare that has been, and is being waged, and while many of the topics of debate have been settled in your favor there are still others to settle, and you are coming to your lifework at an hour when time is moving quickly, growth is rapid, and facts for food are plentiful. But do not mistake learning for wisdom; the former looks back and continually recounts what has been, while the latter, standing upon the accumulated learning of all the centuries, looks forward to heights yet to be attained, fields yet undiscovered, and longs to unfold their secrets. There has ever existed two factions in the world, one in favor of science, its advancement, and development, while the other, as Huxley has said, "Lies about the cradle of

every science, as the strangled snakes beside that of the infant Hercules."

Do not become enamored with the glitter of your day and age where the almighty dollar is still so mighty. Do not allow anything to hinder your development and growth. Success in your profession, which is another way of saying growth, is the result of constant application; it is the sum of all your endeavors. Don't be afraid of this growth; don't be afraid of work, for in many cases what the world terms genius is but another term for hard work. Written upon all nature is work, or die.

Daniel Webster had to work for more than twelve hours a day for fifty years to gain his position in the world. Sir Walter Scott had to write twelve of the "Waverly Novels" each year and had as his motto, "Never be doing nothing." Beecher was an orator, but he went to the woods and pastures and practiced speaking. Wilberforce held his audience spellbound, but he rehearsed every address at least sixteen times, and to a young law student said: "You must make up your mind to live like a hermit and work like a horse."

Where there is life there is growth; where there is true life there is a mission fulfilled and others benefitted; and in this high sense every man and woman who ever lived and toiled, either with the brain, the heart or the hand; yet liveth because there was growth. Is a Hahnemann dead; is a Pasteur dead; is a Ludlam dead; is any man who by his honesty, adaptation, application, enthusiasm, and growth benefitted humanity dead?

THE PRESIDENT'S ADDRESS.

BY PROF. GEORGE F. SHEARS.

Inasmuch as this is my first public appearance as the chief executive officer of the College and Faculty, it may not be inappropriate that I devote a few words to this new relationship.

I should be a degenerate—a disloyal son of old Hahnemann—if I did not feel proud of the honor conferred upon me by my election to the presidency of an institution of the standing of Hahnemann Medical College of Chicago; proud of my election to an office which has been held by such men as Small, Smith, Ludlam and

Vilas; proud that my election came as the unanimous recommendation of my colleagues on the faculty with whom I have worked so many years, and was unanimously approved by my associates on the Board of Trustees, with whom for more than a decade I have labored for the interest of the institution.

It may not be known to all of you that in no part of the world has homeopathy made the strides that it has made in the United States. That in our own free land, unhampered by tradition or officialism, favored by the presence of an intelligent population, and advocated and nurtured by some of the best of minds, homeopathy has become a great and powerful school of medicine. In the United States, where homeopathy has reached its highest development, the medical schools of three cities stand pre-eminent—those of New York, Philadelphia and Chicago—and I am proud to say that in every respect that gives permanence to a college—stability, as recognized by age, property-right and acquirement; methods of instruction, as shown by facility for scientific work and by courses of instruction; quality of instruction, as shown by its teachers, and its output, namely, the success of its graduates—“Old Hahnemann” of Chicago has no need to fear comparison.

For the consideration of students and would-be students of medicine, let me take up for a moment some of these requirements of a good college, as enumerated in my previous paragraph. Stability, permanence, as shown by age and property-rights and acquirements. To no other class of professional men does the stability and permanence of his alma mater mean so much as to the physician. The clergyman having entered his profession, cannot be debarred from preaching so long as he can obtain an audience, no matter what becomes of the college from which he received his diploma; the lawyer cannot be debarred from practice so long as he finds a client, and observes the amenities of his guild, no matter where he may locate, or what changes take place in the college in which he received his instruction; but the physician whose diploma is from a *new* college, a *defunct* college, or a college whose assets give no guarantee of prolonged life, is always an object of suspicion; he is liable to be obliged to prove the character of the institution from which he graduated, and may actually be debarred from practice if his alma mater fails to be included, as time

passes, among the reputable colleges of the land; or if, at the time of its decease, it had not met the requirements of some state board. The stability that comes, therefore, from the possession of property and an established income is no more to be ignored in the selection of your college than in your bank of deposit. Both you desire to find in existence in time of need. Hahnemann Medical College is nearing the half century mark of existence, and instead of growing feeble and decrepit, it is stronger than ever before.

To every institution there comes a time of great peril, the time when its building and equipments which served at its inception have become antiquated and obsolete, when its great men whose ability, enthusiasm and self-sacrifices built it, have passed away. Is there within the institution the leaven of regeneration? Many of our colleges have this question still to answer. Some have answered it in the negative. Hahnemann, of Chicago, we are proud to say, has answered it affirmatively. Ten years ago, its college building, once considered large and well fitted for collegiate work, had become old, and its accommodations ill-fitted for the requirements of the graded course, and the extended scientific work which, in chemistry, physiology, bacteriology and biology had become a recognized and essential part of a good college course. Its hospital was inadequate to take care of the cases needed for extended clinical instruction. Its treasury, if not empty, contained but a small surplus. The men who had made it famous had either passed away, or reached that age when, no matter how great their interest, or loyal their spirit, active work was a burden and a care. Must the institution die of inanition? Have these men labored in vain? The lives of these men, whom we all honor, were not failures. Their spirit was still alive in another generation. Their work had been taken up by younger and more vigorous lives and carried forward. Scott, in his *Roderick Dhu*, tells how the fiery cross, which summoned the clansmen, was carried by Malise over hill and dale, mountain and fiord, until he fell from exhaustion. As he entered the home of the next clansman, Duncan, the head of the clan, and the one upon whose shoulders rested the responsibility of forwarding his chief's message, lies dead. His family and dependents are chanting the burial song, when Malise enters. Duncan is no more, but the family spirit is not dead. The son

sees his chieftain's emblem, leaves his dead, and speeds forth on his father's errand.

" Angus, the heir of Duncan's line,
Sprang forth and seized the fatal sign.
In haste, the stripling to his side
His father's dirk and broadsword tied;
One look he cast upon the bier,
Dashed from his eye the gathering tear,
Breathed deep to clear his laboring breast,
And tossed aloft his bonnet crest.
Then, like the high-bred colt, when freed,
First, he assays his fire and speed,
He vanished, and o'er moor and moss,
Sped forward with the fiery cross."

So has it been with Hahnemann College. As the work dropped from the tired hands of our fathers in the profession, it was taken up by the sons. The young life, the new life, the vigorous life, leaped forward. The spirit of homeopathy in the college was revived. The zeal of the pioneer was not lessened, but in his descendants his energy, extended and broadened by the new knowledge of the day, flowed in broader streams, but with a no less resistless current. It would be a severe indictment upon any system, whether of medicine, of law, theology or economics, that it had made no changes in a century. This faculty, I am glad to say, does not run a medical college exactly as Hahnemann would have run it a hundred years ago, nor does it confine its teachings to simply what was taught by Hahnemann, much as we revere him, much as we love him, much as we believe he was the greatest medical reformer the world ever knew. Does astronomy teach nothing but that which received the sanction of Newton, although the whole science rests upon the law of gravitation? Must physics be limited to teaching what was taught by Mohr, because he enunciated the law of the correlation of forces which is the principle upon which the mighty electrical accomplishments of the day depend? No, the least earnest and least faithful son of Hahnemann is he who would deny to that great mind the willingness to utilize every aid that advancing knowledge may bring to correct or enlarge the conclusions of one hundred years ago. As he was then foremost in the sciences of that day, we believe were he alive he would be foremost in the sciences of this day. As he was then one of the foremost chemists, he would be, we believe, one of the foremost bacteriologists. Not a slavish, groveling

copying of every peculiarity of Hahnemann, but an earnest, conscientious study of the spirit and application of the great law enunciated by him, makes the true Hahnemannian. In this spirit the new life of the college has worked. Not less homeopathy, but more homeopathy; not homeopathy contaminated, but illuminated by every lamp that knowledge has lighted. To accomplish this, much was needed in a material way, and much has been obtained. A new college was built, a new hospital was erected, courses of study were extended, and endowments were created. Ten years ago we had \$20,000 worth of property, to-day we have more than \$200,000 worth. Then we had no endowments; now we have \$100,000. This new life is evident, not only in a material way, but in an educational one as well. Ten years ago a student might obtain his diploma after two years' study and after attendance upon two courses of lectures of five months each. Now this college demands and lives faithfully up to a requirement of four years' study, and an attendance of four courses of lectures of seven months each. Ten years ago the studies of biology and bacteriology were not among the active requirements of the college; now these science studies are an important part of our curriculum, and to them are devoted more space in our college building than all the scientific departments combined occupied in the days of the founders of the college. This year it was my good fortune to be able to present to the trustees, on behalf of my good friend, Mrs. Haskell, the four-story building south of the college building. Hardly had it come into our possession when these same departments demanded still more laboratory space, and the new building was at once put into service. Expansion, at home and abroad, seems to be the order of the day. In this college the facilities for instruction and the courses of instruction are constantly increasing. Nevertheless, I am glad to say that Hahnemann College will not be hampered by lack of ground space for many years to come.

And now of the men who have taken the places of the pioneers, those great men who made the college and gave it its place of honor. Are the successors equal to the task imposed? To those of us who knew and honored the fathers, who remembered the brilliant and energetic David A. Smith, the broad-minded and learned Alvin E. Small, the great surgeon and orator, George A. Hall, the

wise and cultured Dr. Ludlam, it seems impossible that their places can be filled. And yet the answer is in the progress of the institution during the past ten years. During these years of regeneration it is upon the younger shoulders that the burdens have been carried. I am glad to say that the shoulders are still young; that the active, willing, energetic hands have many years of working force, and that I believe the interests of the college are safely placed.

When, then, young men and women, I welcome you to this college, as I do now most cordially on behalf of the board of trustees, I believe I welcome you to one that possesses the requirements that you should demand—permanency, a live working faculty, facilities for instruction, and above all, a college spirit that cannot be made to order, but is both an inheritance and a living.

THE DEAN'S ADDRESS.

By PROF. E. STILLMAN BAILEY.

By a sort of custom this number on the program must be short. Having had all summer to prepare these few remarks I have had plenty of time to make them very brief.

On the fly-leaf of every medical book in a certain large library owned by a practitioner of wide reading and of national reputation, was written, together with the owner's name, the following quotation: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime." In explanation, the doctor said, "It was not enough for me to know this truth; I determined to make it a real inspiration for daily use; it is as true now as when it was written." The quotation is from Hahnemann's pen.

Hahnemann's protest against certain abuses in medical practice in vogue during his day was first written in the spirit of anxious inquiry, rather than harsh criticism; but out of the persecutions that followed, and which he himself suffered, a keener accuracy developed the doctrine of "*similia similibus curenter*." For over one hundred years this formula has proven the best ever written. Again Hahnemann was right. The former paragraph declared him a high-minded man, with noble, responsive sympathy; the latter presents him as a scientist. He wrote, "when we have to deal with an art," etc. The

practice of modern medicine clings now as it did then to the arts and sciences. Science continues with remarkable strides, and art knows no boundaries. True art is always creative; there are no graduates in art. Its limitations are the circumference of a large circle. Yesterday it was aristocratic; it is democratic to-day. A true reformer is always the man who sees his aim, but does not reach it, and finally bequeaths to others the honor and the glory of realizing his dreams. No one claims that these are the last days of scientific progress. No one as yet knows the mysteries of life nor of death! The real spring of scientific enthusiasm resides in the conviction that we are at the beginning of knowledge, and every day reveals new elements of the mighty universe. When the old alchemists sought for the elixir of life, they found what was better—the elements of chemistry. The days of old were grand, but the present days are grander. Jeremiahs still live to find fault with others, but they are like the glow worms calling the midday sun to account.

Hahnemann Medical College stands for the education of the men and women of to-day in all the arts and sciences of medicine. Forty years ago it accepted the special bequest of its founder, to progress along all the chosen lines, and it has kept the faith and still glorifies the teacher and the preacher of homeopathy.

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Clinical Society Transactions.

F. H. HONBERGER, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

W. P. MCGIBBON, M. D., RECORDING SECRETARY.

The regular meeting of the Clinical Society was held in the college amphitheater, Saturday evening, September 29th, at 8:30 p. m. In place of the regular bureau report the following papers were presented:

XXXIV. A CASE OF CHOLELITHIASIS WITH RESULTANT PYEMIA AND DEATH. BY DR. CHAS. E. KAHLKE.—*History.* On February 15th, '97, I was called to see Mr. W., age 61 years, in consultation with Dr. Blackmarr, physician in charge. I found that his present illness was already of two weeks' duration, his main symptoms being chills, fever, sweats, light jaundice, more or less constant nausea, and vomiting of a bilious character. He had already had arsenic and quinine until he was nearly deaf. This treatment he received from the physician in charge before Dr. Blackmarr took the case. All of his symptoms, however, increased in severity. Going back over our patient's history we find that while at Des Moines, Iowa, six years ago he had a chill, fever which lasted two or three days, vomiting and some jaundice. Two years ago he had the same kind of an attack at Iowa City, Iowa. This time, however, his temperature ran up to 107° F. and occurred in connection with a suppurating hydrocele. Last spring he had another similar attack. After this they came irregularly from once every two weeks to once every six or eight weeks. He always had nausea and vomiting with the chill and fever, some jaundice, dark urine and clay-colored stools; some uneasiness in region of liver and epigastrium, with moderate pain under right shoulder blade, but at no time any typical colic. For past two years he has noticed a stitching pain in region of liver on deep inspiration. Last summer he had a slight attack of pleuritis, but otherwise no cough or marked pain. No history of rectal difficulty or dysentery. For past two week the chills have been occurring from once to three times daily with more or less regularity; temperature after chill 102°-104°, later becoming slightly sub-

normal. Dr. Blackmarr said that in the early part of his attack he found considerable bile in the urine. At my examination, February 15, I found the old gentleman in good flesh, with a slight icteric appearance of skin and scleræ; no pain anywhere except slight dull pain in region of the shoulder blade; some soreness over both hypochondriac and epigastric regions. There was slight resistance to palpation in the region of gall bladder; liver dullness normal, but slight increase in area of dullness over gall bladder.

Blood examination. For plasmodia negative; leucocytes increased in number.

Urine. Amber colored; slightly acid; specific gravity 1013; tests for albumin, sugar, bile, etc., negative; no sediment; urea .02 grammes per c. c.

Sent our patient to Hahnemann Hospital February 17. February 18. Attack of pleuritis, left side, over lower lobe; bad cough, bloody expectoration; temperature 103°, pulse 120, respiration 40. Physical examination of chest revealed, aside from the pleuritis over left lower lobe, moist râles over both lungs posteriorly, especially near the bases. No signs of consolidation; systolic murmur at apex, transmitted around to left.

Diagnosis. Gallstones and cholecystitis with pyemic abscesses of lungs.

Operation. February 20, 11 A. M. Chloroform. Slightly curved incision over gall bladder; very dense adhesions encountered between gall bladder, hepatic flexure of colon, duodenum, and omentum. In separating these a hole was torn in gall bladder, and through this opening a few small stones were removed. As the surrounding parts were well protected and as there was very little bile to be seen, the peritoneal cavity was not infected. The iodoform gauze packing was then left in place, the wound partly closed and the patient put to bed.

Results. Patient put to bed in good condition; rallied nicely from operation; no nausea; rested well most of the night. At 8 A. M. next morning his temperature shot up to 104°; pulse 130; respiration 40; marked pulmonary edema at once manifested itself, and patient sank rapidly, dying at 11 A. M. After the operation there were no abdominal pains, distention or vomiting.

The post-mortem, which was held immediately after death, revealed a healthy looking peritoneum, absolutely no peritonitis except that walling off the region of the

gall bladder. The pericardium contained only a small amount of straw-colored fluid. Heart rather small; left ventricle firmly contracted. Atheromatous plaques in aorta; all the valves apparently normal; no evidence of acute endocarditis. Left pleura covered with slight amount of fresh, plastic exudate over lower portion; recent adhesions along anterior border left lung. Right pleura completely obliterated. Multiple abscesses and gangrenous infarcts throughout both lungs, especially near bases.

Liver. Abscess size of walnut in right lobe, just to right of suspensory ligament (thus substantiating Dr. Blackmarr's diagnosis). We clearly demonstrated the opening of this abscess into one of the large intra-hepatic veins, but could not trace its origin to a progressive inflammation along the bile ducts.

Gallbladder. Small, thickened; contained small amount of bile and a few stones. Adhesions as stated in description of operation. On the inner surface of the duodenum, at the point where the common duct has its exit, there were evidences of an old ulceration, the mucous membrane presenting a good sized cicatrix and being bridged across in one place.

No enlargement of mesenteric glands. Kidneys small, but not cirrhotic and surrounded by an immense amount of fat.

There was no evidence of pus about the old suppurating hydrocele, this being entirely healed.

Death evidently due to acute pulmonary congestion and edema excited by the infected areas of lung.

Now, I want to call your attention to the following points: The chronicity of the chills and fever, the similarity of the case to malaria and the absence of the clinical signs of liver abscess. When we consider this condition, and especially the fact that old people suffering with cholelithiasis have chills and fever, even in the absence of any suppuration, we can see that we were not warranted in making a positive diagnosis of hepatic abscess. The symptoms of hepatic suppuration were obscured on account of the small size of the abscess and its rather central location.

The cause of death, edema and congestion of the lungs, is, as we know, a very frequent one in cases of old people, especially where organic heart disease is present, and particularly so if this condition is combined with an inflammatory focus in the lung.

I regret very much that a microscopic examination of the pus in the liver was not made.

DISCUSSION: DR. SHEARS: The lessons which Dr. Kahlke draws from his interesting case are pertinent and with his conclusions I heartily concur. To me the important lesson to be drawn from the case is the necessity for more accurate diagnosis if the life of a patient suffering as this suffered is to be preserved. Here was a patient who had had several attacks which certainly should have led his medical attendants to at least think of cholelithiasis and of cholecystitis. He now is seized with chills, high fever, tenderness over the gall bladder and some icterus. The history and symptoms pointed markedly to the formation of pus either in or about the gall bladder. Could this patient have been seen by the essayist at an early date during the last attack, and the abdomen opened, the gall bladder investigated, and the abscess drained, he would have had a good chance for recovery.

I have a patient now just about to leave the hospital, who started out something as did Dr. Kahlke's patient. Fortunately his physician made a correct diagnosis early and sent him at once to the hospital. The abdomen was opened by me at once and three small abscesses around about the gall bladder opened and drained. I am pleased to say a good recovery followed. Early correct diagnosis and prompt operative measures are the only safeguards for these patients.

XXXV. ARSENICUM IN DERMATOLOGY. BY C. D. COLLINS, M. D.—From the earliest history of medicine arsenicum has enjoyed the reputation of being the "cure-all" for all diseases of the skin, regardless of their pathology, or even symptomatology, and only too often the medical student will classify the therapeutics of dermatology into two great groups, viz., those cases which are cured by arsenicum and those which are not. The fallacy of this is apparent, and suffice it to say that the greater per cent by far are to be found among those which are not. I will, therefore, endeavor to assign the drug to its proper realm and limitations.

Arsenicum is no more a "cure-all" for skin diseases than bryonia is for rheumatism, and this valuable remedy is too often expected to cure a case simply because it is

known in a general way to be a good remedy for eczema. As a matter of fact, arsenicum only covers a comparatively narrow sphere of skin symptoms, and these lie mostly in the following characteristics, viz.: Arsenicum acts first of all upon the cerebro-spinal nervous system in an irritating way, soon to be followed by a paralytic effect; especially is this true of the gray matter of the spinal cord in vasomotor paralysis. On account of this depressing effect on the nervous system, the circulatory system is likewise depressed and retarded, and it is here that we get our first hint as to the remedy from the appearance of the skin. The skin of the arsenicum patient is white, pale, waxy with ecchymosed looking spots; pale blue skin, with blue lips and blue nails, with a tendency to edema. This speaks of a venous stasis, and directly points you back again to a weakened circulation.

The next consequence will be a dry skin, an inactive skin, a skin that is deficient in its nutrition. Let us reason further: A skin that is defective in its nutrition must necessarily tend toward necrosis, therefore we see the arsenicum patient constantly throwing off quantities of dry epithelial scales, which is a mild process of necrosis of the skin. Nor does this process limit itself here, for necrosis of tissue may also occur, and is beautifully told by the language of the materia medicist, thus: Gangrenous ulcerations, with blue margins and foul discharges, purulent and fetid discharges.

Acne vulgaris in people of a lowered vitality with many comedones and pustules again showing the sluggish nature of the cases covered by arsenic; edema about the eyes and purplish zones about the acne papules point to a vasomotor paralysis. Therefore arsenic is more often useful in the chronic, the latent, dry, indolent and scaly stages of disease than in the acute, inflammatory, moist or bullous.

The diseases in which arsenicum is most often called for are chronic dry eczema, subacute acne, seborrhea sicca, ichthyosis, varicosis and psoriasis.

Case 1. Mrs. S., æt. sixty, born in Germany, a resident of Chicago for thirty years. She gave a splendid family history, but personally has not been well for fifteen years, suffering from a general weakness, anemia and a troublesome psoriasis, which was very abundant on her chest and back, less so on the extremities. The lesions were dry and scaly, and the whole skin was pale and waxy

in appearance. Her case was always aggravated in the winter and improved by the warmth in summer.

Urinary analysis revealed albumin (no examination was made for tube casts). She was given arsenicum alb. 6x and permitted to go about the house and attend to her usual duties. She improved promptly and continuously. The remedy was never changed and a complete cure resulted in three months. She had no subsequent return of her skin or blood disease, although about two years later she acquired a pleuro-pneumonia and died.

The next case is that of Miss G. B., æt. twenty-three. She had a subacute seborrhea of her scalp and chest and acne vulgaris of the face for six years. The lesion was pale red and finely crusting, and gave rise to much burning pain. The acne already spoken of was a chronic and indolent one with many comedones, around which could be seen an areola of pale blue. The patient was a brunette and much run down in general health when she applied for treatment on March 9, 1899. She was given arsenicum 12x. She reported a decided improvement March 30, and greater improvement April 15; the remedy was then continued in the thirtieth potency, and the case went on to complete recovery.

Case 15,897. Taken from the record of the skin clinic at Hahnemann College. Miss K. K., æt. eighteen, an Irish American dressmaker. September 12, 1899. For the past six years she has had a papulo-pustular eruption about the face, associated with which can be seen many comedones. At times there is much edema about the eyes and induration around the pustules. The cervical and submaxillary glands have become sympathetically involved. Diagnosis, acne indurata. She was given arsenicum iodide 3x four times a day.

She next reported on September 26 and was much improved, there was less edema, less irritation; the remedy was continued. I preferred the iodide of arsenicum here on account of the induration and involvement of the glands. The auxiliary treatment was simply the free use of hot bathing of the face and the opening of all pustules. This patient was last seen in May and was apparently well.

Case 15,081. Under date January 16, 1896. Master J. K., æt. sixteen; American. He first had a dry papulo-squamous eruption on his left arm in the fall of 1895. This rash gradually extended to his chest, then to his

head and eventually all over his body, involving every remote portion of the skin.

When first seen by me the lesion was that of an infiltrating dermatitis with much burning and many fine scales. Most of his hair had fallen out and his nails seemed inclined to do likewise. Diagnosis, pityriasis. He had already tried various remedies, such as sulphur tonics and some proprietary drugs, but all to no avail.

I prescribed iodide of arsenic 3x and advised a simple oil bath every second day. The result was magical, an uninterrupted recovery followed. The remedy was never changed and on March 30 he was discharged cured.

It is not the purpose of this paper to startle you with new therapeutical revelations of arsenicum, but rather to assign the drug to its proper limitations in dermatology.

XXXVI. WHEN SHOULD THE GENERAL PRACTITIONER DIAGNOSE EYE STRAIN? BY B. D. HASELTINE, M. D.—

The answer to this question in its strictest sense, as given by most oculists, would probably be "never," for an unqualified diagnosis of eye strain is scarcely possible to one not specially trained in ocular work. Indeed, it is not uncommon for patients to consult oculists, even at the physician's suggestion, with the understanding that they need glasses when the wearing of lenses is found to be quite uncalled for. That many other patients go on suffering from unsuspected eye strain is without doubt equally true. Not merely in older children and in adults do we find the evil effects of uncorrected errors, but in young children even as early as three years, often exist conditions involving serious consequences, which, under proper management, may be removed and useful vision conserved for later life.

The so-called congenital amblyopias are without doubt in many cases amblyopias from disuse resulting from high refractive errors. An amblyopic condition is almost always found where the difference of refraction between the two eyes is too great for the unaided ciliary effort to correct, and by the aid of lenses in early life such conditions can generally be improved. Indeed, the theory of a congenital amblyopia existing with no concomitant organic fault is one which, in the writer's opinion, we shall soon come to discard.

If, then, the early recognition of ocular errors is so necessary, a knowledge of the signs that should suggest

such errors is of corresponding importance. In young children the occurrence of intermittent or constant squint will generally warrant a diagnosis of faulty refraction, as will also a habit of holding objects at unusual distances for observation. But frequently an error may exist in one eye while the other does the work of both, such defects sometimes being undiscovered until late in life. And yet how easy anyone may discover such an imperfection simply by the temporary exclusion of one eye to determine if the other sees as well. In dealing with young persons, however, we must remember that good vision does not necessarily mean good eyes and that considerable degrees even of astigmatic error may coexist with perfect vision for all distances. In such cases the trouble is usually announced by occasional blurring of vision, by an abnormal appearance of the conjunctiva, by pain in the eyes or by headache. If none of these symptoms are present, even where the refraction is imperfect, it is usually safe to allow it to go uncorrected.

While any of the symptoms enumerated may, and often do, depend upon other and remote causes, all are at once suggestive of an ocular origin except the last, which is not especially indicative in character. The form of ocular headaches is exceedingly variable, and no rule can be given regarding the kind of pain, its location or the time of its occurrence. Pain about the forehead and temples is a common symptom, and if it occurs more frequently after ocular exercise it should excite suspicion. Such is the pain that usually accompanies loss of muscle balance, and may result from this cause even where no refractive error is present. Pain in the vertex is, in my experience, unknown as a symptom of eye strain.

There is one form of headache that from the frequency of its occurrence has come to be associated, in my mind, with faulty refraction, and that is pain in the back of the head and neck. This symptom has been occasionally mentioned, and Starr, of Buffalo, has given it prominence, but it has not yet received the attention that its significance deserves. It is not what may be accurately called an occipital headache, but is referred more especially to the back of the neck, and is often called a lameness rather than an ache. This, of course, is a symptom for which the general practitioner is consulted more often than the specialist. It is not usually mentioned during an ocular

examination unless elicited by questions, as patients do not often ascribe it to visual defects. I have seen cases in which this lameness was attributed to certain muscular exercises, but in which no amount of exercise could produce such symptoms after the correction of the refraction.

Besides the particular symptoms we have discussed, there sometimes occurs in children a sort of backwardness or mental inaptitude that depends directly upon lack of visual acuity, and where no other cause for such backwardness is known to exist the eyes should always be examined. Such cases will usually respond in a gratifying manner to proper ocular hygiene, and thus is often made possible a normal mental development where incapacity would otherwise result.

DISCUSSION: Dr. HOBSON emphasized the fact of mental inaptitude in cases of defective vision, citing two cases; one a girl of 14 or 15, who was subject to severe headaches, but without any complaint as to the eyes; she was anemic with cardiac murmur. In general appearance she was dull, lethargic; she maintained her place in school only by hard work unreasonably prolonged. After being fitted with glasses the headaches ceased and the girl fairly blossomed into a vivacity and attractiveness hitherto unknown. The second was a college student, suffering also from frequent severe headaches and failing to make progress in proportion to the hours spent in close application. By mere chance, she one day covered one eye and found that with the other eye she saw only half the field of vision. On close questioning this patient recalled the fact that she never had recognized people at long range as others did, but that fact had not sufficed to call her attention to her eyes. Glasses and cessation from book work relieved, but did not remove the headaches. The hemianopsia remained unchanged. A third patient had never seen the stars as distinct points of light until fitted with glasses. Much defective handiwork as well as mental work is probably due to defective sight. The obligation upon the general practitioner is to press home the questions until he knows whether the patient looks at the world through normal or defective eyes.

Editorial Comment.

Americanitis.

One great characteristic of Americans is the spirit of rush. It may not prevail in the heart of every American citizen, but it is a possibility. We were once called a nation of dyspeptics because of the twenty minutes for dinner practice; this ban is practically off and the distinctive American disease is more of the inflammatory type. The presidential campaign, now on, is as yet lacking in typical American go, but a little later on the heat, swelling and redness is expected and promised. Then comes the real issue and resolution will be noted by the settling down process, whichever way the vote elects. It is the American way of doing things.

The Americans take to their work and play with great seriousness. Business is business and nothing is allowed to interfere with its being pushed to a limit—that is, if it ever has a limit. The importance and intensity of every inflammation is now known to be in exact proportion to the kind and quantity of infection. So true is this that even in medical literature the term inflammation may yet become obsolete. The causes will be talked about rather than the results. In the Americanitis of to-day the physical well being is used as a secondary consideration.

The price of health and life itself is often paid for a fancied preferred privilege of doing business. The intense devotion to personal interests with all the varied successes, marvelous achievements, far reaching responsibilities, the cruelties and the servitudes have grown apace. It is altogether likely that out of this intense application, a reaction may come and a better form of living and laboring may result. As it is now, the vacation season, never so universal in application as in the summer just past, has its lessons. The American crowds that are now hurrying here and there, all over the world, may learn a more temperate living later on.

The time was, and not so long ago, that fathers kept their children at work for work's own sake. Amusements and recreations were bitterly condemned, and twenty years ago there was hardly a place or society in this country where an adult man could go and openly set about to play without doing violence to established prejudice. The old prejudice against pleasure, as being intrinsically evil, has broken down nearly everywhere.

With the newer freedom it is not to be wondered at that the masses must take their pleasures with the same violence that characterizes their work. A national rest cure is not wanted but the demands now seem to be met by a travel cure, a hunting or fishing cure, or coaching or golfing, or yachting cure, etc., etc., but it must be intense to be American. The trains or steamers or yachts must be the fastest, or the edge of enjoyment is dulled. Again, Americans are all right when they are chained down to something stationary, for they can assume a virtue if they have it not. With our characteristic lack of moderation Americans may yet become a people living for pleasure, and the intensity of recreation would illustrate the same national characteristics.

From the physician's standpoint the present vacation influences are not all right. The calm that goes with recreation is absent, the vacation pace is too often too rapid.

The shortening of the hours of man's toil and the lengthening of the weeks of vacations is desirable in every case, and as ministers return to their pulpits and preach gospel truths fitted for men's souls, so should the rested physician return to teach the laws of health and to eliminate the inflammatory products from the serious hunt for pleasure. E.

The Special Clinical Course.

The following reports cover, in part, the clinical work done in Hahnemann Medical College of Chicago during the week September 19 to 25 inclusive. It, in fact, represents the general clinical work which is done every week during the year.

THE SURGICAL CLINIC.

SERVICE OF PROF. G. F. SHEARS.

Case 1. REAMPUTATION OF THE THIGH FOR RECURRENT NEURALGIA.—This patient, an old soldier, was injured in 1864 by an ambulance, the wheel passing over the right instep. For a time he suffered but little inconvenience, but gradually the foot became more and more painful until at last it became useless. The inflammation resulted in necrosis, and in 1885, twenty-one years after the original accident, amputation was made through the lower third of the leg about five inches above the ankle joint. Fourteen months later, in 1887, an amputation was made four inches above the knee. This was not satisfactory, and a third amputation was made at a higher point on the thigh in July, 1889.

The parts, following each amputation, have been very sensitive and the seat of great pain. At no time has he been able to wear an artificial limb. Since the last operation the pain has been excessive, the muscles have twitched, the stump has moved incessantly, and the patient has been obliged to resort to large and frequent doses of morphine in order to exist in any sort of comfort.

Examination. The patient, except for his pallor and emaciation, seems to be in good health. His digestion, excretions, and secretions are satisfactory. The appearance of the stump would not lead you to expect any trouble. There is no sign of inflammation, and except that the tissues are lax and flabby, the operation seems to have been made satisfactorily. The line of incision, however, is quite sensitive to the touch, as well as the tissues for some distance on either side of it. The flaps were evidently made by transfixion.

Remarks. Pain in a stump, leaving aside those cases due to acute inflammation of bone, sloughing of soft tissue, or

the development of bursæ or corns, is due either to a chronic periostitis or ostitis, or to the compression of a nerve. This latter condition may be produced by the nerve being stretched over the end of the bone, by its being exposed directly to pressure, by its being entangled directly in the cutaneous cicatrix, or by its being lacerated during the operation. In this case the bone is not especially sensitive, and I am inclined to throw out ostitis or periostitis as a cause of pain. The tissues do not appear to have been tightly stretched over the end of the bone, and this as a cause can hardly be considered. It is impossible in some cases to determine the cause of the neuritis, and one should be very careful in attributing lack of skill to the physician who made the amputation. In this case four amputations have been made, and all unsuccessful so far as the comfort of the patient is concerned. I may be equally unfortunate. You may note that this operation has been by the flap method, and probably by transfexion. This permits of the injury of a nerve at a point above its complete division. I propose to make my amputation by the circular method—to divide all muscles and nerves at a level, and then pull down all large nerve trunks and divide them at a higher level—attempting by this method to avoid all possible laceration or compression of terminal nerves.

Operation. A circular incision was made through the integument about six inches below the great trochanter, through the muscles about two inches higher and the bone resected about an inch above the muscle incision. The nerves were resected half an inch higher.

Result. Patient reacted nicely, and the temperature did not go above $99\frac{1}{4}^{\circ}$ at any time. The wound healed by primary union without suppuration. On the fourth day the patient became delirious at night and got up but did himself no injury. By the seventh day the delirium ceased, and since then he has been very comfortable. The delirium was attributed to weakness and abstinence from morphine. Nothing was done except to insist upon the taking of a large amount of nutritious food. The patient (14th day) has had no pain for one week and is bright and cheerful. He says that this is the first time he has been without pain following an operation.

Case 2. OBLIQUE INGUINAL HERNIA; RADICAL CURE; BASSINI'S OPERATION.

History. Mr. W. S., aged thirty-one years, German, a salesman by occupation. About four years ago this pa-

tient experienced a dull pain in the left inguinal region, which continued for several weeks before any tumor was noticed. At first the bowel could be pushed back and would remain in the abdomen for days, but in time the condition grew worse and he has now worn a truss for more than a year. For some time the truss has failed to keep the bowel in place and great inconvenience and pain has resulted. The patient is a member of a very strong family, and with this exception has always been quite well.

Remarks. I advise this patient to have an operation for radical cure. The mortality following this operation in properly selected cases and in experienced hands is absolutely nothing, so that even the most conservative physician, without injuring his reputation, may advise his patient to have an operation for the radical cure, even when the patient suffers no inconvenience except the wearing of a truss, and any physician who does not so advise a patient whose comfort or usefulness is actually interfered with, is looked upon as an old fogey. If the hernia is increasing rapidly in size, or is irreducible, or if patient is going beyond the reach of surgical skill, the physician who does not advise a radical operation will receive even severer criticism.

Operation. The first incision is made through the skin and fat down to the aponeurosis of the external oblique from a point an inch above the internal ring to the spine of the pubis. The external oblique is then divided the length of the skin incision. This aponeurosis is dissected and retracted back until Poupart's ligament and the conjoined tendon can be seen. The structures of the sac and cord are then lifted up and dissected out of the canal. The hernial sac is dissected out to the upper surface of the internal ring, opened, its contents examined and returned to the peritoneal cavity, and its neck transfixed with stout catgut, tied and excised. The conjoined tendon is now stitched to Poupart's ligament with kangaroo tendon, using the Halstead stitch. While this is being done the cord is held up out of the canal. The stitches are placed from below up, and are applied close to the cord at the superior ring but do not squeeze it. On the inner side of the canal the stitches are deeply placed, but only about one-fourth inch of Poupart's ligament is included for fear of injuring the femoral artery. A new bed having been made for the cord, it is placed upon it and the aponeurosis of the external oblique sutured over it, using the kangaroo tendon as a suture. The skin

incision is closed in the usual way and a dry dressing applied.

Results. The wound healed by primary union.

Case 3. STRICTURE OF THE DEEP URETHRA; INTERNAL URETHROTOMY.

History. This young man contracted gonorrhoea some seven years ago and has had the resulting stricture ever since. He has had it dilated at irregular intervals, but latterly the introduction of an ordinary bougie has been impossible and urination has become more and more difficult. At my last examination I was only able to pass a filiform bougie. The stricture, as you see, is located at the commencement of the bulbous urethra.

Remarks. The caliber of a given urethra depends to a certain extent upon the size of the penis when in a flaccid condition. A penis of 3 inches in circumference, urethral caliber 26-28; $3\frac{1}{4}$ inches, 28-30; $3\frac{1}{2}$ inches, 30-32. This measurement should be taken one inch posterior to the glans. On this basis the normal urethra of the patient before you should be from 26 to 28.

Operation. I have been unable to introduce any of the ordinary bougies but have succeeded with the filiform bougie. This bougie I shall use as a guide, into it I screw the staff of Maisonneuve's urethrotome and push the guide and the attached staff into the bladder. The guide curls up in the bladder and the point of the staff enters the bladder. A triangular knife is then introduced into the groove of the staff, the penis held upon the stretch, and the knife pushed against the stricture. The instrument cuts the stricture but not the normal urethra. Removing the instrument I introduce a 28 sound without difficulty.

Result. The patient went to his home the same night and to his work the next day. He has had no further trouble.

Case 4. COMPLETE LACERATION OF THE PATELLAR LIGAMENT.

History. This patient, 67 years of age, fell on the sidewalk some seven months ago, receiving an injury of the knee. It was not considered so serious an injury and the leg was simply bandaged. He had some pain at first but this has disappeared, and at present he complains mostly of the difficulty in walking, especially on rough sidewalks and of the difficulty in going upstairs.

Examination. Knee slightly swollen, patella apparently unbroken, found at a point four inches above the condyles of the femur.

Remarks. This case is unique in some respects. Apparently the patellar ligament has been torn from the patella without a fracture of that bone. I am unable to detect any irregularity in the lower border of the patella and no portion of the bone over the tibia. No union, not even a ligamentous one, exists between the patella and the tibia, and there is therefore nothing anteriorly to prevent dislocation of the tibia. The patient's control of the limb is unusually good notwithstanding the fact that the patella is half way up the thigh.

Treatment. I have not advised this patient to have an operation performed, believing that his interests will be best conserved by the application of some mechanical contrivance that will enable him to walk without danger of falling. This can be done by so arranging his brace that flexion is limited and lateral motion prohibited. Were he a younger man I would advise attempting the attachment of the patella to the tibial ligament by suture, but at his age, with but a limited number of years remaining to him to live, with the possibility of failure of the healing process, I do not think an operation warrantable.

THE GYNECOLOGICAL CLINIC.

SERVICE OF E. STILLMAN BAILEY, M. D.

Ladies and Gentlemen:—There are a few new things in my department; permit me to present them:

1. This new self-retaining locked vaginal speculum is one. It is my modification of Rockey's speculum. The advantages claimed are, that during operations upon the cervix this form of speculum is so adapted to the work that the application of other retractors is not necessary, hence one assistant less is needed. In practice it "fills the long felt want" and its advantage is that once placed in situ, it cannot part.

2. A modification of the Emmett curved on the flat, trachelorrhaphy scissors. The point claimed is simply this, that these otherwise excellent curved scissors have been ground in the same manner as the scissors used by manicures. In practice they are particularly valuable in denuding membranes having epithelial coverings. The sug-

gestion to make this came from Dr. K. B. Clapp of this department.

3. New mouse toothed, light, long slender blade forceps used in place of hook, shepard's crook, or single or double tenacula. The portion from the joint to the tooth end is one and one-half inches, and except at the point the blades are hollowed out so as to permit tissues to be grasped without being severely traumatized. Four of these used during a perineorrhaphy presents the parts for denudation in strips very nicely. They are also very useful in seizing the cicatricial mass in the angles when repairing the cervix. In practice they are extremely serviceable in holding any tissue when grasped and rarely tear out as do tenacula, even if traction be quite strong.

4. The new cystoscope is one I have had made with concealed electric light attachment so that by use of a storage battery a pencil of light can be directed along the tube into the bladder without shadows. There is also provided a way to distend the bladder by air. Through the lumen of the tube operations within the bladder can be performed, as the light will in no way be cut off. The illustration will follow in a short time and will appear in THE CLINIQUE.

5. Rome's new instrument for measuring the conjugate diameter of the female pelvis commends itself as an instrument of simplicity and accuracy. It is very easily applied and is singularly useful in determining when the diameters are so contracted as to merit surgical interference during delivery of the child. Dr. Rome is a graduate here and this new instrument will be placed at once in the obstetric clinic for use.

Case 1. UTERINE HEMORRHAGE PRODUCING PROFOUND ANEMIA; LOCAL ANESTHESIA FOR CURETTAGE.—Mrs. B., aged forty-four years, has had a long history of uterine hemorrhages. Eight years ago I curetted the uterus for endometritis, and she remained well until one year ago. During the past year she has scarcely been free from abnormal uterine flow for a day at a time. All last month every day she had profuse hemorrhages. What do we find as a result? A case of profound anemia. The blood analysis gives the hemoglobin only forty-five per cent, and the blood count 2,500,000, instead of 4,500,000, the normal in women. All the physical signs of anemia are present and need not be recounted here. The urinalysis shows very low urea. I hesitate very seriously in admin-

istering any anesthetic for curettage, and after a year's failure in medication to control the hemorrhage she naturally looks for something more radical than local treatment.

The injection of cocaine in the subarachnoid space in the spinal cord will be tried here. The point chosen is about the fifth lumbar vertebra, and ten drops of a two per cent solution will be used in this case.

The trial was made, and technically was a failure, as in the fleshy case I had to deal with, my needle was too short to reach the cord, though by the sense of touch I am convinced that the desired point was close to the parts receiving the cocaine. Practically the patient permitted a thorough dilatation of the uterus and curettage and cleansing. She said it was painful but very easily endured. Motion was in no sense changed, but sensation was on account of the cocaine. For an hour she suffered with severe pain at the base of the brain, and aside from some numbness of the left leg and a strange warmth over the lower one-half of the trunk of the body, all other symptoms were negative. The patient has changed for the better very rapidly since the curettage. She believes that the injection was very satisfactory to her in its results. From accounts rendered by others there is much of promise in this form of local anesthesia for short operations in the pelvic cavity. I certainly shall try it again.

TWO CASES OF R. V. O.; OPERATION.—First is that of a lady thirty-two years of age, the mother of four children; the youngest is ten months old. The condition of this patient was extremely pitiful. From rapid child-bearing, overwork, poverty in nutrition, and uterine disorders, she was in a collapsed state and mentally was suffering from strange delusions. She was maintained three weeks in bed preparatory to having a badly lacerated cervix and perineum restored.

The cervical laceration extended to the utero-vaginal junction and was very deep. In addition to the laceration of the perineum, which was complete to the rectum, there was a very marked condition of relaxation of the vaginal outlet. Under chloroform anesthesia the cervix was restored by operation, and the Kelly operation for the relaxed vaginal outlet was performed. This R. V. O. has much greater significance than the former expression of lacerated perineum.

Second case was that of enormously relaxed vaginal outlet in a woman thirty years of age who had had,

following the birth of one of her children, a very marked uterine prolapse. To cure this a physician had inserted into the vagina a very large rubber ball pessary. When through pressure the ball would no longer hold the uterus up, a still larger ball pessary was applied, and this was continued until the tissues composing the vaginal walls were enormously distended in all diameters, and had lost all contractile power.

When under chloroform anesthesia my fist could easily be inserted through the vulva into the vagina. Dr. Alice Brown, of this clinic, says that the rubber ball pessary she removed prior to the patient entering the hospital was as large as a small child's head. The relaxed vaginal outlet was repaired after the Kelly method.

GENERAL MEDICINE—DEPARTMENT OF PEDIATRICS.

SERVICE OF PROF. JOS. P. COBB.

The first subject which we propose to discuss is infantile paralysis or acute poliomyelitis anterior. The diagnosis of a typical case of poliomyelitis is comparatively easy when paralysis and atrophy have been observed. During its onset it is often misnamed; its etiology is largely a matter of doubt; its pathology is not settled, and its treatment deserves more attention than it commonly receives.

It is characterized by a sudden onset with fever, vomiting, convulsions and even coma similar to the onset of an acute infectious disease.

There are as a rule no prodromata and no history of traumatism. The initial symptoms may last a few hours or a few days, but rarely more than a week; they gradually subside and give place to paralysis and atrophy. The paralysis is typically that due to lesions of the second division of the motor tract, viz., the ganglion cells of the anterior horns, the anterior roots, the peripheral nerves and the muscles. The paralysis is of the flaccid variety, is early associated with atrophy, altered electrical reactions and a diminution or loss of the reflexes of the affected parts. The paralysis is extensive at the start and may involve all of the limbs; disturbances of speech are rarely observed.

The extensive paralysis rapidly diminishes and within

a few weeks the parts that are to be permanently affected can be determined. This early retrogression of the paralysis is looked upon as one of the characteristic symptoms of the disease.

The atrophy affects the muscles, the subcutaneous tissue, the fat, and in extensive lesions the bones; so that short limbs are usually a result of early attacks of poliomyelitis. The skin over the affected part is blue and cold and often slightly shriveled; the sense of touch alone will usually distinguish the affected limb.

The paralyzed muscles and nerves supplying them exhibit a complete reaction of degeneration.

If the muscles of an affected part are equally paralyzed there will be no contractures but all parts will be equally limp; in limbs unequally affected contractures are liable to occur when they begin to be used.

In regard to the morbid anatomy, nearly all recent writers have arrived at the conclusion that primarily there is an interstitial inflammation of the entire gray matter of the cord and that the changes in the ganglion cells are secondary thereto. From the similarity in its onset and course many observers conclude that it is an infectious disease, though up to the present time there is no proof of its microbic origin; the clinical facts, however, all point in this direction and no other satisfactory theory of the disease is advanced by anyone.

The treatment during the acute stage does not differ from the treatment of any other acute disease, and little attention need be paid to the paralysis. After the acute stage has passed the paralyzed muscles demand attention. Massage and electricity are our most valuable means of help; strong electrical currents are to be avoided because they are irritants and do harm. An important part of the electrical treatment is to exercise individual muscles that are not under the control of the will; for this purpose the galvanic current only is serviceable, because the muscles will not respond to the faradic current. The general nutrition must be maintained by a good diet, exercise and out of door recreation. During the chronic stages orthopedic measures must be used to prevent contractures and to support weakened joints.

The prognosis generally given is altogether too unfavorable; the actual permanent palsy may be very slight as compared with the first demonstrations; it is impossible to tell how much retrogression there may be in any case. The prognosis as regards life is almost invariably

favorable. When we are certain that the palsy is due to spinal lesions we can give positive assurance that there will be no dwarfing of the mental caliber. Let us turn to this patient: Myrtle, *æt.* eleven years and two months, was referred to us by Dr. Langheim, and has been in the hospital under our care for two weeks. There is nothing in the family history to account for disease of the nervous system. She has a brother eight years of age and a sister six years old; both are well; no brothers or sisters have died.

Myrtle had measles at four and mumps at eight and "grippe" at nine years of age. When an infant she had an attack of cholera infantum and convulsions; since infancy her general health has been good.

During the month of July of this year she did not appear as well as usual; not ill, but tired and languid. August 8 she was taken sick; fever came on abruptly and reached 102° F.; she vomited during the first of her illness, but her mother does not remember whether or not it was on the first day of her attack; there were no convulsions. The doctor who was called at that time (not Dr. Langheim) said she was developing typhoid fever, and later said there were malarial complications. The fever lasted one week; there was no diarrhea, but on the contrary the bowels were somewhat constipated; there was no disturbance of digestion, no delirium or headache, and no pain while in bed. When she tried to get up she found that her joints were stiff and that there was pain when she tried to move the limbs; at first this was the case with all of the limbs, now it pertains only to the right arm and right leg.

Physical examination reveals normal condition of the lungs, heart shows a rapid excitable beat with slight blowing sound heard only at the apex; temperature 99° F., pulse 90; no abnormal condition found in any of the abdominal organs.

Right arm and leg show some atrophy, loss of muscle tone, lowered surface temperature, and an unnatural sensation to touch; there is slight contraction of the biceps tendon, making it impossible to fully extend the arm even with some force. She can move the arm in all directions except in making full extension; the atrophy is most marked in the forearm, and the grip is much weaker than with the left hand. She can write her name with difficulty but without ataxic symptoms and without the tremor of cerebral paralysis. The right leg cannot

be used in walking or standing, and when walking with assistance the foot drags; when lying down she can extend, adduct and abduct but cannot flex the leg. She has no use of the muscles below the knee except to make slight flexion and extension of the toes. Atrophy shows just above the knee and in the calf measurements. The knee reflex is lost on the right side, but not exaggerated on the left side.

URINARY ANALYSIS.

Total amount 750 c. c.; color amber; odor strong.
Reaction alkaline, sp. gr. 1010.
Total solids 17.4 grms. P_2O_5 .87 grms. Urea 7.5 grms.
Chlorides and sulphates normal.
Microscopical examination: Triple phosphates.

There is very little response to the faradic current on the right side, but the galvanic current shows that there are many muscles which will regain their functions. While she has been in the hospital she has taken at first silica and later strychnia phos. It has twice been found necessary to stimulate the bowels a little. During her stay she has improved in general appearance, has gained some power in her grip and has learned to move her leg more easily when in the recumbent position.

We shall recommend that her general health and nutrition receive the best of care; that she be allowed to use a pair of crutches in order to increase her opportunities for out of door exercise and that she shall receive regular massage and galvanic treatments.

We have advised her parents that there will be some permanent paralysis; but she will probably regain all the functions of the arm except complete and purposeful extension; that contracture at the elbow may increase and require surgical interference later.

Clinic Case No. 2695. Walter, æt. five years, has been referred to this clinic as a case of anterior poliomyelitis. Family history good; both parents are living. Has two brothers aged eight and twelve years; one sister aged fourteen years. He was nursed for nine months and except for some minor ailments has always enjoyed good health.

About a year ago he fell while at play, sustaining an injury of the left knee. On the following day he was walking about but walked with a limp which continued until the tenth day from the date of the injury when a swelling of the knee appeared accompanied with continu-

ous pain. There was no rise in temperature at this time and no fever had been observed previously.

Two incisions were made in the knee, a hematoma was found and removed; the bones were scraped. The pain ceased; he was confined to the bed three weeks; upon recovery from the operation it was found that he could not walk and could not use the left leg at all. Examination now shows loss of reflexes in the left leg; atrophy of whole leg is marked; he cannot flex or extend the leg or the thigh; there is a little power of abduction and adduction when he is recumbent and some slight movement of the toes is possible; there is no shortening of the leg; surface temperature is lower than of the normal leg. He walks with a crutch, dragging the left leg.

This case does not impress me as a case of poliomyelitis for the following reason: It followed an injury to the knee and an operation for the removal of a hematoma; there is no history of the sudden onset, febrile storm, vomiting or convulsion; the paralysis includes all the muscles of the leg and not in individual and associated groups; there has been no improvement in any of the muscles; an injury so extensive as to affect all the muscles of one leg would have given some symptoms on the opposite side and could hardly have missed all of the trophic centers for the bones of the affected leg. It is certainly not cerebral in its origin, as it lacks all spastic and ataxic symptoms. Unusual as it is for multiple neuritis to give a complete paralysis of one limb, we are forced to the conclusion that this is a case of infective neuritis.

The next subject which I desire to discuss with you is enuresis. Enuresis or true incontinence of the urine, and irritable bladder with its frequent urgent desire to urinate are not exactly the same condition, but are ordinarily classed together; to quite an extent, however, they depend upon the same conditions and causes.

The condition is often referred to as a neurosis, but in my observation only a small part of these cases are examples of a true neurosis. Many of them depend upon tangible causes, though an overtense or overstrained nervous system makes an exceedingly good foundation for some locally acting irritant to produce incontinence.

The causes that have been assigned are as numerous as the methods recommended for the cure of the trouble. These causes may be divided into first, diseased conditions of the central nervous system; second, disease, malformation or irritation of the genito-urinary tract, and

third, certain acute diseases, including indigestion, constipation and intestinal parasites.

An examination of the child, of the urine, and, if need be, of the bladder, will usually determine to what the incontinence is due.

The mucous membrane of the normal bladder possesses a low degree of sensibility, and the tonic contraction of the sphincter is relaxed voluntarily, or by complete distention of the bladder, which by reflex action arouses its sensory nerve apparatus.

In the hyperemic or inflamed bladder the mucous membrane is far more irritable and responds to much weaker stimuli, calls for evacuation before the organ is distended and with greater imperativeness. An increased reflex excitability, whether due to local or systemic causes, produces the same result.

Hyperemia or inflammation of the bladder or deep urethra is present in the majority of patients before any of the long list of exciting causes are liable to produce incontinence in the well trained bladder. An examination of the urine will give definite information as to whether the trouble is due to indigestion with its loaded urine, or to cystitis with its alkaline urine; the uric acid diathesis is more often the source of trouble in children than is generally supposed and an irritable bladder and urethra is one of its phenomena. Oxaluria is also one of the causes of vesical hyperemia. Constipation irritates the bladder in two ways; by seriously affecting the pelvic venous circulation and by giving rise to overabsorption from the colon, thus loading the urine with excretory solids.

We can sometimes differentiate between lumbar and cerebral excitation by the periods of incontinence; nocturnal incontinence may be due to an excited lumbar reflex which is inhibited by the will during the waking hours but responds to too slight stimuli when the will is dormant in sleep. Diurnal enuresis may indicate the opposite condition, viz., that the spinal centers are not irritable when the mind is asleep, but that an overwrought mind when awake makes all centers over sensitive. These are the true "nervous children."

The relief of local irritations will not cure all cases of enuresis; some cases will be relieved by circumcision, some by the removal of adenoids and enlarged tonsils, some by the cure of anal fissures, and some by anthelmintics; but even after all these aids have been exhausted there will still be left a large number who demand help.

When mechanical sources of irritation have been removed few will fail to respond to the well selected remedy.

I have asked some fifteen of these cases to report here to-day. We shall be able to give you the histories of a few within the hour and others can be examined later.

Case 2505. ENURESIS NOCTURNA.—Ruth, *æt.* six years. Parents are both living and well; the family history is good, except that it shows rheumatism on both sides. She has four brothers, *æt.* thirteen, eleven, nine years, and fifteen months, and two sisters, *æt.* fifteen and four years respectively. She was breast-fed for sixteen months; at present she is fed anything and everything.

She had measles at three years of age. At present she is well and complains only of nocturnal enuresis. She has no difficulty in retaining the urine during the day time; the urine has no unusual odor and does not stain. Her oldest brother was troubled in the same way. Her mother was instructed how to feed her, and she was given *nux vom.* q. i. d. At the end of a month she reported that she rarely had any trouble.

Four months later she reported at the clinic again. She has taken cold, is "just as bad as ever," though the other evidences of the cold have about disappeared. She was again placed upon *nux vom.*

At the end of a month the records show that she was very much better again. She stopped coming to the clinic, and now, four months later, her mother reports that she still has trouble at times.

This little girl evidently has an irritable condition of the bladder in which the urine produces an impulse which the lumbar centers alone are not able to control. When they are reinforced by her will as they are during her waking hours they are competent for their task. We cannot assign the cause to an irritating urine, as there is nothing to show that the urine is overloaded. The only tangible symptoms are the diet and the aggravation from colds, both of which may result in bladder irritation. We shall give her *nux vom.* again and hope for an opportunity to follow her case and complete her cure.

Case No. 2686. ENURESIS.—Leonie, *æt.* twelve years. Her parents are both living and well. Family history is good. She has three brothers aged ten, sixteen and nineteen years, and one sister who is nine years old. All enjoy good health.

Patient has had enuresis all of her life; of late only at night, but formerly both at night and during the day. The urine stains the clothes a dark brown color and has an offensive ammoniacal odor.

Her appetite is good, her bowels are regular, but she suffers a great deal with headache, principally over the right eye.

She was given benzoic acid 3x q. i. d. One week later she reported that she had only been troubled during first two nights after she was here. Remedy was continued. During the next two weeks she had more trouble; the urine, however, does not smell as strong as formerly. Continue benzoic acid q. i. d.

The ammoniacal odor of the urine means that there has been a mucus fermentation going on within the bladder, with the result that the molecule of urea has been split up and liberated. Carbonate of ammonia is one of its products. This renders the urine alkaline and irritating; its contact with the bladder wall sends back impulses which the spinal center alone cannot inhibit and involuntary urination results. The benzoic acid acts specifically to prevent this process and by its presence in the urine neutralizes its alkalinity, thus lessening the irritation of the bladder mucosa.

THE GENERAL MEDICAL CLINIC.

SERVICE OF PROF. H. V. HALBERT.

Case 1. NERVOUS GASTRALGIA; ARGENTUM NIT.—The patient, Mr. J., age 32, has been coming to my clinic for the past year or more. He gave a history of a previous injury one year before that time, and following this a functional paraplegia which lasted for several months. Following this he complained of a gastralgia for which he consulted me.

It was evident at the very first that his gastralgia was of neurotic origin from the fact that there was no disturbance from food, nor were there any of the prominent clinical features of gastralgia present. While his symptoms simulated gastralgia they were not typical of the true disease and inasmuch as the neurotic symptoms seemed to predominate and a paralysis had existed, I deemed it proper to call it a nervous gastralgia.

The cardinal symptoms were found as follows: (1) Violent belching, worse at midnight; (2) a heavy lump in the stomach, also worse at midnight. These features denoted a slow digestive action, hence a peristaltic disturbance long after the hearty meal at night. It was also evident that some degenerative action of the nervous system was at work, which caused the neuralgic attack of the stomach muscular fibers.

The next important symptom was pain in the epigastrium: (1) Paroxysmal; (2) not relieved by pressure as in ordinary gastralgia, and (3) always associated with decided gaseous distention. He also complained of muco-purulent discharges from the nose and the bowels. In addition to this there was constantly a paralytic weakness of the lower limbs. This he defined as a tremulous weakness, often with choreic-like movements, and it must be remembered that a functional paraplegia existed at first.

There were also general symptoms of stomach and intestinal irritation, loss of appetite, emaciation and a periodicity of all the aggravating symptoms.

The physical examination showed a right infra-clavicular consolidation of some standing. There was an hereditary tendency to tuberculosis; there was epigastric tenderness, some gastric dilatation and general emaciation; this was most pronounced in the face, showing a decided atrophy. He was nervous, irritable, and in a partial state of melancholia.

This case should be differentiated from the following conditions:

1. From hyperchlorhydria, which has rapid and not tardy digestion.
2. From digestive gastralgia caused by food disturbances.
3. From the pains of acute and chronic gastritis and gastric ulcer.
4. From the pains of carcinoma.
5. From true gastric dilatation.
6. From nervous dyspepsia with changes in the secretions.

Argentum nit. was given in the third decimal potency, aqueous solution, five drops in water four times daily. His improvement has been marked. As you see him to-day he has no sign of paraplegia, the gastralgia has entirely disappeared, and except for the facial atrophy he is a well man.

This remedy represents (1) a neurotic history; (2) a degenerative and debilitating tendency; (3) paroxysmal and periodic seizures irrespective of food; (4) violent belchings—worse at night; (5) paralytic weakness; (6) undue discharge of motor nerve force from nerve degeneration.

Gelsemium should be compared to this remedy, but with this we find more congestion and irregular, not degenerative motor paralysis. Then, too, with gelsemium the attacks are sudden and more neuralgic in character. Gelsemium also has more myalgic pains of the upper, there is rarely any stomach disturbance and no periodicity is observed.

Case 2. HODGKIN'S DISEASE; ASSOCIATED WITH GOITRE.

—Mrs. C., age forty-five, came to this clinic early in July. She then complained only of a "bunch in her throat," which proved to be an ordinary fibrous goitre. She was given iodine 3x and little was thought of her case. For some reason she did not come back until one week ago when, to my surprise, her neck seemed to be enlarged to a terrible size. The goitre had not developed very much, but the lymphatic glands of the cervical region had increased abnormally in size, presenting a huge tumor-like mass.

The woman said she had not noticed any particular increase or pain so far as the goitre was concerned, but all of a sudden she had experienced the great enlargement of the neck. The symptoms presenting, besides the lymphatic growth, were a pronounced anemia, extreme dyspnea and decided tachycardia. The skin was moist, and there was a slight afternoon temperature.

It was clear to me that the diagnosis must be Hodgkin's disease, or what is often termed pseudo-leukemia. To make the diagnosis sure I requested Prof. Wilson to make a blood analysis, and the following was his report:

Gross appearance, venous.

Rate of clotting, normal.

Count of red corpuscles, 4,000,000.

Count of white cells, 10,000.

Specific gravity, 1052.

Hemoglobin, 71 per cent.

Pathology of the red corpuscles, moderately full; a few are deformed, otherwise not markedly pathological.

Lymphocytes, 18 per cent.

Large mononuclear, 7 per cent.

Polynuclear neutrophiles, 74½ per cent.

Polynuclear eosinophiles, $\frac{1}{2}$ per cent.

Remarks: Moderate anemia with mild leucocytosis. While the blood does not prove, it favors the diagnosis of Hodgkin's disease.

The principal differentiation in this case was in relation to a possible leukemia and tubercular adenitis. In the true myelogenous leukemia we find the typical myelocyte and decided structural changes in the red corpuscles, together with pronounced increase in the white corpuscles. None of these changes being observed and inasmuch as there was no enlargement of the spleen, the true leukemia was excluded.

In tubercular adenitis we find: (1) That it occurs mostly in young subjects; (2) it involves more frequently the submaxillary glands; (3) the enlargement may last for years without changes; (4) the tumors are welded together firmly and tend to suppurate; (5) there is a tendency to enlargement only on one side of the neck.

Inasmuch, then, as the blood analysis excludes leukemia, as there are no confirming signs of tubercular involvement and as the extreme cervical enlargement and the other cardinal symptoms point to Hodgkin's disease, that diagnosis is made without hesitation.

While I have seen several cases of this disease, I have never seen one associated with fibroid enlargement of the thyroid, nor have I observed one develop so rapidly. In less than two months this terrible growth has developed.

We cannot offer any hopes of recovery, and palliation is our only resort. The patient probably will not live a month, as she has hardly sufficient strength to attend this clinic. *Iodide of arsenic* 3x is prescribed, hoping in some way to relieve the anemia and glandular development.

Case 3. ANGIO-NEUROTIC EDEMA; ZINCUM PIC.—The case before us here is an unusual one and is very often misunderstood so far as diagnosis and treatment are concerned. The lady is forty years of age and up to the past few months has been exceptionally well other than the general exhaustion which has come from overwork. She is in reality a neurasthenic and her family history points strongly in that direction.

The complaint refers to a peculiar swelling and redness of the hands and feet, mostly at the tips of the fingers and toes. This comes on spasmodically and unexpectedly; during the seizures the pain, swelling and edema are so severe that she can hardly endure her sufferings; the shoes must be removed and she cannot use

the hands in the least. At these times there seems to be a neurotic crisis and she experiences all the pronounced symptoms of an hysterical spasm. Attending and complicating these, gastric and intestinal disturbances are always found.

The physical examination is negative except for the cardinal symptoms of neurasthenia, exaggerated knee reflex, fine vibratory tremor and loss of conjunctival reflex. The urinary examination revealed a polyuria, and uric acid crystals. This is appended below:

Chemical.—Amount passed (24 hours) 2800 C. C.; Color, amber; Odor, offensive; Reaction, neutral; Specific Gravity, 1.010; Total Solids, 65.24 grammes; Chlorides (Cl.), abundant; Sulphates (SO₄), present; Phosphates (P₂O₅), 1.68 grammes; Urea, 25.2 grammes; Sugar, absent; Albumin, absent; Bile, absent; Blood, none; Peptones, none.

Microscopical.—Uric acid crystals; bladder epithelium.

This peculiar swelling is always tense, and sharply defined; there is no tenderness but much burning, itching and other paresthesia. The edema lasts only a short time and disappears as rapidly as it comes. Scratching or rubbing cause an excessive urticaria and for this reason it is often spoken of as "giant urticaria."

This disease must be compared with cardiac and renal edema which pit on pressure, and have more anasarca in addition to definite organic lesions. It must also be compared with hysterical edema which always has a blue color, much tenderness, paralysis of motion and perversions of sensation as well as many confirming stigmata. Again we should compare this with erythema nodosum in which the swelling is always painful.

The diagnosis is angio-neurotic edema and the prognosis is decidedly favorable, though it will require some time to perfect the cure. I gave her *zincum pic. 3x* because of the neurological symptoms and particularly the nervous exhaustion. More than any other remedy this will answer for the totality of symptoms in this case. Already she feels better, having taken the remedy only a short time. I am positive that the cure will be complete.

In addition to the remedy, we should encourage physical and nervous rest; the diet should be nourishing; she should avoid cold and the uric acid should be removed by alkaline drinks and a regulated diet.

This disease, to a great extent, simulates Reynaud's disease or symmetrical gangrene. The latter, however, is

more of a local asphyxia or contraction of the capillaries and is more permanent and generally gangrene ensues.

Case 4. AORTIC REGURGITATION; CRATEGUS.—The case I now present is a very interesting one, both from the fact that it is a typical illustration of aortic regurgitation and also because the improvement is something remarkable. In general we may say that chronic diseases of the heart, such as this, are looked upon more for the sake of diagnosis than for any expectancy as to recovery. I believe, however, a careful study of such cases will convince us that more of them are curable.

The condition in this case, I am sure, is due to a progressive sclerosis of the segments, causing a curling of their edges, and thus permitting an aortic regurgitation. There is no history of rheumatism or any febrile attack which might have caused endocarditis. In every respect he has been a well man, and he had no sudden experience of any heart trouble. His vocation is driver for a grocery house, and this exacting business has persistently, though slowly, created a cardiac strain. That is to say, there has been a gradual increase of normal tension upon the segments during the diastole of the ventricle.

We observe just such cases as this among athletes, and hence it is often spoken of as the "athletic heart." Alcohol and syphilis are usual factors, though we do not find any evidence of the kind here. The left ventricle dilation and the unusual hypertrophy have permitted a mitral regurgitation. The sclerosis also has aided this. Thus we find here both a decided aortic and a mitral regurgitation.

Compensation evidently has cared for his heart for some time, but when he first came to me he had been working unusually hard and there was a decided failure in compensation. He then complained of dyspnea; there was decided aortic and temporal pulsation; the aortic murmur was long and loud; edema had appeared and considerable anemia was evident. The water hammer pulse was very distinct, and you may be able to observe it now, though not so strong. His facial expression was marked; he had a drawn and worried look; he was anxious and disturbed about himself, and constantly complained of the "whistling noise" in his chest. The murmur was so pronounced that the "noise" certainly was audible without even putting the ear to the chest.

Crategus, five drops of the tincture, was given to him

four times daily and the improvement has indeed been wonderful. Except for an occasional attack of angina, when he has needed other remedies—generally *spigelia*—he has had no other remedy. We have heard much in regard to this wonderful remedy, *crategus*, but as yet no definite provings have been made. I regard it as a most valuable remedy. Its sphere of action, in accordance with my experience, is mostly where compensation has failed, and then it should be used until there are positive signs of improvement in this respect. Any persistent cardialgia, dyspnea, or other unfavorable symptoms should indicate its suspension for a time, just as we would do with any other remedy.

I shall continue with *crategus* for some time, and I fully believe the compensation will be restored, and while the heart will remain large and the murmur will exist to a certain extent, he will suffer no danger from this organic lesion, and may attend to his business without great danger. Already he feels perfectly well and is not concerned, as he once was, about his health. I think this, and other reports which I might make, should encourage us to study this remedy more.

Case 5. BRONCHIAL ASTHMA; ASPIDOSPERMINE.—Mr. H., age 24, suffered with a functional heart disease for some time. There was considerable dyspnea, some cardiac enlargement, particularly of the right side, and a slight mitral murmur. Following this he gave evidence of emphysema and severe attacks of asthma. This, I fully believe came as a result of the cardiac complications.

The physical examination revealed something of the barrel-shaped thorax, slight movements of the diaphragm and prolonged expiration. Various rales were heard at different times, and the sputum had the characteristic "pearls" or rounded gelatinous masses.

The treatment of this case has been very unsatisfactory, and I have followed indications of all kinds, but could get no marked relief. Recently I have given *aspidospermine* 3x, I must admit from no definite indication, but, notwithstanding, there has been much relief.

I quote this case hoping thereby to get some one else interested in the study of this remedy in cases of asthma, and at the same time to watch it myself.

There are many remedies which we may consider with interest in cases of this kind. *Valerianate of ammonia* is very useful in conditions of neurotic irritation; under such

conditions it readily overcomes the spasmodic contractions of the bronchioles. *Hyoscyamus and hydrobromate of hyoscyne* act more on the cerebro-spinal system; hence, the brain and nervous symptoms are particularly pronounced. The functional symptoms are mild, but not persistent; with these remedies circulatory disturbances rarely go on to inflammatory conditions. With *belladonna* and *stramonium* we get decided cerebral excitement even to maniacal extremes in the latter.

Lobelia is no doubt the most typical asthmatic remedy, but nausea and vomiting always attend the cardinal symptoms. *Grindelia robusta* is also a valuable remedy, but there is always great cardiac weakness with extreme sense of constriction when lying on the back.

THE GENERAL MEDICAL CLINIC.

SERVICE OF PROF. A. L. BLACKWOOD.

Case 1. MYALGIA.—Mrs. V., aged thirty years, has for the past six months had pain and soreness in the muscles about the left shoulder, arm, and chest wall. The pains are sharp and stitching at times, again they are cramping in character; when the pains are not so severe there is a continuous lame, stiff feeling that is confined to the fleshy part of the muscles. The menses are irregular, exhausting and attended with pain which is in direct proportion to the amount of the flow. Her sleep is disturbed, she is nervous and restless. Physical examination shows the patient to be well nourished. Palpation reveals a soreness of the muscles of the affected parts, the fleshy part of the muscles being most tender.

Auscultation shows the heart to be normal apart from a slight roughness of the first sound in the mitral area. Our diagnosis of myalgia is based on the absence of constitutional symptoms, and the fact that the pain is more pronounced by muscular contraction than by pressure.

The treatment consists in having flannels worn next to the skin and avoiding exposure, especially when perspiring. The patient's habit of drinking malt liquor will be stopped, as well as that of sweets; plenty of water is to be taken at intervals during the day, and the bowels are to be moved regularly at least once a day. On account of the pain being worse on the left side, the nervous uneasiness, the excessive muscular soreness with stiffness and stitch-

ing pains, most marked in the bellies of the muscles, the menstrual derangement and the fact that as the flow became more profuse the suffering increased, actea racemosa 3x will be given. In one week the patient reported feeling better; the remedy was continued in the 30th potency, which has been followed by such improvement that she believes herself well.

Case 2. CHRONIC RHEUMATISM.—Mrs. C., aged sixty-two years, appeared at the clinic first September 6, 1900, complaining of pains in the arms which were continuous, but the pains extend all over the body at times. She has suffered from them for the past four years. Before a storm the pain becomes very severe, so severe she is nauseated by it. There are night sweats, the bowels are constipated, and the urine is scant and highly colored. The pains are worse during the night. The family history is good apart from the father being a sufferer from rheumatism.

Physical examination. Inspection showed slight enlargement of the joints. Palpation revealed tenderness, especially of the aponeuroses. Percussion outlined an enlargement of the heart, especially the left ventricle. Auscultation revealed a mitral regurgitation.

Diagnosis. Chronic rheumatism with involvement of the endocardium.

Treatment. The habits of the patient were investigated, all forms of sweet liquors stopped and a large glass of water advised at intervals during the day. Attention was to be devoted to the skin, that it be kept clean and thoroughly protected from exposure by flannels. The basis of the diet was to be farinaceous foods with green vegetables, eggs, fish and fowls were permitted except the dark meat. All foods were to be plainly cooked and eaten in moderation. On account of the aponeuroses being most involved, the pains being worse at night during rest, and before a storm, but relieved when the storm had started, and from motion, rhododendron 6x was prescribed four times a day. The patient at each visit reported improvement and the remedy was continued in a higher potency.

Case 3. AORTIC REGURGITATION.—Mr. V., aged forty-one, came to the clinic first August the 4th. At that time he complained of a pain in both right and left inguinal regions that had been continuous for the past six weeks. He also complained of headache which was nearly con-

tinuous in the right side, while at times it extended all around the head. There were dizzy spells that were so pronounced that the patient had fallen on one occasion. The bowels were regular, the appetite was good and he slept well. There was a history of specific infection.

Physical examination. Showed the patient to be in great physical excitement, and all the reflexes markedly exaggerated.

Inspection revealed the face to be pale, but the general nutrition was good; the apex beat was at a point midway between the mammillary and axillary lines, and downward; the force of the impulse was increased to such an extent that it shook not only the chest wall, but the whole chest was markedly agitated. The carotids and other arteries were seen to pulsate violently. The pulsation in the carotids extended to the angle of the inferior maxillary.

Palpitation confirmed what inspection had revealed in regard to the apex beat being displaced, that its area was enlarged and its force increased. The pulse fell away from the finger, leaving the artery apparently empty.

Percussion. Both cardiac dullness and flatness were increased. Auscultation revealed a murmur which was diastolic in time and obscured the second sound. It was heard best in the second right intercostal space. It was soft in quality; it was propagated along the vessels of the neck.

The diagnosis was aortic incompetence. As the heart action was greatly disturbed the patient was sent home and ordered to remain in bed continually unless he should be allowed to get up for defecation. The diet ordered was to be nutritious, the nitrogenous foods were to be preferred to sugar, sweets, vegetables and animal fats. The patient was to sleep with as little under the head as possible, that the cardiac circulation might be relieved. The bowels were to move once a day. On account of sudden flashes of heat complained of, with the great nervous weakness, and sensation of faintness and weakness, and sinking at the stomach with exhaustion, and sensation as if dying, he was given digitalis two drops four times a day. During the first week there was marked improvement. At the end of the second week, as the digitalis symptoms had disappeared, he was given iod. of ars. 2x four times a day, which has been continued to the present time with a continual improvement. This patient has been kept in bed continually except for the short time he has been to the clinics. This is the cardiac lesion above

all others in which the life of the patient hangs upon a thread. Those cases that are due to endocarditis are more favorable than those due to degeneration, as in the latter the coronary arteries are more liable to be involved. If the hypertrophy compensates fully for the lesion and the arterial tension is fairly good the prognosis is better than if the cardiac contractions are enfeebled, the sounds weakened, and the arterial tension lowered.

Case 4. PULMONARY TUBERCULOSIS.— Mrs. H. is thirty-two years of age. She entered the clinic August 2, 1900. One year ago she contracted a severe cold, since which time there has been a soreness in the left lung. There is a cough which is worse during the morning and from deep inspiration. The expectoration is profuse and consists of mucus mixed with blood. The appetite is poor and there is distress immediately after eating. The bowels are constipated to such an extent that cathartics must be continually used. The urine is dark, and there is a constant desire to pass it. A constant dull headache is complained of.

Physical examination. Inspection shows the skin to be pale, and that emaciation is taking place, the lips are very red and a hectic flush is present. When the patient takes a deep inspiration there is retraction of the supra- and infra-clavicular regions, and a tendency to cough at the close of inspiration. Normally the breathing is superficial.

Palpation shows the pulse rate and respiratory frequency both increased, the skin to be hot and a slight perspiration present, and that there is a deficient expansion in the infra-clavicular regions on both sides but most marked on the left side. Percussion shows dullness existing over the apex on both lungs, most marked on the left side.

Auscultation. This reveals a harsh broncho-vesicular breathing, expiration being prolonged and high pitched, vocal resonance being increased. There are moist rales in the apex of the left lung.

Diagnosis. Pulmonary tuberculosis.

Treatment. The patient was instructed to take systematic pulmonary gymnastics to develop the apices of the lungs and especially the left. During inspiration, which should be slow, the arms were to be raised above the head and breath held as long as possible; the exercise was to last about ten minutes and to be taken night and morning. The diet was regulated. As there was a degree of aversion to any kind of food, a liquid diet was pre-

scribed consisting of milk, either raw or diluted with apollinaris or seltzer water, or peptonized if the patient preferred it. This was to be varied at times by the use of buttermilk, koumyss, meat juices, scraped meats, meat cakes and eggs. If there should be much gastric irritability present in the morning, a glass of hot water was to be taken early; as the stomach and digestive capacity improved, the bill of fare was to be increased. There was to be plenty of outdoor exercise during favorable weather, the body being protected from exposure. On account of the cough with copious expectoration of thick yellow and fetid discharge, the fever and general hectic conditions, balsam per. 2x, five drops were given every three hours. August 30th the patient reported much improved; on September 6th tuberculin 200 was given; the patient reported continued improvement and the remedy was continued.

THE SURGICAL CLINIC.

SERVICE OF PROF. H. R. CHISLETT.

Case 1244. DISLOCATED INTERNAL SEMILUNAR CARTILAGE.—Mr. L. F., American, aged twenty-six; occupation farmer.

History. The family history is good. About thirteen years ago he slipped and sprained the knee joint. For several weeks he was confined to his bed and as the result of the injury was obliged to resort to crutches for eight months. For the next four months he could get along tolerably well, and at the end of a year, aside from a stiffness of the joint, he was as well as ever. Last winter, while working in a field loading a wagon, he seemed to have wrenched the knee which, upon examination, he found considerably swollen. He has been unable to use the limb to his satisfaction since that time. Last June, after he had had considerable pain and recurring attacks of synovial inflammation, the knee joint was opened and a floating cartilage and what is said to have been a piece of bone were removed from the joint cavity. For a time he seemed to improve, but of late has had a recurrence of the symptoms—namely, pain, disability and recurring swellings.

Examination. The patient's temperature is now 99°. There is considerable contraction of the flexor tendons and inability to completely extend the leg. Some atrophy

of the muscles of the thigh and also of the leg is noticeable. There is sensitiveness upon extreme flexion and extension, and also upon rotation, but the greatest pain is elicited by a jarring when the leg is extended. The point of greatest tenderness and also the seat of most of his pain is located in the region of the internal semilunar cartilage. This region when compared with that of the opposite side, seems hollow, though movement of the cartilage cannot be determined. While there may be another floating body similar to that which was removed in June, I am convinced that there is also a displacement and inflammation of the left semilunar cartilage. The treatment advised is perfect rest for the part, to be obtained by means of a plaster of paris cast. Should this be unsuccessful in eight or ten weeks in allaying the pain and tenderness, I should deem it advisable to advocate another arthrotomy, the object being the fixation of this cartilage and the removal of any floating body should it be discovered.

Case 1245. RENAL CALCULI; NEPHRO-LITHOTOMY; RECOVERY.—Mr. R. H., American, aged thirty-five; occupation teacher.

History. Parents are both living and well, the father being fifty-nine and the mother sixty-two years of age. He has one brother and two sisters living and had one brother die at the age of twenty-five from kidney disease. One sister has some trouble on the right side, the nature of which he does not know, but for which she is obliged to wear a "belt." Twenty-four years ago the patient had an attack of severe pain in the left side, lasting about thirty minutes. This pain passed away and aside from a cold, disagreeable feeling in the abdomen which prevented him wearing anything but the loosest clothing, he was pretty well for the next fourteen years. When twenty-five years of age he had a second severe attack of this same nature and of about the same duration. After this his attacks came every two or three months until during the past winter when they have come every two or three weeks and have so disabled him that he is unable to pursue his vocation. These attacks are attended by the following symptoms: Severe pain of a shooting character extending from the region of the left kidney to the fundus of the bladder. The pain is so severe that he breaks out in a profuse perspiration, causes him to tremble and makes the tears run from his eyes. This is followed by a

heavy pain in the bladder, but after a short time he will feel well enough, as he expresses it, "to do a day's work." The left testicle becomes sore at times, but there is no retraction of this gland, no penile pain and, as far as the patient knows, he has never passed blood, pus or gravel in the urine. He has no nausea, no vomiting, bowels move regularly every day, but ever since his attack ten years ago he has been troubled a great deal with the accumulation of gases in both stomach and intestine. He has been treated by fourteen different physicians and has had many diagnoses.

Examination. The patient is rather emaciated and bears the imprints of long suffering. Heart and lungs are normal and the abdomen normal save for a sensitiveness in the left lumbar region and a rigidity of the abdominal wall of the left side. There is a slight epididymitis on the left side, which, in the absence of any specific disease, must have been traumatic. The urine is practically normal, as evidenced by the chemical analysis, but the microscope reveals a few red blood corpuscles and many large crystals of calcium oxalate. The patient was sent to the electric room for an examination with the X ray, which proved negative, but it seemed to me the clinical evidence justified an exploratory nephrotomy, which was advised and accepted, the patient saying that he knew we would find something there.

Operation. The kidney was exposed through the usual lumbar incision, the fatty capsule being found strongly adherent to the anterior portion of the pelvis. The whole gland was enlarged and about the lower portion of the pelvis, as felt through the cortex, much harder than normal. Introducing a fine exploring needle revealed the presence of a calculus. The kidney was then opened on the convex border and the finger passed through its substance into the pelvis of the gland, and two calculi the size of the terminal phalanx of the index finger removed. After packing the renal wound the external incision was sutured with silkworm.

Result. Uninterrupted recovery.

Case 1246. RIGHT OBLIQUE INGUINAL HERNIA; RADICAL OPERATION; RECOVERY.—Mr. J. S., Dane, aged thirty-two; occupation, blacksmith.

History. The patient's parents are still living, mother at sixty-two and father seventy-three years of age. He has three sisters and one brother, all of whom are well.

The patient himself has had no previous illness. He first noticed the present difficult three years ago, which he described as a "bulging" in the inguinal region. There has never been any swelling extending to the scrotum, but when lifting or coughing there will be a protrusion extending from the internal to just below the external ring. He has worn a truss only for the past six months, but finds that he cannot work to advantage while wearing it. There has been some pain, especially during the present summer, so that he thought best to give up work for the last month in order to fit himself for a curative operation.

Operation. An oblique incision down to the external ring exposed what looked more like a fatty tumor than a hernial sac, but upon close investigation it proved to be a sac of a hernia with a very thick layer of subperitoneal fat surrounding it. The sac was dissected free from the surrounding tissues up to the internal ring, transfixed at this level with a No. 3 catgut suture and firmly ligated. The sac was then removed one-half inch below the ligature. The next step in the operation was the passing of an aneurism needle through the external and internal oblique muscles one-half an inch above the internal ring, carrying it down through the inguinal canal to emerge from the external ring. This needle was then threaded with one end of the suture, which ligated the neck of the sac, and withdrawn, carrying the suture through the abdominal wall at the point of original insertion. This maneuver was repeated, the needle being introduced one-quarter of an inch internal to the first puncture, and the other end of the sac ligature brought up. The tying of these two ligatures thus brought the neck of the sac upward and outward from the internal ring. This method is advantageous in that it does away with the infundibuliform depression. The external oblique was then folded over after the method of Kocher, thus narrowing the canal and at the same time reinforcing both internal and external rings.

Result. Recovery; union of the wound by first intention.

Case 1247. CANCER OF THE RECTUM; INGUINAL COLOSTOMY; RECOVERY.—Mr. J. C., American, aged forty; occupation farmer.

History. The father living and well at the age of sixty-two. Mother died thirty-five years ago, cause un-

known. One sister and four brothers living and all well. This patient has had two attacks of typhoid fever, the last of which was twelve years ago. He denies any specific history. His present trouble dates, as far as he knows, from last Christmas; the first symptom noticeable being an uncontrollable desire to strain at stool. He has suffered considerably with pain, diarrhea and exhaustion. There has been no bleeding and the patient has noticed no pus or mucus in the bowel movements. The examination, however, revealed an abundance of both in the lower bowel.

Examination. Heart and lungs normal although the patient looks slightly cyanotic. This color, his brother tells me, has always been natural to him. The kidneys are acting fairly well only; total quantity of urine passed in twenty-four hours being only 1100 c. c., the total urea excreted, 12 grms. The abdominal examination was negative. Rectal examination revealed a tumor almost completely encircling the bowel, beginning about three inches from the anus and extending one inch further up. It appeared firm, nodular, was encroaching upon the lumen of the tube and had become adherent at the posterior portion. The whole rectal mucosa was irritated and very sensitive. The prostate gland was enlarged, but was not implicated in the growth. The patient has had considerable difficulty with the urinary apparatus in the past two years. This has not been aggravated by the present difficulty.

Colostomy was advised as a preliminary operation to the excision of this diseased portion of the intestine.

Operation. The peritoneum was exposed through a three-inch oblique incision, bisecting a line drawn from the anterior superior spine of the ileum to the umbilicus. The bleeding having been arrested, the peritoneum was opened and the sigmoid flexure of the colon brought into the wound. Seeking the highest portion that could be approximated to the peritoneal incision without tension, two silkworm sutures were passed through the entire thickness of the abdominal wall three-quarters of an inch from the inner lip of the incision, made to transfix the mesocolon and then penetrate the whole thickness of the abdominal wall three-quarters of an inch beyond the external lip of the wound. These two sutures suspended the upper portion of the sigmoid and were tied over small pieces of iodoformized gauze, thus taking off the strain from the sutures of approximation which we introduced

attaching the peritoneal surface of the gut to the parietal peritoneum. The wound was then carefully packed with iodoformized gauze. The intestine united nicely in its position and was opened by a longitudinal incision a few days later. The patient at the present time is being prepared for the greater operation of excision of the cancerous growth.

THE CLINIC ON EYE AND EAR DISEASES.

SERVICE OF PROF. C. GURNEE FELLOWS.

I will present a number of cases, which, although constantly occurring in your practice, present a number of points for discussion which I think will be worthy of your consideration.

Case 1. The first case is one of operation for convergent strabismus which I will do in your presence. It is always advisable to examine the refraction before operating, and in this case we find the right eye is normal, while the left is amblyopic; the left eye is therefore the squinting eye. She has already been operated upon once and the success was not all that could be desired, hence she has been presented here for operation again. The deviation is only about 5 mm., and therefore I believe that a simple tenotomy will accomplish the result, and if not, we will do a tenotomy of the other eye a few days later.

Note. Operation performed in presence of class, the operation being under chloroform because of the age of the patient, six years, the eye bandaged and the child put to bed.

Remarks. I am asked by one of the doctors why I give chloroform rather than use cocaine - simply on account of the age of the patient. If children have the ability to comprehend the needs for the operation, the benefit to be derived, the improvement in appearance, etc., they very often will have grit enough to stand the trial of cocaine operation; but very few children can see the instruments, the preparation for the operation, and know the work is actually going on without becoming terrorized even though there is no pain, and hence it is almost always necessary to give chloroform to children under ten years of age.

I am asked also as to the bandaging for the sake of protecting the eye. In the first few hours of discomfort,

I bandage the operated eye, but if the operation is found by to-morrow to be insufficient I will bandage the sound eye and ask the patient to use the operated eye and keep it turned toward the temple as much as possible, thus putting the divided muscle on the stretch, and so increase the effect of the operation. If the operation has proven to be an overcorrection I will keep the eye bandaged for a few days, which will diminish the effect. The same is true of the single stitch that I put in the conjunctival opening. It is left to decrease the effect, the removal operating to increase it.

Now as to the result: The mechanical part of the operation is simple, as you see, but the results can be entirely contrary to our expectations for several reasons. The object in using the amblyopic eye is because there is no tendency toward fusion of the images, and in order to develop the sight in that eye I advise bandaging of the sound eye and use of the poor one an hour or two a day for months, in the hope of developing some of the latent vision. The greater the vision the greater the tendency to fusion of the images, hence the greater the possibility of keeping the eye in its new position. Wearing of glasses will be essential for the development of the unsound eye, which is very highly hypermetropic. A failure to do either one of these things can easily nullify the effects of a carefully performed operation.

The one other question in this case is the question of advancement. If, perchance, this tenotomy following the one previously performed has not fully corrected the case, the question of advancing the external rectus comes up. The settlement of this question depends upon the excursion of the eye. If the excursion externally and internally is all that is desired tenotomy is usually performed. If the excursion is limited, an advancement will bring about a better correction of this condition and maintain a greater tension of all the ocular muscles than with the tenotomy.

Case 2. The second case is one of epiphora of a number of years standing, accompanied by occasional attacks of suppurative of the tear sac. This young man has already been operated upon, his canaliculus slit, and he has for some months worn a solid stylet. Having removed it recently the sac has become obliterated, and he has now complete obstruction, as I cannot pass a silver probe. I will proceed to open the tear sac, clear through to the nose, dilate it with this divulser which you see, and if

necessary insert a hollow silver stylet through which the tears, I hope, will pass. Bowman's knife fails to pass below the angle through the stricture, and therefore I take one with a point upon it, turning it upon its axis and withdrawing it, and now we can pass a large probe and the dilator, and the patient feels the instrument pass freely through and into the nose. I now insert the solid silver stylet, and will syringe it out for a few days, and will then insert the hollow stylet, which he will wear permanently.

Remarks. It is always better to treat these cases mildly if possible, and before the obstruction is complete they can be handled by syringing. It is less irritating than probing, but if necessary to do it, a slight slit of the canaliculus will allow the passage of small probes, to be followed by the use of Anel's lachrymal syringe. Electrolysis is sometimes used, touching the negative pole of a galvanic battery to the probe, but it must be used cautiously or the attendant inflammation will cause even a greater stricture. This operation which I have just performed will, of course, be followed by complete obliteration unless it is followed by daily passage of the probes or the introduction of a permanent dilator, as in this case. The patient believes that his eye has been materially hurt as to sight by the simple obstruction of the tear duct, and I believe it is perfectly possible for the retained secretions to degenerate in character and become irritant, and, as we see in this case, the cornea is hazy and the vision is very much diminished.

Case 3. The third case is one of high myopia, the patient being fairly well corrected by a sixteen dioptré minus glass. She can see her way around to accomplish ordinary household duties, but her vision is very much below the average and she has only worn glasses within a few months. Of course the only thing we can do is to prescribe the best glasses possible unless the patient is willing to take some risk and undergo an operation. She is young and the chances of success are fairly good. The operation I refer to is to remove the lens in order to neutralize the myopia. As you know when we remove the lens we give the patient a plus nine or ten dioptré lens to replace the one removed, and so in myopia we would hope to reduce the amount from sixteen to five or six dioptrés, or at least to such a glass as could be worn and give the patient a better range of vision. The technical measurement of the amount of reduction I will not go

into because it varies more than the simple statement which I have just made would indicate. The difference in focal distance between the lens in its normal position and the one artificially attached in front of the eye makes the difference in measurement; so that the refraction would be measured by deducting ten dioptries as the result of the operation. The operation in younger people is performed by what we call the needling process, allowing the lens to absorb and repeating the operation from time to time, but if it breaks down too rapidly we sometimes remove the lens thus broken up by the regular cataract operation, either by expression or suction.

It is comparatively safe, though a new procedure, and gives us much more advantage than continuing in the present condition. I should advise operating upon the poorest eye first, and if I can get results they are all the more desirable, because if we fail to get what we expect we have all the advantage of the experience with the first eye to help us in operating with the second.

Book Reviews.

A MANUAL OF DISEASES OF THE NOSE AND THROAT. BY CORNELIUS GODFREY COCKLEY, A. M., M. D. Engravings 92; pages 536. Lea Bros. & Co.

In large type and exceptional illustrations the author concisely and methodically gives the busy practitioner and the student the meat of the subject down to the hour. The cut in elucidation of the inversion of the laryngoscopic image is well worth the price of the "Manual," clearing up as it does so effectively, the confusion that invariably attends the beginner's efforts. The author has ideally "stuck to his text" in "presenting a manual for the use of students and physicians." It is gratifying to note the ban placed upon the use of perchloride of iron in the treatment of epistaxis, but disappointing to find no condemnatory word upon the free employment of galvanocautery in nose and throat affections. O. L. S.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. BY JAMES M. ANDERS, M. D. Illustrated. Fourth edition. Published by W. B. Saunders & Co., Philadelphia and London. Price, cloth \$5.50.

The sale of this book must indicate its popularity. Last year the third edition was given to the profession; now we have the fourth edition, thoroughly revised and with many additions. It can be seen that this book is written by a teacher, for the arrangement of the subjects and the subject matter facilitate study. We gave a favorable review of this book last year, and it is only necessary to repeat it with emphasis now. H. V. H.

TEXT-BOOK OF NERVOUS DISEASES. BY CHARLES L. DANA, M. D.
Fourth edition, revised and enlarged, with two hundred and forty-six illustrations. Publishers, Wm. Wood & Co., New York.

Without doubt this little book of Dana's is used more extensively in medical colleges than any other neurological work. It is not only up to date in every respect but it is so practical that any student can read it with understanding. The trouble with most text-books of this kind is found in the complexity of subjects and generally discussion. No such error is found in this work. H. V. H.

ATLAS AND EPITOME OF GYNECOLOGY. BY DR. OSKAR SCHAEFFER, Privatdocent of Obstetrics and Gynecology in the University of Heidelberg. Edited by Richard C. Norris, A. M., M. D., Philadelphia, with 207 colored illustrations on ninety plates, and sixty-two illustrations in the text. 272 pp. W. B. Saunders & Co., Philadelphia, publishers, 1900. Price, \$3.50.

This little atlas is one of the most satisfactory books that the general practitioner or student can buy, for it is not only concise but it is very complete and systematic. The subject of differential diagnosis is presented so clearly by the comparative and tabular methods that the student cannot fail to grasp it. Though the text is practical "the large number of illustrations and colored plates, reproducing the appearance of fresh specimens, will give the student an accurate mental picture and a knowledge of the pathologic changes induced by disease of the pelvic organs that cannot be obtained from mere description."
C. E. K.

THE TREATMENT OF FRACTURES. BY CHARLES LOCKE SCUDDER, M. D., Surgeon to the Massachusetts General Hospital, Assistant in Clinical and Operative Surgery in the Harvard Medical School. Pp. 430. Five hundred and eighty-one illustrations. Price \$4.50, cloth. W. B. Saunders, Philadelphia, 1900.

The author of this volume uses no unnecessary verbiage, and makes a short cut to his task. Essentially a work on the treatment of fractures, discussions of statistics, definitions of terms, etiology, pathology, etc., are omitted. The first chapter takes us straight into a description of the treatment of fractures of the skull. The book contains hundreds of illustrations, all apparently original, at least none appear to be shopworn or borrowed from various other works back to the times of Hippocrates, as sometimes is the case. And this reminds us that those treatises on fractures and dislocations written by this ancient scientist, more than 400 B. C., are still worthy of study. But it is a far cry from the age of Pericles to that of William McKinley, and in the intervening times have come knowledge of anatomy, mechanical cunning, scientific observation in hospitals, the use of anesthetics, antisepsis (and the practice of open incisions in fractures) and the Roentgen ray. Dr. Scudder has evidently correlated, and combined, and simplified, until he has been able to produce a composite that takes one away from blind theories and uncertain guessing, into the daylight of open observation and mechanical simplicity.
C. F. B.

DISEASES CAUSED BY ACCIDENTS. BY DR. ED GOLEBRIEWSKI, of Berlin. Translated into English by Pearce Bailey, M. D., of New York. Published by W. B. Saunders & Co.

This is the latest volume of Saunder's Medical Hand Atlases, and its 455 pages are full of interest to both physician and surgeon. It deals, as its title implies, with diseases and conditions which result from accidents, and is especially valuable to those of limited experience because of the great number of illustrative cases and the attention paid to *prognosis*, both immediate and remote. This latter is by all means the most valuable feature of the book, and if it contained nothing else would well repay one for the time taken in its study.

H. R. C.

FRACTURES. By CARL BECK, M. D.

This volume of 335 pages, published by W. B. Saunders & Co., is one of which both author and publisher should be proud. Based upon a wide experience, the work is short and practical. The illustrations, for the most part original, are in the main skiagrams, and show the lesions as they are in actual practice without any attempt to render them schematic. The use of the Roentgen ray has, in a great measure, altered our notions of the pathology of fractures, and, as a natural consequence, has changed in many instances the treatment. Both of these important points are clearly established by Dr. Beck, and it is with great pleasure we commend the book to our readers. The price is \$3.50 net.

H. R. C.

A MANUAL OF CLINICAL DIAGNOSIS. By means of Microscopic and Chemical Methods for Students, Hospital Physicians and Practitioners. By CHAS. E. SIMON, M. D., Late Assistant Resident Physician Johns Hopkins Hospital, Baltimore. Published by Lea Bros. & Co., Philadelphia and New York.

For the study of pathology, bacteriology, and particularly everything that may be learned by microscopy, this is one of the most valuable books for a physician's library. It takes up the examination and study of the blood, the gastric and intestinal contents, the sputum, the urine, the cerebro-spinal fluid, the secretions of the mammary glands and other points of microscopic interest. The illustrations are worth the price of the book; those of the blood are particularly instructive and valuable.

H.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS. By CHAS. W. PURDY, LL. D., M. D., Professor of Clinical Medicine in Chicago Post Graduate Medical School. Published by F. A. Davis Co., Philadelphia, New York and Chicago. Price \$3.00.

This is the fifth revised and enlarged edition of this very popular work. It is printed on good paper and has numerous instructive illustrations. As the title indicates it is a work covering analysis of the urine and urinary diagnosis. It is a very popular text-book for students inasmuch as it is written in such a clear style and is not verbose. The author is a physician of standing in the local profession.

H.

CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS. A Clinical Guide for the use of Practitioners and Students of Medicine and Surgery. By J. BERGEN OGDEN, M. D., Instructor in Chemistry Harvard Medical School. Published by W. B. Saunders & Co., Philadelphia. Price \$3.00.

This is one of Saunders' recent editions and is a work of over 400 pages, bound and printed in most attractive style. While it

covers the subject of urinary analysis it more particularly takes up practical diagnosis. It will, therefore, be of unusual interest to the busy practitioner who must look for help in a diagnostic way.

One feature of great interest is the study of urine in fevers, pneumonia, tuberculosis, digestive diseases and many of the nervous system. In this respect it will be a valuable work. H.

INDIGESTION, ITS CAUSES AND CURE. BY JOHN H. CLARKE, M. D. Boericke & Tafel, publishers, 1900. Price, cloth, 75 cents.

The name of Dr. John H. Clarke upon the title page of a medical book always promises something well worth reading. His new book is no exception to the rule. It is full of clear illustrations and salient points in differential diagnosis and adaptation of the remedy to the various forms of gastric disturbances.

The little book commends itself to the profession, and we are sure it will meet with the ready sale it deserves. F.

A MANUAL OF PERSONAL HYGIENE. Edited by WALTER L. PYLE, A. M., M. D., assistant surgeon to Willis Eye Hospital, Philadelphia. Published by W. B. Saunders & Co., Philadelphia. Price \$1.50.

This little book takes up many important "everyday" studies which pertain to human physiology. The physiology of digestion has much consideration and particular attention is given to the study of proper foods. The author then touches the subjects pertaining to his special work, the eye and ear, nose and throat. In this he gives many interesting and valuable suggestions. The chapters in reference to nervous diseases are both practical and interesting. In all it is a book which every one should read. H.

DIGEST OF EXTERNAL THERAPEUTICS. With numerous formulæ arranged for reference. BY EGBERT GUERNSEY RANKIN, A. M., M. D. Physician to the Metropolitan Hospital, Department of Public Charities, New York. Published by Boericke & Runyon Co., New York, 1899.

This work of more than 600 pages is not only comprehensive, but is so arranged that one can readily find what he is looking for, a feature very essential to a work of this kind. The subjects are alphabetically arranged and everything well indexed. Though to a radical surgeon some points mentioned under the head of abscess, appendicitis, carbuncle and strangulated hernia would seem out of place, and indeed dangerous advice, still one must ever bear in mind that the author is recommending the external therapeutics where radical measures cannot be carried out or are refused. Appendix I contains the formulæ for many of the ordinary, but useful medicinal baths.

The book is a very handy reference for the busy doctor.

C. E. K.

A TEXT-BOOK OF PRACTICAL MEDICINE. By WILLIAM GILLMAN THOMPSON, M. D. Published by Lea Bros. & Co., New York and Philadelphia.

This is a new and up-to-date work. It is a volume of nearly 1,000 pages, and covers every important subject concisely and clearly. One very interesting feature is the attention shown to new diseases or modern considerations as to treatment; there is not enough of this

in the average text-book. The doctor always wants help in treatment rather than pathology. As a text-book this is up to the standard and no doubt will have a large sale.
H. V. H.

ATLAS AND EPITOME OF SPECIAL PATHOLOGIC HISTOLOGY. By DOCENT DR. HERMANN DUERCK, Assistant in the Pathological Institute; Prosector to the Municipal Hospital L. I. Munich. Authorized translation from the German, edited by Ludvig Hektoen, M. D., Professor of Pathology in Rush Medical College, of Chicago, with sixty-two colored plates. W. B. Saunders, Philadelphia. Price \$3 net.

This volume, which is the first of a series, deals with the organs of circulation, respiration and digestion.

In the text the normal histology of the organs under consideration is first briefly outlined. Then follows a study of the minute changes which underlie the grosser changes visible to the unaided eye, and commonly called gross pathology. The text is not a mere statement of the kind of cells and their arrangement, but deals with the causes and manner of the changes which have been wrought in the organ. The style is clear and concise. Although the text is not extensive the author has managed to crowd a vast amount of information into a small space. Dr. Hektoen, the editor, has added a number of valuable observations.

The sixty-two colored plates are marvels of exactness. The name of Reichbold, of Munchen, as lithographer would naturally arouse expectation of excellence in this part of the work. The perfect fidelity with which stained sections have been reproduced, if anything, exceeds our expectations. This fidelity is the more remarkable if it be remembered that the number of shades and colors reproduced are very large. The same strict adherence to form as to color has been observed. The author states in the preface: "I have attempted to secure the most typical pictures of the various processes, but in no case has it been sought to do this by schematic representation; even the 'combination' of various areas in one or more preparations has been avoided in the interests of absolute exactness." The important elements in each plate have been numbered, and these numbers are referred to in the special description which accompanies it. The method of the text above referred to of beginning each division with a statement of the normal histology, it seems to me, could be imitated in the plates with great advantage. In our opinion, it would be of great service if a plate showing the normal histology of each organ were placed at the beginning of the section on that organ.

To microscopists who examine tissues for clinical diagnosis this volume needs no commendation. It cannot fail to be of value.

To those who are not microscopists this work will bring many of the advantages which could ordinarily be gained only by actual work with the microscope.
W. H. W.

DISEASES OF THE NOSE, THROAT AND EAR, PART I; DISEASES OF THE NOSE AND THROAT, PART II. BY S. H. VESCHAGE, M. D.

DISEASES OF THE EAR. BY G. DEWAYNE HALLET, M. D.
ricke & Runyon Co., New York. Pages 393, Illustrations 7

Homeopathy was long in need of this up-to-date text-book upon nose, throat and ear subjects.

Part I is concise, within practical limits and withal conservative.

As a fair example of the last named quality we quote the following: "Remarkable results are claimed for the 'Serum Treatment' of diphtheria. While vast statistics have been compiled to record its brilliant results, a great deal has been said and written by those who object to its employment until it has passed the most crucial tests of the tentative stage from which it has not yet emerged."

Owing to the recent increase of interest, study and investigation in that heretofore much neglected branch, otology, Part II rivals Part I in things new, contains much that is usable and nothing that is dull.

The book is well worth the price and should and probably will be a decided success.

O. L. S.

WHAT A WOMAN DID. BY CHARLES GATCHELL. Era Publishing Co., Chicago.

This little volume while in no sense a medical book, is better than medicine to one who likes a glimpse of the open country in summer. It tells in a highly entertaining manner the story of how an invalid may be nursed back to health by simply being kept out of doors constantly during one summer, and this without the inconvenience of distant travel. The book is illustrated with numerous photogravures of familiar Wisconsin scenes, making, withal, a tasteful and attractive volume.

B. D. H.

A TEXT-BOOK OF THE DISEASES OF WOMEN. Third edition. By HENRY J. GARRIGUES, A. M., M. D., of New York. Published by W. B. Saunders & Co., Philadelphia. 1900.

The keynote of the first edition of this book was to make a practical work and to give increased space to the treatment of the various diseases. The idea has been maintained in the subsequent editions. In passing the editions in contrast I note many additions since the first edition, and the whole appearance of the text is that of being arranged according to the present knowledge respecting the various organs and on close reading, hurried as it has been, a real sense of gratification follows the study of this new edition. I can as a practitioner along these same lines give most hearty commendation to this new volume. It is one of the best text-books printed.

E. S. B.

REVISED EDITION OF MANUEL COMPLET DE GYNECOLOGIE. PAR A. LUTAND, Paris, France. Published by A. Maloine, Paris, France. 1900.

This manual is the revised edition of the justly celebrated work of Prof. Lutand, and the misfortune is that there is not at the present time a complete translation so as to make it more useful to the English reading student. The work is really a compilation of several parts, each part evidently being complete at the date of publication. For example, the part dealing with the vagina, the vulva and the uterus is very full in descriptive text and is well illustrated and contains 124 pages of descriptive text. This is in very favorable contrast to the few pages given in more pretentious text-books where less than twenty pages serve to cover this subject.

The book has a very large and complete system of illustrations and as a rule they illustrate exactly as desired. To the specialist this form of teaching is most satisfactory, as the eye supplements

the story of the text. Over 600 well executed and well printed illustrations are to be noted. The merit of the work appears in each page. Its success as a splendid work is certain. E. S. B.

RHINOLOGY, LARYNGOLOGY AND OTOTOLOGY IN THEIR RELATIONS TO GENERAL MEDICINE. BY DR. E. P. FRIEDRICH. Edited by H. Holbrook Curtis, M. D. Philadelphia, W. B. Saunders & Co.

A criticism of this work that at once suggests itself is that the subject is too vast to be adequately treated within the limits of a volume of some 350 pages. The entire work is really little more than a series of suggestions, but they are generally so pertinent and often so original in character that the book has a value peculiar to itself.

The chapter on the respiratory functions of the nose introduces some advanced theories that seem well substantiated. Diseases of the blood and chronic constitutional diseases are discussed, but in a manner so incomplete as to be of little service. The acute and chronic infectious diseases, being better known, are more exhaustively and very reliably treated, while the section devoted to nervous diseases and the reflex neuroses is rich in new material.

This is a commendable effort to cover the neglected ground between the general and the special field, and it is to be hoped that the author will follow it with a more exhaustive study of a subject he seems so well qualified to treat. B. D. H.

AN AMERICAN TEXT-BOOK OF PHYSIOLOGY. BY TEN OF THE LEADING PHYSIOLOGISTS OF THE COUNTRY. Edited by Wm. H. Howell, Ph. D., M. D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Published by W. B. Saunders & Company, Philadelphia.

The second edition of this well established work has been improved by being published in two volumes instead of one which was inconvenient, being too large. The material of the second edition remains practically the same as the first with the exception of the section on the "Central Nervous System," which has been recast to modernize it and bring it up to date.

The work commends itself to all as it is prepared by men who are authorities in their department, and will be of service to physicians and advanced students. A. L. B.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA FOR STUDENTS OF MEDICINE AND PHYSICIANS. BY JOSEPH MCFARLAND, M. D., Professor of Pathology, in the Medico-Chirurgical College, Philadelphia. Published by W. B. Saunders & Co., Philadelphia. Price \$3.25.

This surely is a valuable book for the medical student and the physician who appreciates this phase of study. The subjects cover the practical field, and it is written in a style which the ordinary physician can appreciate. In fact it is interesting reading even when the doctor is tired out. It is not too scientific for comprehension. It certainly is an up-to-date help to the profession. H.

THE LOGIC OF FIGURES AND COMPARATIVE RESULTS OF HOMEOPATHIC AND OTHER TREATMENTS. Edited by THOS. LINDSLEY BRADFORD, M. D. Published by Boericke & Tafel, Philadelphia. Price \$1.25.

This is a little book giving very interesting statistics and comparisons relative to the practical work of homeopathy. It takes up the leading hospitals in the largest cities, and the important public institutions, where our school has an opportunity to show the value of homeopathy. The comparisons will be very interesting to every true homeopath. H.

A SYSTEMATIC, ALPHABETIC REPERTORY OF HOMEOPATHIC REMEDIES. BY DR. C. VON BENNINGHAUSEN, edited by C. M. BOGER, M. D. Published by Boericke & Tafel, Philadelphia. Price \$3.00.

This is a translation from the second German edition of this standard work. For reference study it is one of the best of this class, not being so extensive that a busy doctor cannot use it. In every way it is useful to the careful materia medica student. H.

ELECTRO-THERAPEUTICS AND X-RAYS. BY DR. CHARLES S. ELLIOTT, Professor of Nervous and Mental Diseases and Electro-Therapeutics in the Hahnemann Medical College, of Kansas City, University Mo. Published by Boericke & Tafel, Philadelphia. Price \$2.50.

Dr. Elliott has given us a very good book on nervous and mental diseases, and this is also a very practical text-book for students and physicians. He covers the subject in a very careful way and gives the useful application of electricity to disease. H.

THE OPENING EXERCISES.

The opening exercises of the forty-first annual session of the Hahnemann Medical College of Chicago were held at the college building on Tuesday evening, September 25th. After the invocation by the Rev. J. A. Matlock, and a cello solo by Mr. Day Williams, the address on behalf of the Board of Trustees was delivered by the President, Dr. George F. Shears. After another interval of music, Dr. A. L. Blackwood delivered the annual address for the Faculty, and the Dean, Dr. E. S. Bailey, followed with a short address. Each of these contained plenty of material for careful perusal, and all are published in full in another part of this issue. The Registrar's report, dealing chiefly with the arrangements for the opening session, was gratifying in every detail and showed a healthy growth in all departments. The audience was large and showed eager appreciation of every feature of the program, the musical numbers rendered by Messrs. Alfred and Day Williams being repeatedly encored. "Old Hahnemann" is blest with an ever increasing army of enthusiastic friends, which is the surest guarantee that she will keep her place as a leader of homeopathic colleges.

Miscellaneous Items.

Dr. E. H. Brooks now has charge of the practice left by the late Dr. Glasier, of Bloomington, Wis.—Dr. A. B. Clayton, of Evanston, died September 15, at the Augustana Hospital. Dr. Clayton graduated from Hahnemann

College in 1869, and at the time of his death was health commissioner for the city of Evanston.—Dr. J. M. Da-Costa, widely known as a writer on diagnosis, died September 11, at the age of 67.—A Pasteur institute has been opened in India and patients will be treated there instead of being sent to Europe, as formerly.—Dr. Chas. F. Johnson, of New Buffalo, Mich., will leave his practice for the winter months and go south for his health.—An international congress of medical journalists was held in Paris in July.—Bones have been exhumed in Upper Egypt that seem to show that syphilitic disease was known as early as eight thousand years ago.—The attendance upon the autumn session of the college is larger in all classes than for some years past; students have been admitted to advanced standing coming from colleges in Philadelphia, Baltimore, Iowa City, Kansas City and St. Louis, and an unusual number of physicians are with the senior class for post-graduate work.—The new laboratories are already open and work is now being done in every department.—Dr. Henry B. Baker, of Richmond, Va., interrupted a tour through the north to spend a few days at our clinics this month.—Changes of address: Dr. S. F. O. Miessler, from Columbus, Neb. to Crete, Ill.; Dr. W. H. Outland, of Zanesfield, Ohio, has bought out the practice of Dr. Harbert, of Bellefontaine, Ohio, and will locate at the latter place; Dr. C. H. Whipple, from Houghton, Mich., to Barberton, Ohio.—Dr. Paul R. Fletcher, a homeopathic physician of St. Louis, has been appointed surgeon in the United States army for service in China. Dr. Fletcher stood highest in a competitive examination among a large number of applicants from all schools.—The Lynn Hospital, of Massachusetts, has recently for the first time elected a homeopath to its regular staff.—The new edition of Dr. Sheldon Leavitt's "Obstetrics" will be out in November.—Dr. Meissler, formerly of Columbus, Neb., is now located at Crete, Ill.—Dr. L. E. Strode is located at Girard, Kan.—The Homeopathic Medical Society of the State of New York is holding a special jubilee session this week in celebration of its fiftieth anniversary. Dr. H. M. Paine, the only survivor of the organizers, is present to take part.—Dr. Fred Martin, recently house surgeon in Hahnemann Hospital, will have charge of the practice of Dr. Geiger, of Gilman, Ill., for a few weeks, after which he will return to Chicago.

THE CLINIQUE.

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CHICAGO, NOVEMBER 15, 1900.

[No. 11

Original Lectures.

*OBSERVATIONS ON SILVER NITRATE.**

BY CHAS. H. EVANS, M. D., PROFESSOR OF MATERIA MEDICA
IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The claims of silver nitrate as a therapeutic agent are too often neglected in favor of more familiar drugs, although its effects both pathogenic and therapeutic are well defined. A more extensive acquaintance with this potent substance must result in its commoner employment in cases where other less adapted remedies are prescribed, and with this object in view this paper is herewith presented.

Study of its pathogenesis and practical application shows the influence of this salt of silver to be chiefly exerted on the brain, the spinal cord and ganglionic nervous system. Indeed, it seems fair to believe that its force is primarily expended upon the cerebrum, and that many of the ailments seeming to arise in other localities really have their origin in that organ and are transmitted through its spinal extension and into the sympathetic. There is post-mortem evidence of actual oxidation of this salt and deposition of particles of the metal itself throughout the brain in persons who have used this drug for a long period during their lifetime. This centric effect is distinctive of the drug, and is much more apt to be profound when it has been administered in frequently repeated small doses, although a continuous degeneration may have followed upon incomplete recovery from large dosage.

*Read before the Homeopathic Medical Society of Chicago, October 18, 1900.

A condition is then instituted in the brain which is seen to correspond to the inherited neurotic constitution, as well as an acquired neurosis. Therefore it is that a host of nervous disorders gradually develop which have their point of origin in the intellectual and emotional areas of the brain, among which a weakening of the mind and increasing loss of memory are plainly noticeable, while mental processes are carried on only with effort and increasing sluggishness. Failure on the part of the person to express himself coherently, or even intelligibly, steadily progresses until it deepens into imbecility, and not infrequently with actual softening of the brain.

These signs of cerebral decay in some instances are often the result of intense or sustained mental effort or constant worry, which may or may not have been imposed upon an unstable, nervous system. Superintendents and managers and others charged with heavy responsibilities in large manufacturing or commercial interests sometimes tread this pathway and their bodily functions often participate in the general nervous wreck. In lesser degree the fret of daily anxiety or apprehension over events upon which the person has no control will induce a similar condition.

One of the prominent effects of this drug is the development of a spasmodic tendency all along the line from twitching of groups of muscles up to the severest convulsions. Silver nitrate has undoubtedly and permanently cured some cases of epilepsy and mitigated the intensity of others. In consequence of such reputation this salt has been administered in a blind way and in material doses to epileptics through long periods, during which the skins of these unfortunates have become changed from the natural color through all hues of gray, blue, brown or black. Empiric use of this medicinal substance for the attempted cure of epilepsy has often failed to accomplish the object sought, but a discriminating knowledge has taught that when the seizure appears to have its origin in the abdominal cavity it is useless to expect permanent relief, or, indeed, any at all; but when the attacks seem to have followed upon mental or moral strain, this drug has justified its use, *i. e.*, when it has had a cerebral origin. An apparent exception may be thought to present itself when the reproductive organs seem to exercise a causative influence in precipitating the seizures, but this is more apparent than real, for the irritative influence which these produce through the sympathetic

nervous system is sufficient to exert a powerful effect upon a brain and cord often ripe for such explosions. Still another indication may be noted in which the localization is evidently cerebral, viz., when the individual has been the subject of some frightful impression, or as a beholder or participant in the frenzied excitement attendant upon some unusually fervent religious revival.

In many of the foregoing instances it will be found, on inquiry, that the person so affected possesses an inherited neurotic temperament.

It has also been noticed in a number of epileptics that the silver salt is called for in cases where the pupils have been dilated for some days previous to the seizure.

Hemicrania is now regarded by many as being of an epileptiform nature, and the hemicrania induced by the drug under discussion would seem to favor this view. The convulsive attacks which appear in many instances of poisoning with the nitrate is of too frequent occurrence to be a coincidence, and is still further proof of its primary effect upon the cerebro-spinal axis.

This affinity for nerve tissue is also exemplified in the neuralgias which present themselves in various localities from those attacking the fifth pair of cranial nerves to the darting pains of locomotor ataxia. It is not claimed in this paper that all or even a majority of the foregoing diseases are invariably cured with the silver salt, because these are often joined with other conditions that require the use of different drugs to meet the varying circumstances of the case, and for another reason that organic changes may have taken place to such an extent and degree that they are impossible to cure by nitrate of silver or any other drug.

This brings us to the consideration of another tissue upon which silver nitrate exercises a strong or destructive influence; this is mucous membrane, in which it induces deep seated inflammation leading to ulceration. This form of inflammation is met with in every part of the body in which a mucous membrane exists and the character of this inflammation is identical in whatever locality this membrane is attacked.

The mucous membrane is dark red and pours out a more or less abundant flow of pus; erosion of its surface is sooner or later apparent, and this gradually deepens into ulceration. The character of the inflammation induced by the silver salt is so constant and so general that we are justified in concluding that it must be due to a

centric cause, and in view of the many nervous disorders produced by this drug, there is every reason for believing it to originate in the brain and is thence distributed throughout the vegetative system. Among the organs of special sense the eye is the one most often attacked by this drug. The conjunctiva being a mucous membrane reflected on both the ocular and tarsal surfaces and open to inspection may be taken as an illustration of the nature and course of this inflammation in whatever locality such a membrane exists, viz., deep seated inflammation, free discharge of thick mucus or pus and ulceration.

Allen and Norton declare that the greatest service has been rendered them by this medicinal agent in uncomplicated purulent ophthalmia both in infants and adults and that they have not lost a single eye in a widespread private and dispensary practice and that this remarkable result has been achieved by its internal use alone, chiefly in the 30th and 200th dilutions. In all such cases the purulent discharge was abundant and associated with hazy cornea, chemosis or ulcers. An entire absence of all other symptoms is considered by them an indication for the use of this drug in the purulent ophthalmias of infants and adults. The nose and nasopharynx is also the seat of catarrhal inflammation caused and cured by this same drug in which a glairy mucus discharge sometimes streaked with blood is shortly followed by an abundant purulent flow and a feeling of rawness and soreness and erosion of the mucous membrane. This same inflammation and free purulent discharge occurs from mucous membranes elsewhere, as in gonorrhoea, in leucorrhoea, in laryngitis, in pharyngitis, in tracheo-bronchial catarrh, and chronic purulent bronchitis, all of which are accompanied by the same sensations of burning, soreness and rawness. Ulceration is a constant effect occurring in the deeply inflamed mucous membrane without being limited to any particular organ or series of organs. The mucous lining of the pharynx, epiglottis and larynx is the seat of tubercular ulcers which are not only healed by this nitrate but are simulated by it; and the cervix uteri presents all grades of inflammation, erosion and ulceration caused and cured by this agent. Gastric ulcer, or general ulceration, as the case may be, is a constant result of the drug together with its associated symptoms of chronic vomiting, retching, radiating pain, hematemesis and coffee-ground vomit. These symptoms have appeared after its use, have declined and

ceased when its employment was suspended, and then returned with severity when the use of the drug was resumed. Gastritis is present in lesser degree before ulceration appears and occurs in all degrees from catarrhal dyspepsia up to the chronic and deep-seated form, of which that occurring in the confirmed drunkard is a type. That form of dyspepsia to which the names of nervous dyspepsia and nervous vomiting have been applied is a recognition of the fact that these also have a nervous origin. Entero-colic inflammation and an ulcerative dysentery with its characteristic discharges of blood-streaked mucus or pus and sloughs is the same diseased condition in another locality, and rectitis with rodent ulcer and similar discharge is still another instance of this nutritive disorder. Laryngeal and rectal inflammation and ulceration, even when tubercular in character, has become healed, and the exhausting diarrhea dependent upon tubercular inflammation and ulceration in the intestinal tract is often greatly lessened by the silver salt.

In many instances the inflamed, ulcerating and pus-laden lung of phthisis has been given relief, the sputum lessened and progress of the disease materially checked by the use of nitrate of silver. This ulcerative characteristic is still further manifested by this drug in the production of ulcers on the prepuce exactly simulating the chancre caused by syphilis, even to the fatty, tallow-like base; and the ulcers in the pharynx, larynx and on the tongue have also a striking resemblance to those occurring in the course of secondary syphilis.

Inasmuch as bronzing of the skin (which is also characteristic of the salt in material doses) is usually associated with tubercular disease of the suprarenal capsules, it might be advisable to use silver nitrate in the treatment of Addison's disease.

CLIMACTERIC METRORRHAGIA AND SUPRA-RENAL THERAPY.

BY A. K. CRAWFORD, M. D., SAN FRANCISCO.

I have had all sorts and conditions of patients to treat for flooding at the month, irrespective of the month, for miscarriage and retained debris, attending the puerperium, and consequent upon cancer, but I have never had, in an experience extending over twenty years, so persistent and perverse a curable case as one that unluckily befell me this year. It may be stated briefly, as follows: A woman, *æt.* forty-eight, a multipara, approaching the climacteric. Her menstrual history had been uneventful and regular. For some months she had been having recurrences of the period every three weeks, with increase of the flow, but without suffering or apparent depletion.

On February 5, 1900, the flow began as it had before, and nothing was thought of it until it continued beyond the usual time for its cessation. It was then increasing in quantity instead of diminishing. A general languor and depression caused her to apply for medical aid. There was at no time any actual pain. A slight discomfort in the right iliac region at times, was the sole admission elicited. Of subjective symptoms there were none. The flow was very dark, fluid in character, with occasional large clots. The latter diminished in frequency and size, with the ever increasing anemia. The amount of blood lost was incalculable and inconceivable, when placed in contrast with the total quantity in a living body plus the small amount of food and liquid ingested by the patient during its continuance. The flooding lasted almost ninety days. Early in May when it ceased the patient was absolutely exsanguined. She remarked to the nurse that her hands smelled like a corpse, and I am under the impression that she was. Twice during the three months the flow intermitted for about two days, and then returned as freely as ever. The first time I thought it had been brought to a stand under the influence of *crotalus*. The next time I was less certain than before, but gave a little credit to *laurocerasus* and the douches of very hot water and vinegar. But the third time, when the hemorrhage really ceased, I was quite certain that it was because there were no more fluids left to drain. The lips, buccal cavity and ears had no more color to them than this paper upon which I am writing. The two short intervals of intermit-

tence in the flow were not happy days for the patient. The trigeminal nerves were dancing with pain, and the cranial vessels were turgid. Glonoine seemed to render some relief, and as soon as it did the flow resumed.

What did I do for the patient during all those "dreary days and wearisome nights?" Pretty much everything I could think of. I put her to bed early in the course, with the head low, and enjoined perfect quietude. I made an extended physical examination, curetted the uterus, packed it, used hot douches with vinegar or alum, consulted with the best brains on the Pacific slope, and even recommended a change of doctors. The remedies prescribed included: *Crocus*, *china*, *hamamelis*, *trillin*, *trillium*, *sabina*, *secale*, *fraxinus*, *bellis perennis*, *thlaspi bursæ*, *geranium*, *ustilago*, *crotalus*, *laurocerasus*, nitric acid, sulphur, *ignatia*, *pulsatilla*, glonoine, phosphorus, and possibly one or two more, yet in spite of it all the patient lived. The physical examination threw no light upon the case. The curettement was a mistake, for there were neither a softened endometrium, clots or shreds to be found within the cavity of the uterus, and the flow was aggravated by the interference. Some of the remedies exercised, at most, only a palliative influence. The majority of them did nothing. It looks like a long list of remedies to be given in one case for one complaint. But in a period of three months you see that each remedy had an average time of about five days to prove its efficacy or worthlessness. Long enough, the Lord knows, when every day meant a long stride toward the graveyard.

Now for the sequel. After four weeks of the most careful nursing and feeding, in a perfect climate and beautiful surroundings, the little woman had gained seven pounds in weight, strength enough to dress herself, and to walk a block. But she still looked ghastly because of the anemia. Then the flow reappeared. The same dark fluid with few clots, the same profuse latent stream. Necessarily there was much quicker evidence of the loss of blood in the color and strength. There was lessened resistance in the system and lessened nerve force to face a siege. So turning my back upon the former remedies and adjuvants, all failures, I gave her one grain powders of Armour's desiccated suprarenal capsules, three times a day. She remained in bed only one day. The flooding diminished rapidly and was arrested at the end of five days, without any of the cerebral or nervous phenomena

noted formerly. Again after a four weeks' interval the flow returned, but was allowed to run three days before the suprarenal was begun. The flow exhibited the same characteristics as before, and each day it gained greater momentum. This time complete relief was obtained in three days. The case is peculiar in that it exhibits none of the usual phenomena of the climacteric. The menopause is not at hand yet, but the evidence is fairly convincing that we have a safe and efficient uterine hemostatic in this remedy. I am experimenting with this same glandular product in asthmatic cases, and in obesity at present, but with dubious results thus far.

*CHRONIC PULMONARY TUBERCULOSIS—ITS MODERN TREATMENT.**

BY CH. GATCHELL, M. D., PROFESSOR OF DISEASES OF THE
CHEST AND PHYSICAL DIAGNOSIS IN THE CHICAGO HOMEOPATHIC
MEDICAL COLLEGE.

Chronic pulmonary tuberculosis is the great white scourge of the human race. More than wars, pestilence and famine it slays. But so insidious is its invasion, so silent its march, so subtle its destructive force that it causes little alarm. At the graves of its victims, one grave in seven, prayers of resignation are said. And this in spite of the fact that it is in a great measure a preventable disease, and in a large majority of cases it is curable. In fact, no patient ever dies of tuberculosis of the lungs. In all cases and always it is a mixed infection that kills.

The pathological tendency of the tubercle is not to degeneration, but to connective tissue growth, with resulting cicatrization or encapsulation. This will always take place if assimilation and nutrition of the tissues are kept up. This failing, mixed infection follows and the victim dies not of tuberculosis but of streptococcus septicemia.

Evidences of the curability of phthisis, by which term, for the sake of brevity, I shall speak of the disease, are to be found in abundant instances. Persons who have made recovery may be met with almost

*Homeopathic Medical Society of Chicago, October, 1900.

daily. West puts the proportion as high as 60 per cent. The dead-house presents many subjects with healed lesions, in whom during life the disease had never been suspected.

And yet, notwithstanding all this, the deaths, one in seven, continue to be recorded.

So recently that it seems but yesterday has the world awakened to the fact that phthisis is curable, that this sacrifice is unnecessary, that its ravages may be stopped. So recent is this general awakening that the application of the principles of cure involved is called treatment by "modern methods." To the few it has long been known; to the many it is modern.

And yet it is simplicity itself. It consists in but reversing previously existing conditions. Where there was impure air, it supplies pure air; where there was waste, it repairs.

The statistics of the Montefiore Home for Invalids, New York, show that of 1,147 cases of phthisis, 144 were tailors, while only one was a gardener.

In the British royal navy there has been a marked increase in the number of cases of phthisis over the number occurring twenty or thirty years ago.

This tells the whole story. In the first instance related, for some special reason, one man, a gardener, who lives an outdoor life, became a victim of phthisis. But at the same time 144 tailors, men whose occupation is confining, who breathe an air laden with impurities, were attacked by the same disease. In the second instance, the story is repeated. Years ago, on the sailing vessels of the royal navy, when the sailors were exposed in the rigging to wind, and cold, and storm, and rain, there was less phthisis than now, when on modern iron ships, driven by steam, the men dwell between decks and breathe a confined air.

I repeat, this tells the story. It brings anew to our minds the well-established fact that overcrowding and the breathing of an air laden with respiratory impurities and foreign matter is most conducive to the incidence of phthisis.

Phthisis is most destructive in the presence of darkness, filth, dampness and foul air. It vanishes in the presence of pure air, sunshine and good food. Hence, in overcoming the disease the two prime essentials are good air and good food.

It is the carrying out of this principle, and its appli-

cation in practice, that constitutes what is called the modern method of the treatment of phthisis.

Brehmer, in 1854, first drew the attention of the medical world to the benefits of the climatic treatment of this disease. In this view, the method is not modern. That which is modern about it is the great attention to detail, the insistence that the patient shall breathe unconfined air both day and night, and the nice attention given to diet in order to promote nutrition of the wasted tissues.

Years ago the patient with pulmonary tuberculosis was carefully housed. Often the victim was kept in bed in a close room; he was well covered and protected from every breath of air. To-day, when properly treated, this same patient will be found in a sun-trap on the lawn, in a hammock on the veranda, or, possibly, with warm boots and a fur coat, wading in the snow. This is the modern method.

And yet so little is the modern method understood by the profession at large that in the past year most of the cases of phthisis that I have been called in consultation to see, I have found the patient either in bed, or well bundled up in an illy ventilated room with closed windows, carefully protected from the outer air.

Another established fact directly connected with the phase of the subject now under consideration is that the air in which the patient is to live his outdoor life need not necessarily be the air of some remote resort or distant mountain region. The fact that recovery from the disease may be brought about in the patient's home—in the same climate in which the disease was acquired—is one of the most important doctrines connected with the modern treatment of phthisis. Not all patients can go away from home. There is now hope for those who must remain. Last year in Chicago there were 2,500 deaths from phthisis. How many of these patients were able to leave their homes?

The great fact—of paramount importance—upon which the modern treatment of phthisis is based, is that the chief remedial agent, air, need not be any special kind of air, just so that it is a pure air—an air free from impurities of any kind. While a dry air is desirable, it is not a necessity, for moisture, of itself, is not an impurity. Nor need the air necessarily have its full proportion of oxygen, for Paul Bert has shown that respirable air can lose 15 per cent of oxygen without inconveniencing the persons breathing it, and LeBlanc has shown that the atmosphere

of a lecture room containing 1,000 cubic meters of air and 1,000 persons had lost in one hour only 10 per cent of oxygen. Nor is it alone the presence of carbon dioxide in confined air that is the injurious agent. The external air contains 0.3 per 1,000 of carbon dioxide, and yet Pettenkofer was able to breathe for an hour an atmosphere containing 10 per 1,000 of this gas. d'Arsonval breathed for an hour without being incommoded mixed gases containing 20 parts of carbon dioxide to 60 parts of air. Hammond, in repeating d'Arsonval's experiment, forced the air through a solution of potassium permanganatum, which it discolored, thus demonstrating that the air contained a large quantity of organic matter. Brown-Sequard further showed that the noxious quality of respired air is not due directly to deficiency of oxygen or to excess of carbon dioxide, but to the contained organic matter, respiratory impurities. Daremberg has reminded us that the effete matter of the body is eliminated by the bowels, by the kidneys, by the skin and by the lungs. Effete matter eliminated by the kidneys and the skin is never reabsorbed. Then why should the exhalations of the lungs be permitted to re-enter? It is this that poisons. It is this that renders confined air—which means re-breathed air—the most active and noxious agent in placing the lungs and the general system in a condition to invite the inroads of chronic pulmonary tuberculosis.

This is not the sole agent, but it is the most active one. Metallic and organic impurities are also injurious, as shown in knife grinders and rag sorters who suffer from the disease in undue number, but in the great majority of cases the primal etiological factor is confined air laden with respiratory impurities.

The modern method of the treatment of phthisis is based upon the general principles already detailed. It is very simple. For impure air, supply pure air. For confined air, supply external air.

In the application of this treatment the patient, so far as possible, should pass twenty-four hours of the twenty-four in the open air. In favorable weather this is readily accomplished. It is in adapting the treatment to seasons of the year when the weather is not favorable that demands are made upon the ingenuity of the physician.

Neither rain, cold nor snow need necessarily drive the patient indoors, for the work of Blumenfeld has shown that temperature, atmospheric pressure and humidity scarcely influence the condition of the phthisical patient.

In order to give the patient the benefit of the open air treatment my favorite method is that of camp life. There is reason why I should be partial to this method, for it is the one by means of which I was restored to health when suffering from incipient phthisis many years ago.

But, regardless of this fact, it has distinct advantages over every other method. It compels constant outdoor life; it affords agreeable occupation; it stimulates the appetite and increases the powers of digestion. The patient's improvement begins almost immediately, and usually continues without serious interruption.

There are two methods of carrying out this plan. One is by horse and wagon and tent outfit, traveling fifteen or twenty miles each day and camping by night. Into the details I need not enter. They will suggest themselves. Two or three persons, bent upon a similar errand, should join in the enterprise. The start should be made in the early spring. The direction taken should be to the northward, with the objective point, if from the vicinity of Chicago, to Northern Wisconsin or the upper peninsula of Michigan. Let the party seek a spot near some inland lake, where their diet can be largely of fresh fish of their own catching. In the fall let the return journey begin. On arrival at the point of departure, the "home treatment" may there be carried out through the winter season, or what is better, the journey may be continued to the southward, through Kentucky and Tennessee, and into the pine regions of North Carolina or Georgia.

Such a course as I have here outlined will bring restored health to any phthisical patient who has not passed the curable stage. And even such patients may have their lives much prolonged.

The expense of a trip of the kind need not be great. It may be made less expensive than sojourn at a sanatorium or travel to distant resorts.

If the plan by horse and wagon is not feasible, then modify it by having tent and outfit transported by rail to some favorable spot in northern pine woods, and then carry out the camp life as already indicated.

Wet weather is no bar to such an outdoor life. If properly protected by water-proof clothing no consumptive need remain indoors because it is moist without.

But, since all patients cannot indulge in the camp-life mode of cure, it is necessary in many cases to carry out the method of "home treatment."

Without going into too great detail, it may be said

that this consists in having the patient live in the open air during most of the daylight hours, and when in the house at night to have the windows of his sleeping room wide open both summer and winter.

The carrying out of this plan varies, according to the location and nature of the patient's home and dwelling place. In the closely built city it must differ from what it would be in the suburbs or country town, where there is much open space.

Our supposed patient, let us say, lives where there is a grass plot about the house. He is, let it be added, well within the grasp of the disease, but not too far advanced. There is cough and expectoration, some loss of flesh, sense of weakness, and a bodily temperature above one hundred.

As soon as the sun is one hour high in the morning, he should leave the house, to spend the entire day, to within one hour of sunset, in the open air. If weak and feverish most of this time will be spent at rest—in summer reclining in a hammock or comfortable chair; in cold weather—for this treatment continues throughout all seasons—in a sun-trap. A sun-trap is a small, light structure, a little covered stall, as it were, open at one end, and the whole movable, so that it can be changed from place to place on a lawn. It is set with the closed end to the wind, if there be any. It is of a size to have placed within its shelter a steamer chair, upon which the patient reclines, in cold weather being protected by abundant wraps.

This is the "rest cure," an essential part of the modern method of treatment of phthisis, exploited by Dr. Dettweiler, of Falkenstein. It is a rational mode of treatment. In what other diseased condition is a fever patient with a temperature of over 100° F. permitted to go about? In none! What applies to other fevers in this respect should apply to tuberculosis.

Thus the patient spends the day. At intervals of a half hour or one hour he should leave his chair for a short walk or indulgence in light chest gymnastics or breathing exercises. In many cases even the noon-day meal should be taken in the open air, for the air thus becomes a great stimulant to a lagging appetite.

The patient's sleeping room should have the windows wide open all night in summer, and also open in winter, excepting during the prevalence of actual storm. Even zero weather need not compel the closing of windows. Blankets and an abundance of bed clothes should be depended upon to retain the heat of the body.

As a detail of this method, the windows, in cold weather, may be closed an hour before the time for the patient to get into bed. Moreover, the disrobing and preparation may be made in an adjoining warm room. Discretion and judgment will dictate that general principles should not be carried to extremes in applying them to all the details of practice.

What has been here outlined will be applied according to the varying conditions of the patient's circumstances and surroundings. In the closely built city a protected veranda must do service, when deprived of the advantages offered by a large yard and a grassy lawn. Even in a modern apartment house, the balcony or loggia of a sixth-story "flat" may be arranged so as to serve the purpose of a patient's outdoor sun-trap in the day and his dormitory at night.

The only other topic left to be considered in an essay of this character is that of diet, the feeding of the phthisical patient. Under proper methods, to promote nutrition has come to be recognized as an essential and vital part of the treatment. In dealing with it I shall not go into detail, as might be done in a text-book article, but present rather its general principles.

Anorexia, or fickle appetite, is one of the early and persistent symptoms in many cases of phthisis. It must be combated by every resource at the command of the physician. With failing nutrition recovery is impossible. With uninterrupted improving nutrition, recovery is assured. But food is not the prime factor. The sailors in the royal navy to-day living between decks are as well fed as were their predecessors who spent much time in the rigging.

There is no special article of food to be prescribed for the consumptive. He should have a mixed diet of wholesome nutritious articles. Red meats—rare beef and mutton—should be conspicuous on the list. But this does not rule out other meats. A lagging appetite may sometimes be stimulated by some crisp bacon, or ham, or piece of salt mackerel. Eggs, in all forms in which they can be served, should be plentifully used. In some cases a diet of raw eggs, dozens daily, will work wonders. Milk in all forms, including buttermilk and matzoon. Fresh vegetables and fruits, especially grapes. The cereals, especially whole-wheat products.

There should be three principal meals per day, with a light lunch or "bite" at other times, if desired.

On first waking in the morning the patient should have a glass of milk (hot or cold, to taste) and a cracker, or a small dish of milk-toast. At 8 o'clock breakfast. At 11, or half-past, if there is a little faintness, or a "gone" feeling at the pit of the stomach, a very light lunch may be taken—not much—only, say, a cup of cocoa and one slice of bread and butter. Between 1 and 2 o'clock the hearty meal of the day should be taken—hot, rare roast beef and all the accessories. At 6 o'clock supper. At bedtime a glass of milk and a cracker, or their equivalent.

The patient should be encouraged to eat, and every wit should be resorted to to get him to put good food into his stomach, to the point of tolerance and of powers of digestion.

If the patient is subject to night sweats, he should be wakened two hours before the usual time of the sweat and given a glass of hot milk. This in many cases is an effectual remedy.

So much for the matter of diet. Feed—feed—feed! But have regard all the time to the patient's power of digestion. Do not overdo the matter.

This paper would not be complete without an account of modern methods of the treatment of phthisis in the various sanatoria that have been established for that purpose. There are many such institutions, both in this country and abroad. The most notable ones are in Germany, those at Falkenstein and at Nordrack; in Great Britain, at Ventnor; in the United States, at Saranac Lake in the Adirondacks, and the Loomis Sanitarium, at Liberty, New York.

Without giving a history of each one of these institutions, I will confine myself to indicating the general character of a modern sanatorium for the treatment of phthisis.

As to the buildings, the cottage plan, or the pavilion plan, is most approved, so that there may not be too great a number of patients under one roof. The site selected should have a southern exposure, protected to the north by high wooded land, if possible. The soil should be sandy and well drained.

The sleeping rooms have hard-finished walls and floors, and are without upholstered furniture or hangings. There are large windows, freely admitting the sun, and so made as to be kept open in warm weather and cold, except during storms.

A feature of many institutions is the liege-halle, where

the patients, disposed in reclining chairs, take their rest-cure. The liege-halle is often a high-porched veranda, with southern exposure.

The grounds surrounding are of such a nature as to afford paths for pleasant walks. At intervals are set kiosks, or shelters, in which the patient can pause and rest.

The regime at these institutions is carefully and systematically carried out. The patient is under the constant supervision of the physician. His diet, his clothing, his exercise, his baths, his walks, his rest, are all carefully prescribed, and varied day by day according to his varying condition. It is this constant oversight of the patient by his physician that is a prominent feature of the modern method of treatment.

Many other details of sanatorium treatment might with profit be given, but time will not permit.

Sanatoria of this kind should be established in the vicinity of all large cities for the treatment of the indigent poor, the institution to be supported by public funds.

In this brief essay I have not dilated upon the subject of exercise and lung gymnastics, upon hydro-therapeutics, disposal of sputum, or other important topics that might be mentioned. Nor have I considered medicinal agents. All this is not necessary. My subject is, "Modern Methods of Treatment," pointing out wherein they differ from those which formerly prevailed. In this I trust that I have succeeded.

If I were to summarize the matter I should say that modern methods of treatment of phthisis have for their distinguishing features the following:

1. The climate in which recovery can be brought about is no longer limited to special regions, possessing certain features.

2. The patient is made to live essentially in the open air all the time—summer and winter, in heat or in cold, in rain or shine.

3. The patient is fed persistently and systematically with selected food in order to promote bodily nutrition and thus bring the system to its highest degree of endurance.

4. The matters of hydro-therapeutics and graduated exercise are given more careful and systematic attention than they received in the past.

5. Not of the least importance, the patient, under

modern methods, is placed under the constant care of the physician, who watches his every change of symptom and orders his daily life.

This is all in strong contrast to the ancient method of sending the patient far from home to some remote "resort," there to shift for himself, to live in a stuffy old boarding-house, to huddle with others of his kind about a hot stove, and to expectorate in divers and sundry places.

The modern method of treatment is bringing about a cure in a greater number of cases than ever before, and, combined with suitable preventative measures is destined, in the far distant future, to make of pulmonary tuberculosis a disease with a history but with no existence.

As a final admonition I would make this my closing word: Learn to make an early diagnosis in cases of suspected phthisis, for, under the most favorable conditions, nineteen patients in the incipient stage of the disease are cured, to one in the second stage.

DISCUSSION: Dr. H. V. HALBERT: Every one who has listened to this most excellent paper will readily admit that it is truly a modern consideration of the treatment of the dread disease, pulmonary tuberculosis. We must all give credit to Dr. Gatchell for such a worthy paper. As I listened to him I was most pleased with the statement that he considered the disease, *per se*, a curable one. In that respect he is surely modern in his consideration of the subject, for few physicians have heretofore admitted there was any hope when the diagnosis of tuberculosis was given.

I must confess there is little to say directly to the subject of the paper, as the author has covered the only question of hope—the climatic treatment. However, as he has kindly permitted us to speak at random a little, there are some points of interest which I may touch upon.

We all admit that our principal aim in such treatment is prevention. We try to prevent the tubercular inflammation, the lung destruction and the streptococcus development. The bacilli themselves tend to become innocuous by cicatrization, and if we can in any way maintain the general assimilation and nutrition of the lungs and the body, we have accomplished the first step in our treatment. Without doubt our patients die of streptococcus infection, and, therefore, if we can avoid this, it is possible to cure pulmonary tuberculosis. As to methods and measures, Dr. Gatchell has taken about all the thunder out of the argument that exists.

The thought which came to me while listening to this paper was in regard to the fulfillment of this method of climatic treatment. Not all the patients are able to leave home; not all even are able to get any pure air in their neighborhood; the poor of Chicago's congested centers, where phthisis rages, know nothing of pure air; hence little hope can be given them. This reality forces upon my mind the necessity of public charities which shall give us hospitals to care for these unfortunates. This is a sad phase of the question every Monday to me when I must tell my clinical patients we have no hospital facilities for tuberculosis. This, together with the question of congested centers of population, must some day be made a public consideration.

I might say that we have adjuvant measures which we may apply favorably to the treatment of tuberculosis; cleanliness, rest, pure food and isolation of patients may help much in the care of the disease. The cold sponge bath every morning will allay the night sweats and improve the general health sufficiently to help us fight the disease in our treatment. Indoor occupation always predisposes and every tubercular patient may get more air and more outdoor life. Lung gymnastics are a possibility under all circumstances; lung rest should always be considered, and no physician should forget to prescribe these simple measures. The fact is we give up hope sooner than our patients. I say all of this presuming, as I do, that the majority of people are susceptible to incipient tuberculosis. Our treatment then is always toward the prevention of the infection and streptococcus development.

The use of remedies is not really modern but at least of value. Guaiacol, in five drop doses, given in milk after meals, has certainly helped many of my cases. It has overcome the inflammatory invasion, checked the cough, added flesh and strength, and supported the patients who could not have a climatic change. More than anything else it has made me believe that we can do something for tuberculosis. Again I cannot overlook the adjuvant aid of certain inhalations and homeopathic remedies. Certainly, by our remedies, we are to manage the colds, bronchitis, pneumonia, etc., which truly are factors in the development of pulmonary tuberculosis. Then, too, we must not forget the treatment of special indications and acute symptoms which may arise at any time. Unless we do this climate cannot perform the entire cure.

Thus I would add to Dr. Gatchell's most perfect suggestion, the necessity of individualizing every case; the use of remedies which may relieve cardinal symptoms; the application of honest, faithful and scientific care and attention; the determination to relieve our patients and then by all means the climatic treatment.

*SURGICAL COMPLICATIONS AND SEQUELÆ OF
TYPHOID FEVER.**

BY CHARLES E. KAHLKE, M. D., PROFESSOR OF ANATOMY,
HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The bacillus of typhoid fever, discovered by Eberth in 1880, is a germ which may invade every tissue and organ of the body. Its viability is evidenced by the fact that it cannot be destroyed by burial short of ninety-six days; that it has been found as pure cultures in abscesses about the gall bladder as long as fourteen and one-half years after the original attack of fever; also in abscess of the breast seven years after the fever, and as pure cultures in sinus of the clavicle six years after an attack of typhoid.

The infections are usually of a mixed variety. The bacilli are always found in the feces of the typhoid patient, even in school children just coming down with an attack. Typhoid gangrene though rare, having been found in only 113 cases, may occur in even mild cases. It occurs usually from two to seven weeks from the beginning of the attack, and affects mostly the lower extremities and of these usually the toes.

Treatment of typhoid gangrene. When threatened, good hygiene, tonics, constant current, antiseptic dressings, rest and moderate elevation should be considered. Amputation is called for, first, when the line of demarcation forms; second, when sepsis or exhaustion sets in. In cases of amputation the Esmarch bandage should not be used because it may injure the vessels of the stump and cause further gangrene, or it may break up a pre-existing thrombus and thus cause further disturbance.

Typhoid arthritis is usually monarticular, nearly always involving the hip. It is not very fatal, and suppuration occurs very rarely. More than one-half of the cases affecting the hip are followed by dislocation. Parise has

*Gleaned from Keene's work on this subject.

shown that distention of the hip may produce posterior dislocation. Keene believes it. Combine distention with motion and you get your dislocation. Thirty-two cases out of thirty-five were under twenty years of age. The arthritis was not noticed in one-half of the cases until dislocation had occurred. The lesson taught by this is to examine the joint yourself regardless of the lack of complaint on the part of the patient.

Treatment of the dislocation. Reduction, using ether if necessary; binder about the hips; plaster of paris if necessary.

Position. As adduction and internal rotation favor posterior dislocation, the extremity should be kept in a position of abduction and external rotation, gentle extension and sand bags being used. If the joint is much distended, aspirate; if pus is present, which is seldom the case, drain.

Bone lesions. The typhoid bacilli are found in the greatest number and have the longest life in the bones. Males are the ones usually affected, mostly thirty years of age or less. The ribs are seldom involved in young people. The trouble is only local and gives rise to no general depression. The onset is usually from months to years after the fever. The tendency in this line is to chronicity, persistent sinuses and to frequent recurrences.

Treatment. The surgical treatment is mostly after the fever has subsided. The bacilli are found more in the walls of the abscess than in the pus, so it will be necessary to cut or chisel the surrounding parts away, especially in the case of the sternum and ribs. Prognosis is good.

Typhoid abscesses. Those of the skin contain many staphylococci. Those in the muscles and fascia often contain pure cultures of the bacilli. The intestinal abscesses usually occur from perforation of the intestine or rupture of the mesenteric glands.

Treatment, surgical. The time of operation is to be decided by the virulence of the infection, the condition of the patient and the location of the abscess.

Hematomata affect generally the abdominal muscles and those of the chest and neck. No special treatment is required except to relieve pressure symptoms.

Cerebral complications, in the nature of thrombosis, effusion, etc., are noticed mostly from two weeks to three months after the onset of the fever. Treatment?

Abscess of the brain is very rare. It is very hard to

diagnose as the patient is already in a typhoid condition with more or less delirium, fever, etc., and offers very grave prognosis.

Otitis media occurs in $2\frac{1}{2}$ per cent of the cases. Thyroid involvement has been noticed in ten cases, nine of which suppurated. This complication occurs as a rule in convalescence.

Treatment. Drainage for the abscess except if occurring in old goiter. In this case it is better to extirpate the diseased half.

Affections of the larynx. Usually a perichondritis (arytenoids). Necrosis here has a mortality of nearly 95 per cent, stenosis a mortality of 67 per cent. Treatment should be very prompt. Intubation; this failing, tracheotomy. Pleurisy, pneumonia, pericarditis, stricture of the esophagus, ulcer of the stomach, hematemesis and glossitis are to be treated according to well known rules.

Perforation of the intestine. Frequency, 1.2 per cent to 12 per cent, according to the observer and the virulence of the epidemic. It occurs more frequently in men, but is rare in children. It occurs usually between twenty and thirty years of age; mostly during the third week and practically always in the ileum. Fatal peritonitis without perforation is possible, as evidenced by one of my own cases. Typhoid perforation without operation has a mortality of 90 to 95 per cent, according to Murchison, with operation a mortality of 69.4 per cent. The mortality with operation when all cases at all stages are counted amounts to 80.64 per cent, but the real mortality, which includes only those cases operated upon during the first twenty-four hours, is but 69.4 per cent. Under fifteen years of age there are 40 per cent of recoveries; between fifteen and twenty-five years 13 per cent, and over thirty-five years 45.5 per cent, all with operation.

Treatment. Surgical, because in perforation in cases of typhoid we do not have the same adhesions formed as in appendicitis and the infective bowel contents are more virulent.

The time to operate, as may be inferred from the above figures, should be in the first twenty-four hours; not, however, during the shock which usually accompanies perforation, but in the first few hours afterward. The best time is during the second twelve of the first twenty-four hours. Do not trim the edges of the ulcer

unless it is necessary. Use the interrupted stitch. Most of the perforations are found within six feet (especially the first two or three feet) from the ileo-cecal valve. Pack wound with gauze.

Abscess of the liver is rare, having been observed in only twenty cases. Surgery does not offer much.

Surgical complications involving the gall bladder are not so rare, seventy-four cases having been reported with thirty perforations. The interior of the gall bladder affords a good place for the pure culture of the bacilli. Of thirty cases of perforation, four were operated upon with three recoveries. Of the twenty-seven nonoperative cases, all died. Abscess of the spleen has been noticed in eight cases, with the same number of deaths. In the sexual organs we usually find an orchitis or epididymitis. Twenty-nine cases have been reported. These complications arise mostly after the third week.

In conclusion, the following points may be of service: Complications and sequelæ of typhoid fever are usually found in the lower half of the body; twice in the male to once in the female. The biliary and intestinal perforations are the most important. Examine your patient at every visit, or at least every other visit. Question your patient especially in regard to the condition of the larynx, abdomen, legs and toes; and in children, the hip joint. Examine your mild and severe cases alike during the fever, and especially during early convalescence; pay attention to every complaint on the part of your patient.

Clinical Society Transactions.

F. H. HONBERGER, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

W. P. MCGIBBON, M. D., RECORDING SECRETARY.

The regular monthly meeting was held in the college amphitheater Saturday evening, October 27th, at 8:30. The following papers were presented and discussed :

XXXVII. PRELIMINARY REPORT OF SOME EXPERIMENTS TO DETERMINE THE EFFECTS OF X-RAYS ON BACTERIA AND ON THE RED BONE MARROW. BY W. HENRY WILSON, M. D.—Some time in June of the present year Dr. Gilman and Dr. Blackmarr stated to me that they had used X-rays in the treatment of pulmonary tuberculosis with a sufficient degree of success to warrant them in believing that it possessed actual therapeutic value. They inclined to the opinion that the X-rays acted destructively on the bacilli of tuberculosis. They expressed a desire that I undertake a series of investigations to determine whether cultures of the bacillus tuberculosis are acted upon unfavorably by the Roentgen rays. I expressed my willingness to undertake the task but made the following suggestions: First, that if the X-rays do destroy bacilli of tuberculosis in cultures it would not follow that they would do so in such a well protected location as the lungs. Second, if X-rays act on bacteria to the extent of destroying them it would be expected that the tissues of the patient would also be affected. Third, a large per cent of the cases of consumption are due to mixed infections. To prove X-rays of value by virtue of its germicidal qualities it would be necessary to prove it injurious to staphylococci, streptococci, influenza bacilli, etc. Fourth, that while treating a patient with X-rays the organs of blood production were nearly all brought under its action, and that to this fact might be due its beneficial effects.

I recommended that we begin our experiments not on the germ of tuberculosis but on the bacillus of typhoid fever. This I did because the typhoid germ is hardy, very active, easily grown and we are familiar with its mode of dying.

Ordinary test tubes of glass are comparatively opaque to X-rays, we sought therefore to secure cultures in some form of tube which would be transparent to the rays.

Wooden bottles were tried but proved unsatisfactory for several reasons. Aluminum tubes were tried but were little better. In testing various substances for their opacity we observed that the cotton plugs in the mouths of the culture tubes were entirely transparent. We decided therefore to expose culture with the mouth of the tube towards the source of rays. This brought the germs directly under their influence.

One culture was taken and exposed fifteen minutes the first day, twenty the second, thirty the third, and so on, the last exposure being one and a half hours. After each exposure some of the germs were removed and planted in other tubes and their growth watched. In every instance a culture was obtained. The cultures obtained after the longest exposures grew the best. In our experience, therefore, X-rays are not germicidal to the bacillus typhosus. Several experimenters have worked along this line recently and their conclusions are that the Roentgen rays inhibit the growth of germs in some instances but they are not destroyed by them.

I next turned my attention to the other phase of the problem, that is the effect of the X-rays on the patient. Since the red bone marrow, which is the place of origin, in all probability, of all red and white cells except the lymphocytes, is found in the bones surrounding the chest, and since exposure of the chest to X-rays necessitates an exposure of red bone marrow also, I thought it wise to look to the blood for a sign of some change. I determined to expose a healthy man to X-rays on successive days and take samples of his blood before and after exposure. Mr. Treadwell, a physicist and X-ray expert, and who has conducted the electrical part of these experiments, volunteered as a subject for experiment. The entire chest surface was exposed for thirty minutes on August 8, 12, 13, 14, and 16. A complete blood analysis was not made but what is known as a differential count of the leucocytes, that is the relative percentage of the different kinds of white cells, was determined. The results obtained were as shown in the table following.

Before interpreting this table let us recall certain facts in regard to these different white cells. The first group are born in the lymph glands and lymphoid tissue anywhere. Any increase of the rate of the circulation through these sources increases their number in the blood stream. The last two groups of white cells, viz., the polynuclear cells with neutrophile granules and the poly-

nuclear cells with eosinophile granules are produced in the bone marrow. The first of these groups is increased in the circulation from a variety of causes, such as circulating toxins and the products of tissue destruction. The eosinophiles are increased when there is a destruction of epithelial tissue or epitheloid tissue. The increase of either or both indicates an increased activity of the red bone marrow.

It will be observed from the results tabulated above that two constant changes followed each exposure to the X-rays. These changes are a relative increase in both these kinds of white cells, having their origin in the red mar-

August.		Lymphocytes.	Large Mononuclear.	Polynuclear Cells.	Eosinophiles.
8	Before	28	8	58	6
	After	23	6	61	10
12	Before	21½	10	65	3⅔
	After	19½	6	69½	5
13	Before	22½	6½	65	6
	After	16½	5	69	9½
14	Before	15½	10⅔	64⅔	9⅓
	After	16	6	68	10
16		17⅓	6	68⅓	8⅓

row. In the case of the eosinophiles there seemed also to be a cumulative increase. It will be observed that the number of eosinophiles at the first test was above average. This I attribute to unintentional exposures for several days previous. Between our first and second test several days elapsed during which the number of eosinophiles dropped to about normal.

The specific gravity was tested only on the first day. It was slightly higher after than before (1059 and 1059½).

From this somewhat limited group of experiments I am led to believe that X-rays stimulate the bone marrow, having much the same effect as the nucleins.

It is our intention to investigate the subject further, but hope that this may stimulate others to undertake a similar work.

DISCUSSION: Dr. CLAPP: The translumination of the human body by the X-ray for diagnostic purposes demonstrates the wonderful advancement made in medical science. The essayist to-night has taken us one step further toward the unknown by his investigations and the careful reading of what has been revealed to him by the Roentgen ray. If I am not in error, this is the first time that examinations of the blood have been made by this method, and Dr. Wilson is to be congratulated upon his success.

I should like to have the doctor tell us if his patient suffered from a dermatitis after having been exposed to the rays. It is the fear of this trouble that makes many of us hesitate to use the X-ray. It is generally conceded by those who are constantly using the Roentgen ray that the dermatitis has a distinct relation to the length of time and the frequency of the exposure, also personal idiosyncrasy.

We all know that sunlight is a powerful germicide, but as to the germicidal effect of the X-ray I believe that Dr. Wilson agrees with Brunton Blaikie, that the rays have no visible action upon the germs of tuberculosis. In the London Hospital a light of 30,000 candle power is used for treating lupus, and it is claimed that here the bacillus of tuberculosis of lupus is killed by this light, which is worked at from 50 to 65 amperes.

I sincerely hope that Dr. Wilson will continue his investigations along these lines, and give us another report of his work, whereby we shall all be the gainers.

XXXVIII. THE PREVAILING INTESTINAL EPIDEMIC. BY JOS. P. COBB, M. D.—During the months of August and September, and to a less extent during the month of October, there has been a rather wide-spread epidemic of intestinal troubles.

Not only here in Chicago, where we have all had it to deal with, but in all of this northwestern country it has been prevalent. During a three weeks' absence from the city I learned of it at all of the northern lake resorts, and especially at the most popular resorts, like Mackinac, Charlevoix, Petoskey and Sault Ste. Marie. Reports also show that Illinois, Wisconsin, Indiana, and to a less extent Iowa, Kansas and Nebraska cities have also been visited.

The attacks that I have observed have been characterized by a sudden onset, nausea, vomiting, frequent, profuse and often painful bowel movements, which quickly

became watery or dysenteric in character, fever, prostration and a tendency toward collapse. The cases have not been limited to any class or age, but have been unusually impartial in their selection of individuals.

In the majority of cases which I have studied it has not been possible to trace the attack to any special error in diet or any unwise exposure to changes of temperature; the exciting etiological factor has not been conspicuously displayed.

The general factor to be considered is the unusual condition of the weather; it is a fact of common knowledge and emphasized by the weather reports that we have had an unusually protracted hot siege. The weather bureau reported the continuous heat of August exceeded the records for Chicago and vicinity of any year since an official record had been kept. Up to the 15th of the current month a similar report was made, while the record for September was nearly as pronounced.

The continuous high temperature directly effects the individual by lowering his vitality and his natural resistance to disease processes; indirectly, however, it plays a more important part in its effect upon foods and water.

Fresh fruits and vegetables become more or less wilted while in transportation and on display; although this process of decay can be checked by chilling and a certain crispness reclaimed, it only checks the bacterial changes which have begun. Unless the foods are cooked toxins and toxic bacteria are ingested with the food. The dose taken may be harmless to one individual, produce an acute infective diarrhea in a second, or be the beginning of a typical dysenteric attack in a third. The result in each case will depend upon the size of the dose and the individual's ability at the particular time to dispose of the infection.

In the same way meats and fresh fish are much more liable to be carriers of infection during unusually hot periods of weather.

The lowering of water courses, the decay of vegetation along water courses, and the unusual temperature acquired by the water itself, all conduce to water contamination. Twice during this period the drainage canal has been closed, and the water at all Chicago's intakes has been reported "bad."

The severe wind storm which occurred about the middle of September was particularly disastrous in its effects upon the fruit orchards of Michigan, tons of unripe fruit were

blown off the trees, remained on the ground for a longer or shorter period, and was shipped in a damaged condition to Chicago; the market was glutted and the fruit was disposed of at less than one-half the usual price and therefore larger amounts were consumed; this fruit was all damaged and must have been a fruitful source of infection.

The condition produced was very suggestive of infection; the sudden onset, rapid rise of temperature, accelerated pulse, pain, vomiting, diarrhea, weakness and prostration constitute the group of symptoms which are ordinarily labeled toxic, and resemble the beginning of an attack of acute milk infection. Within a few days evidences of catarrhal inflammation appeared, viz., tympanitis, continuous pain, frequent dysenteric stools and general prostration.

My observation in several instances where different members of the same family suffered was that those who became suddenly ill with vomiting and purging quickly recovered, while those who were more slowly affected became much more seriously ill and took much longer to recover from the attack.

Some of the most troublesome cases occurred in individuals who were ordinarily afflicted with constipation and who welcomed the beginning of the attack as a relief to the usual habit.

The free catharsis evidently limited the amount of absorption and lessened the systemic involvement.

On the same principle, my first efforts were directed to emptying out the intestinal tract; for this purpose I used small doses of calomel if required, free ingestion of salt water and colon flushing.

Cuprum arsenicosum, veratrum album, colocynthis, mercurius corrosivus, podophyllum and china were the remedies most frequently employed. As would be expected, nearly every case called in the outset for cuprum or veratrum—the pains, cramps, frequent watery stools, vomiting and prostration are common to both remedies. The cuprum patient finds relief from drinking cold water while under veratrum cold water aggravates all symptoms. Vomiting is more violent and nausea is more persistent under cuprum than under veratrum. Cuprum has more violent cramps and spasms of pain, while prostration with cold perspiration and faintness is more characteristic of veratrum.

DISCUSSION: Dr. HANKS: Dr. Cobb has reached his conclusions so logically that I see no chance for argument.

I believe there were many cases of this distinct form of intestinal disorder which never came to the knowledge of physicians, because, though well marked, the attack was mild and the patient recovered after a few days by using the home remedies and a little common sense. Few escaped suffering from some form of intestinal disorder.

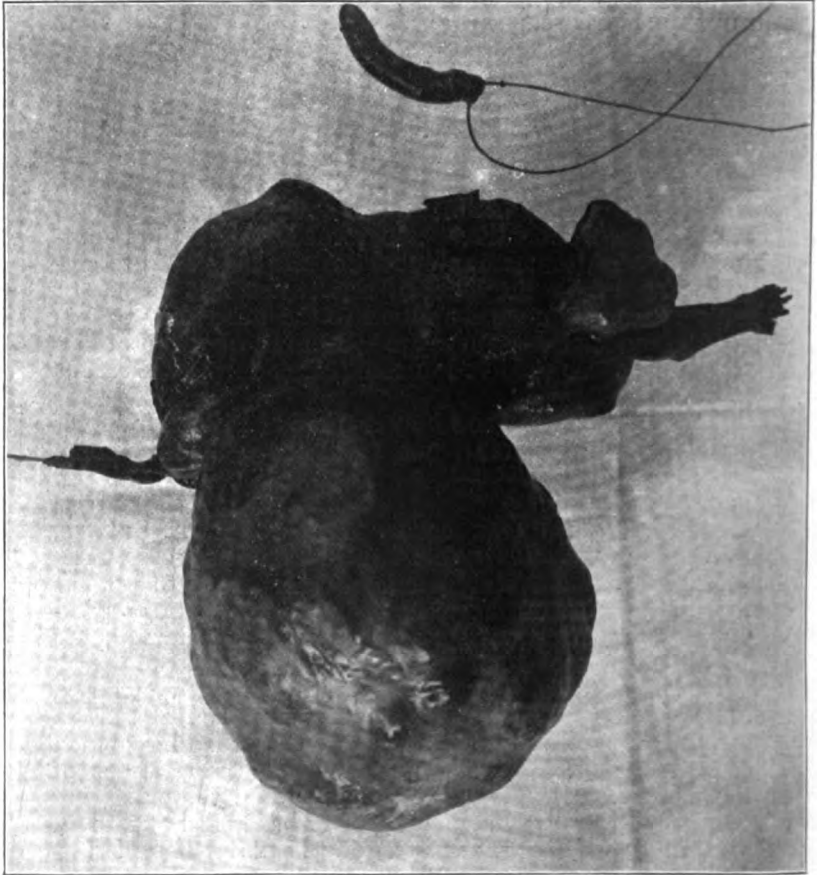
Dr. Cobb said but little of the adjuvant aids in the treatment of this disease. The principal one, which I relied upon mostly, was the normal saline solution. Copious high enemata, once or twice a day, show unmistakable results. Thirst is promptly relieved, pain is modified, prostration and the inclination to collapse are combated, and, I believe, convalescence hastened. Abdominal compresses of cold water or alcohol are also helpful in reducing fever and in the relief of tenderness and pain. In babies, cold compresses applied to the head may be advisable, especially if there are symptoms of cerebral disturbance, as was observed in some cases during the recent epidemic.

The story of food and how it should be given is a long one and very important, but I will leave that for some one else to discuss.

XXXIX. CLINICAL CASES. BY GEORGE F. SHEARS, M. D.—*Case 1.* HYSTERO-SALPINGO-OÖPHORECTOMY WITH APPENDICECTOMY.—The specimen I am about to present is interesting to me because of the complications present. The ovaries were cystic, the tubes inflamed, the appendix the seat of chronic inflammation, and the uterus contained fibroids. These tumors, although not very large, were placed in annoying positions. The lateral tumors developed outwardly in the folds of the broad ligaments, spreading the folds apart and disturbing the relations of the bladder, while the large pedunculated tumor arising from the fundus was turned directly backward and filled up the pelvis, pushing the uterus and smaller fibroids forward, and still further disturbing the relations of the bladder, and at the same time pressing upon the rectum.

Upon opening the abdomen the bladder was found very high, and might certainly have been opened had the abdominal incision been made lower down at first, as is often the case. The appendix was chronically inflamed and was bound down by adhesions extending to the pel-

vis end of the broad ligament; the canal was shortened but patulous. The operation was necessarily tedious, but the technique of removal did not differ essentially from the rules laid down for hysterectomy by the intra-peritoneal method and appendicectomy by the McBurney



method, except for the care demanded in avoiding injury to the bladder.

It may be interesting for you to note the symptoms of a patient suffering from all these difficulties. She is unmarried, forty years of age, strong and vigorous in

appearance, and able to do physical labor. She has had profuse, painful menstruation, with some tenderness to touch over the ovaries. She never has had a typical attack of appendicitis. Her chief complaint has been constipation, with a feeling that she lacked the power to expel the stool, frequency of urination without pain, and more or less of indigestion, shown by eructations of gas and some bloating. No one of the symptoms has been so severe as you would expect from the pathological changes that have taken place.

The presence of an inflamed appendix as a complication of pelvic disease should never be forgotten, and to my mind, is one of the cogent reasons for preferring the abdominal route in a large proportion of the cases in which it is necessary to remove the uterus or its appendages. Kelly, Robb, Meriwether, Macdonald, and others have reported many cases in which an inflamed appendix was an accompaniment of pelvic disease. It was only a few months ago that I presented to the society a case in which painful menstruation was the predominant symptom, and a small ovarian tumor, with an attached, inflamed appendix was found, and again in my clinic in making the operation for the radical cure of hernia in a woman, I found a chronically inflamed ovary and an attached appendix, which were evidently the cause of the pain rather than the hernia to which it had been attributed. Examination of the appendix should be the routine practice during the operations upon the ovaries, uterus and tubes, and, as I said before, this is one of the reasons for preferring the abdominal route. The patient, notwithstanding her many operations, is convalescent.

Case 2. STRANGULATED HERNIA.—This specimen of intestine and kidney were taken from a man operated in the hospital on Saturday last. The day previous, Friday, at 4:00 A. M., the hernia descended and could not be returned. After repeated trials he sent for his physician, who also failed to return the protrusion. Hot applications were applied and a second attempt made Saturday morning early. This also failed. I was then consulted and advised immediate operation, my opinion being strenuously endorsed by his physician. The family, however, failed to understand the necessity for haste, and did not bring the patient to the hospital until twelve hours later, and then in an ordinary hack rather than in the ambulance.

The patient was immediately put upon the operating

table, the inguinal canal opened its full length, and the intestine released. The constriction was very firm, the sac of the hernia filled with dark, bloody fluid, and the intestine for about eight inches quite black. There was no break in the intestinal wall. The parts were sterilized and the intestine temporarily replaced in the abdomen while the sac was dissected out. Upon the second examination of the intestine there seemed to be some improvement in color, and I decided to risk its viability. The operation was completed by the Bassini method.

The patient rallied nicely. His temperature did not reach 100° and on Monday became normal. Following an injection, he had a bloody passage and subsequently a stool containing fecal matter. His urine was normal in quantity. He did not vomit Monday and took liquid food. Monday evening his pulse was 70, his temperature normal and he expressed himself as quite well. Toward morning, Tuesday, 3:00 A. M., he became delirious. At 7:00 A. M., as he had not urinated since 6:00 the evening before, he was catheterized and about an ounce of urine obtained. Every effort was made to relieve the system of the urea—enemas of normal salt, hot packs, intravenous injections, hypodermics of pilocarpine were given, but without avail. No more urine was secreted. Delirium increased, coma developed, and death took place at 7:00 P. M. Tuesday. About noon Tuesday his temperature began to increase and reached 103° before his death. Examination of the intestine showed no break in its wall, although it had not regained its normal color. The peritoneum showed no evidence of inflammation and the external wound was clean. The urine removed by the catheter showed albumin, granular tube casts, kidney epithelium, and blood cells. His family claim he was not an alcoholic, although he had taken considerable whiskey to relieve his pain during the day before the operation. No examination of the urine was made before the operation, as time was limited; and whatever the condition, operation was imperative, and I cannot therefore state from chemical examination whether any inflammation of the kidney was present previous to the operation. I have asked Prof. Wilson to examine the kidney specimen and he reports as follows:

The kidney is increased in size but of nearly normal color. The cortex is wider than normal.

Microscopical examination. The cells of the convoluted tubules are in a condition of coarse granulation. The

lumen of the tubules are more or less filled with granular debris. The epithelial cells are swollen and have lost their outline. Red cells are found occasionally in the tubules but no leucocytes are to be found.

There is no evidence of an increase of the interstitial connective tissue.

Diagnosis. Chronic parenchymatous nephritis, to which has been added an acute nephritis.

XL. UTERINE MASSAGE. BY E. S. BAILEY, M. D.—My brief paper does not carry with it a report of the clinical cases, as Miss Westman, who has had charge of this particular work, is in Stockholm, and I prefer her own report of the cases treated. My object in starting this sub-clinic and giving publicity to the teachings in this expert work in gynecology was to apply the tests claimed for the system, and the year's work has added much information of a valuable character. The class of cases that were referred for treatment were preferably the following:

First. CASES OF STERILITY.—For years in my clinic work I have had cases of sterility in which it has been extremely difficult to determine causes that led up to this unfortunate condition. In some the causes were easily determined and removed, but in others the cause, if found, was not influenced by remedies or local treatments, nor constitutional measures. In the cases referred to in the massage clinic there happened in each case to be evidences of a lack of development of the generative organs. The infantile uterus, or the tiny ovary, or the pelvic organs *en masse* were very poorly developed, or the evidences of a congenital defect were observable.

Briefly, these cases were singularly benefited by the excellent massage given, as a full report will show.

Second. POST-OPERATIVE ADHESIONS AND PAINFUL AREAS CAUSED BY THE SURGICAL OPERATIONS.—Several of these cases were treated, and it is my conviction that good work was done in this clinic during the year. It is not too much to claim that with the breaking up of extensive areas of adhesions by careful manipulation, as taught and practiced by Miss Westman, that these cases were all bettered and several not only relieved but permanently cured. I feel that this work, when well indicated and artistically performed, offers one of the best avenues of cure, and the above class of cases are particularly promising.

XLI. A CASE OF EPITHELIOMA OF THE UTERINE CERVIX. BY MILTON R. BARKER, M. D.—About April 1, 1900, I was called to see Miss B., aged thirty-five years, unmarried. Examination revealed an eroded and swollen cervix, much inflamed and somewhat tender to touch and bleeding easily. Her mother died of tuberculosis, though at the advanced age of eighty years. Other members of the family seem well.

The appearance of the cervix was so suspicious that a small piece was removed for microscopical examination, which revealed an epithelioma. An operation was advised and accepted, and as quickly as the patient could be gotten into condition it was performed. The operation was the radical one in which the uterus, tubes, ovaries and pelvic glands were removed. The ovaries and tubes were included for reason of a chronic salpingitis and ovaritis. The operation was difficult and somewhat prolonged for reason of adhesions and the patient had considerable shock from which she rallied quickly.

Everything went well until the third day, when a temperature of 102° and a pulse of 130 developed. An examination revealed some infection of the abdominal wound between the superficial and middle rows of the sutures; this was immediately opened and drained, but had no effect upon the pulse and temperature; other examinations failed to reveal anything which could cause the temperature and pulse, which would reach 102° and 130 beats every evening. This continued for ten days, when the patient began to discharge with the urine large quantities of brown crystals, which the microscope showed to be uric acid. The patient voided every day for two weeks an ounce of the crystals (three tablespoonfuls) when they commenced to diminish and finally stopped. As quickly as she began to discharge this uric acid, the temperature and pulse immediately became normal and patient made an uneventful recovery.

This case is reported for reason of this, to me, unusual condition of uric acid. It has raised some questions in my mind which, of course, I cannot solve. Was there an overproduction of uric acid in the system caused by the operation, or was there a suppression of the normal discharge of uric acid for many days and hence a large quantity stored up in the system, which was later discharged in the manner related? There was at no time a suppression of urine. The patient now seems well, having gained fourteen pounds in flesh since her operation.

VOLUNTEER PAPER. PIX CRESOL—ITS INTERNAL USES AND THE MODE OF ADMINISTRATION. BY E. E. REED, M. D., EDGEWOOD, IOWA.*—It is an absolute and perfect salt of tar (vegetable), the most powerful antiseptic, germicide and deodorizer in use to-day, yet when administered internally by the stomach or hypodermically, it exerts a powerful influence in the elimination and cure of diseases, without any known instance proving toxic or caustic to animal tissue.

In presenting this drug or subject I do not wish to assume the attitude of a teacher, but will give, as clearly as possible, my knowledge of the good obtainable by the proper use of this drug; and this I have learned from my own experience. It is of marked value in all surgical work and widely used as such; but in its internal administration we find it invaluable in the treatment of all skin diseases arising from scrofula, eczema or a psoric condition, chronic sloughing, and ulcers, especially of the varicose kind. Those cases that have resisted the treatment of both or all schools of medicine, I have seen yield quickly to the influence of this agent. It is also valuable in the treatment of scabies and itch, where there are pustular eruptions, pronounced burning and itching, especially in the bends of the elbows and on the wrists, and where there is repeated outbreaking of the trouble after it has seemingly been conquered, and in those cases where the patient as well as the physician have become discouraged and where large blackish crusts covering suppurating ulcers are an occasional result. You will find here that the use of the soap will aid you and hasten results, but cerates in my hands are of no value when giving pix cresol internally.

The next most important field for the use of this drug is in the different forms of diarrhea; particularly those of a chronic nature, either as a sequel of former treatment of other troubles, or in the chronic diarrhea of old soldiers, many of which recur every year. It is especially indicated where there is much distention of the abdomen and the discharges are of a stringy character, followed by burning and pain, worse in the early morning and evening. Here pix cresol fills the bill, and your old chronic emaciated patient will be a credit to you instead of a source of worry and trouble.

In all forms of bowel disorders where you find the

*Read before the Iowa State Homeopathic Society.

characteristic discharge, pain and burning following stool, and in cholera morbus and cholera infantum, if you try this remedy you will be convinced of its value, and you will save your patients.

In the treatment of stomach diseases it is very efficacious, particularly in gastralgia. The leading symptoms are a burning, shooting, unbearable pain in the epigastrium, with formation of gas, with nausea and vomiting, or where the eructation is sour or bitter; the more the patient complains of burning the more is the drug indicated. When there is bloating of the stomach, with pressure upward, causing palpitation and labored breathing, if administered in one-fourth to one-half grain doses of the crude in hot water, a speedy relief will follow.

One more condition where this drug will prove of great value is in the treatment of gleet, and the longer the trouble has run and the older the sinner the better the result obtainable. In cystitis, either from the former trouble or otherwise, where is found the same characteristic of pix cresol—the burning and stinging, the ropy, tenacious mucus and difficulty in urinating, but with constant desire and fear to do so on account of pain following—here administer as in gastralgia, in hot water in one-fourth grain doses, and good and lasting results will follow.

And finally we find that in all disease or symptoms arising from parasitic causes we have a definite and a positive remedy in pix cresol. An eminent physician says of it, "All vegetable life must succumb to its influence while animal life is given additional tone and vigor; or, in other words, it is the remover and destroyer of disease or its many signals."

I will now describe three cases which this agent has cured for me during the past three years.

Case 1. Mr. H., age sixty years, veteran of the war of '61; during service contracted diarrhea, from which he had never recovered, and had, he said, tried all kinds of doctors and schools of medicine and came to me for one last trial. His symptoms were all worse early in the morning and afternoons; stool thin, watery and hot, with pains and burning following and always three evacuations in close succession. He was very much emaciated and very irritable; his appetite was very good. In this case I prescribed pix cresol 3x one tablet every two hours with instructions to report in two weeks, which he did, and to my surprise was much improved as to his old trouble and general health. The treatment continued,

four doses each day, and at the end of the second week was discontinued. Fifteen months have elapsed with no sign of his old trouble.

Case 2. Frank T., age fifteen, bad case of eczema, large pustular eruptions covering entire body; bends of joints were one solid scab which would slip off, leaving surface raw and very sore. The child could not straighten either arm or limb without causing cracks or fissures to open in bends of elbows and knees. Here, after being told what treatment the child had received and by whom, I again prescribed pix cresol and in seven weeks dismissed case cured.

Case 3. Mr. H., age forty, was vaccinated twenty years ago by the old method and following this there appeared an eruption on the skin which at first was a fine rash and spread over the whole body, but later formed in large patches, from the size of my hand down to that of a half dollar, which would heal and then break open again seemingly worse than before. In this, as in the other cases, there was much burning of parts involved, from contact or becoming heated. I prescribed pix cresol 3x every two hours and washed the parts with soap of same twice daily; began treatment November 21, 1899, case dismissed cured January 15, 1900.

Editorial Comment.

The Neuropathic Element in Eye Strain.

In the *Minneapolis Homeopathic Magazine* for September, Irving, of Milwaukee, writes on the subject of eye strain and makes one point that is deserving of greater emphasis. As specialists or as general prescribers we are prone to regard eye strain as merely a matter of refractive error and its correction with lenses, while such a conception as Dr. Irving suggests is by no means adequate. Every practitioner has frequent opportunity to observe how variable may be the symptoms resulting from a given refractive error in different patients or in the same patient at different times.

That a certain neuropathic tendency is often a factor in producing these variations it is very easy to believe, especially as we generally find the slight ametropias causing trouble in cases of general nervous depravity. While, then, a knowledge of refractive conditions is always needed and a correction of any considerable fault should generally be made, we should not regard our responsibility as ended when lenses are prescribed, nor forget that here, as in other fields of practice, good results are only obtained from a combination of general and special knowledge.

Formaldehyde as a Food Preserver.

Much attention is now being given to the question of pure foods and food adulterations. The profession, the public and even congress have taken an active interest in this subject and it is hoped some good and satisfactory conclusions may follow. This is truly an antiseptic age and we are yet to learn whether this should apply to food preservation and to digestion as well as to disease.

In an exhaustive article upon this subject by Dr. A.

G. Young, published in *The Medical Age*, the conclusions obtained from different boards of health were decidedly against the use of formaldehyde in this respect. For the most part this investigation was made in regard to its use in milk, and since that time the newspapers have taken up the prosecution feature with results which are yet to be seen. The objections of medical experts have been sufficiently strong to oppose its use because it destroys the nutritive value of milk and has a dangerous action upon the digestive canal. While the antiseptic features might be of value, in case of diseased conditions of the alimentary tract, we are not supposed to buy milk and food on that principle.

To a certain degree of satisfaction it has been established that, by the use of formaldehyde in any preserved food, the gastric juice has been rendered less effective and certainly the digestion has been delayed. It has also been found that the action of this agent delays or destroys the rennet coagulation of the casein of milk. Add to this the positive toxic dangers of formaldehyde and we have sufficient to cause the investigation of this principle of food preservation.

The article referred to also takes up the question of allowing unskilled people to use such dangerous agents even for the sake of food preservation. The use of salicylic acid and boric acid in food preparations have been condemned for the same reason.

The greatest danger of all in permitting the use of such food preservatives is the tendency to negligence in sanitary measures in the preparation of foods. If it is thought possible to overcome all septic dangers by such measures then the dairy man will exercise less sanitary care in his dairy. It will also discourage the watchfulness necessary to detect tubercular cattle and disbar their milk from use.

The cold storage question is rapidly being abandoned for this simpler and cheaper method of food preservation. It is surely a question which needs a decision.

There are probably two sides to it and it cannot be denied that it should be used, if at all, under strict public and scientific inspection. Future knowledge on this subject is anxiously awaited.

The Treatment of Obesity.

Undue corpulence is a physical misfortune not really amenable to drugs. The tendency of all afflicted in this way is toward the patronage of the advertising quack who has some patent pill warranted to reduce even a healthy accumulation of fat. Few realize that the underlying cause is a perversion of physiological conditions unless it is a natural inheritance. The sedentary habit added to the indulgence of an unnatural appetite is generally the factor of encouragement, and this is often overlooked by the afflicted. For this reason the cure should be sought for through the restoration of normal physiological conditions.

Few suffering with obesity apply themselves to a rigid and systematic culture of physical exercise and the abstemious habit. If this is undertaken it is generally too late in life, when the system will not endure the depletion of extreme gymnastics or the starvation of tissues. Deschamps in *Le Bulletin Medical* makes this statement: "We should not content ourselves with a mere momentary reduction of weight, but should aim at securing physiological equilibrium between the ingesta and the egesta. Diet, calorification and muscular exercise are the most important elements to consider in the hygiene of obesity."

The dietetic regulation is admitted by all to be of prime necessity, and yet so much is not to be gained by the restriction of definite articles of food as by the regulation of the amount eaten; those afflicted with obesity are generally gormands; they eat too much and too often; they also are inclined to fats and starches. Thus to regulate their diet our principal aim is to cut down the amount of ingesta. One meal a day, with sufficient to sustain at the other two meals, is enough for these patients.

Then, too, the "egesta" is not properly considered by

such subjects. They are prone to constipation, and bowel indigestion is a common affliction. Encourage in such people the free movements of the bowels, even by catharsis if necessary; prolonged bathing and the use of water as the only beverage, and the weight will be gradually and safely reduced. The trouble is that people do not assume this care when adipose shows its first increase.

Muscular exercise, it cannot be denied, is the most natural method for the cure of obesity, and yet this is generally carried to a dangerous extreme. Many have organic heart lesions as the result of too strenuous endeavors in this line. This is mostly from the fact that it is undertaken too late in life when the muscular strength will not endure such strain. Even in younger subjects it is not tolerated in the extreme. Overexercise, underfeeding and lack of general physical care are factors to be considered carefully in any method for the reduction of obesity.

Koch's Annihilation of Malaria and the Mosquito.

Dr. Robert Koch has given newspaper notice that his recent efforts in bacteriological study have enabled him to "announce" to the world that he has "discovered" the means of preventing the spread of malaria and in reality he claims he is able to "stamp out" the disease entirely. More than this the mosquito, the cause of so much malarial trouble, must also quit this earth for good. It is a question whether people in general will applaud his researches more for the specific elimination of the malaria or from the fact that he is to "stamp out" the pestiferous mosquito. At least New Jersey people will give more thanks for the latter relief.

Characteristic of Koch's interest in mankind, we are reminded that he will soon "put this remedy on the market" so that those who are unfortunate enough to suffer with malaria or mosquitoes, may find speedy relief if they only have the price. In the meantime we shall be interested in Koch's discovery and the true sphere of the mosquito.

Hospital Notes.

THE CHILDREN'S CLINIC.

SERVICE OF GEO. T. SMITH, M. D.

Case 2347. ACUTE DILATATION OF THE HEART.—The patient is a girl, seven years of age. Two of the family have died of heart trouble and two of consumption. She was breast fed until fifteen months old and cut her first tooth at the seventh month. The patient has a brother five months and a sister four years old. She had the measles when she was five years old, malaria at four, chicken-pox and anterior poliomyelitis during her second year. Her present sickness was contracted five weeks previous to her coming under my care, it having started with an attack of diphtheria, for which she was given 2,000 units of antitoxine. The throat symptoms cleared up at the end of the second week, when she was seized with post-diphtheritic paralysis, involving the throat, the symptoms being a difficulty in swallowing and regurgitation of the food through the nose. During this stage of the disease the patient developed acute dilatation of the heart, for which she was sent to the hospital.

At the time of entrance she manifested the following symptoms: Temperature normal; pulse beat, 165 per minute; edema of the hands and feet; an accumulation of fluid in the abdomen, which was very much distended; breathing very rapid and labored, so much so that it was impossible for her to lie on her back; number of respirations, fifty per minute, though very superficial in character. Upon physical examination the following points were elicited: A diffuse cardiac impulse extending over the left lower half of the chest, while by palpation there was felt an increased heart action over a wide area; dullness, on percussion, extending from the right of the sternum to the outside of the left nipple, while the apex was found back of the seventh rib and to the left of the nipple. Auscultation revealed a systolic murmur, heard most distinctly at the apex and propagated to the left axilla. There was also an aortic insufficiency heard most distinctly up and down the sternum. The urine was greatly diminished in quantity and contained albumin, while the microscope revealed the presence of hyaline and epithelial casts.

The treatment of the case was as follows: Tincture of digitalis in two drop doses and strychnia 2x, four times a day each in alternation. The second day the character of the pulse was improved, but the edema was more marked and there was a lack of thirst. The strychnia was discontinued and apis mel. 3x substituted, while stigmata mydas was given in teaspoonful doses four times a day to obtain its diuretic effect, as the child seemed to be actually drowning in her own fluids. This treatment was continued for four days, the patient improving greatly under it, the urine being markedly increased, dyspnea lessened, digestion improved and the heart was getting stronger. One week after her entrance she was put on ars. iod. 2x four times a day and the apis mel. 3x every two hours was continued and all other remedies stopped. Under this treatment the patient recovered sufficiently to leave the hospital in five weeks.

When she left the pulse beat was eighty-five per minute, full and regular; the edema and the fluid in the abdomen had entirely disappeared and the urine was normal. The patient stating that she felt well.

In studying these cases we find that they may be divided into three classes according to the nature of the cardiac lesion. In the first class there is acute dilatation without thinning of the heart muscle, in the second there is acute dilatation with thinning of the heart muscle, and in the third there is acute dilatation with hypertrophy. In studying the causes of this condition we find that they can be arranged under two divisions, those that are brought on by overwork and increased peripheral resistance and those in which the myocardial degeneration is secondary to some diseased condition. The main etiological factors in myocardial degeneration are the infectious diseases, pericarditis and endocarditis. In the first instance, where the disease is due to overwork or over-exertion, a demand is made upon the heart that it is incapable of carrying out. Thus this condition is found in athletes and those required to undergo severe physical exertion.

Loss of compensation in organic heart trouble may also precipitate an attack. For instance, a patient may have a mitral insufficiency, brought on by an attack of endocarditis following rheumatic fever. In this case there would be hypertrophy of the left ventricle, due to overfilling of its cavity and the consequent increased amount of work required to expel the blood therein con-

tained. The leakage in the mitral valves would in turn result in dilatation of the left auricle; thus producing a passive congestion of the lungs; this must be overcome by the right ventricle of the heart, which would result in its hypertrophy with in severe case dilatation of the right auricle.

The dilatation of the right auricle produces a slowing of the circulation in the venæ cavæ with a consequent accumulation of fluid in the serous cavities and cellular tissues of the body. Now, if at this time the patient is seized with some acute malady, such as pneumonia or typhoid fever, thereby producing a weakened condition and myocardial degeneration, the heart, already overworked, simply collapses under the strain, and acute dilatation is the result.

The symptoms that guide us to a diagnosis of this condition are those of an enlarged and weak heart. The cardiac impulse, instead of being found over a small area, is diffuse and may extend over the whole left side of the chest. If the right ventricle is dilated it may be impossible to locate the apex beat, because of displacement of the left ventricle. In this case there would probably be found a pulsation in the epigastric region. The muscular or booming character of the first sound of the heart is markedly diminished, so that it is more valvular than muscular in quality. [The return of the muscular quality of the first sound of the heart is always a favorable sign, indicating as it does hypertrophy or a return of cardiac strength.] There may also be a variety of cardiac murmurs heard, due to organic leakage of the valves or to simple dilatation of the valvular orifices. The former variety remain permanent, while the latter as a rule disappear with the patient's recovery. There is also irregularity of the heart's action, and in severe cases there is edema of the extremities, with effusion into the serous cavities; consequently the urine is markedly diminished and in some cases may be suppressed.

In the treatment of these cases I cannot lay too much stress upon the necessity for absolute rest. The patient should be put in bed and kept there until the heart has had time to regain its strength. In severe cases all motion should be prohibited, as the slightest overexertion may precipitate a fatal issue. The next important thing to be considered is the subject of diet. It should be remembered in these cases that the circulation is very weak and the walls of the stomach and intestinal tract

are infiltrated with fluid. The abdominal cavity may also contain fluid, resulting in pressure on the digestive tract, slowing of the circulation, and, as a consequence, slow absorption of the food taken. This stasis produces a corresponding condition in the portal circulation and in the liver, leading to a passive congestion with a consequent diminished functional activity and an accumulation of waste products, not only in the liver, but in the circulation.

The food given should be light and nutritious, such as red meats, chicken, particularly the white meat, lean lamb chops and milk; later, oysters, zweiback, stale bread, and perhaps a little rice and some of the lighter vegetables. Soups should be given in moderation, if at all, because they introduce a large amount of fluid, which delays digestion by diluting the gastric juice, and may possibly embarrass the heart's action when taken into the circulation. The food, therefore, should be taken as dry as possible, so that the full strength of the gastric juice may be used in digestion. The coarse vegetables should be eliminated entirely, and starchy foods given very sparingly, because the slow digestion and absorption tend to produce fermentation and distention of the bowels, which, in turn, interferes with the heart's action and produces constipation, a condition that should be guarded against. The amount of fluid introduced into the circulation should be watched, as an increase may cause overwork of the heart, while a too small amount should also be avoided, as the heart acts better when it encounters a moderate degree of resistance.

In regard to the remedial treatment of these cases, a great deal can be done by means of well selected remedies. This does not mean by the use of strong cardiac stimulants, such as a case that came under my care was receiving. This patient was given daily ten drop doses of digitalis three times, three tablets of strychnia 1-30 gr. each, four tablets of nitroglycerin 1-100 of a grain each, accompanied if necessary by strophanthus, aromatic spirits of ammonia and brandy.

Is it any wonder that a heart under this form of treatment should have collapsed? Digitalis when prescribed according to its symptoms is a very valuable remedy, and I have found two drops of the tincture sufficient in most cases. This remedy acts as a cardiac whip and should only be used to tide a patient over in a crisis. Strychnia 1-100 of a grain four times a day is an

excellent remedy in cardiac weakness, especially if there is constipation, gastric derangement and weakness of the respiration. Nitroglycerin may also be used 2x in cases of emergency. There is one remedy that has given me a great deal of satisfaction, that is ars. iod. I know of no remedy that has a more pronounced action in cases of myocardial degeneration. It is especially indicated where there is diminished muscular quality of the first sound of the heart; the patient is anxious; there is a derangement of digestion, cold extremities, anxious expression and a tendency to perspire. Other remedies that I have found beneficial are crategus, spigelia and kalmia. When the patient is suffering from severe strain such as is seen in athletes, aconite will be of a great deal of service.

Book Reviews.

ESSENTIALS OF HISTOLOGY. BY LOUIS LEROY, M. D. Published by W. B. Saunders & Co., Philadelphia. Price, \$1.00.

Saunders & Co. have again added to their list of valuable quiz compends. This time it is Dr. Leroy's complete little work on histology, which will prove a friend in need to the general practitioner as well as the undergraduate.

The text is well illustrated and the subject matter clear and concise. F.

SYPHILIS AND THE VENEREAL DISEASES. By Hyde and Montgomery.

This work is a masterpiece of its kind. It is concise and practical and yet it covers the ground completely; superfluous language has been carefully avoided. The chapter on urethritis, acute and chronic, is especially commendable. The authors deal fairly with every issue; they guard against dangerous practice and do not become enthusiastic over any one method. Many original opinions and thoughts from the authors, such as are born of wide experience and sound judgment, add to the value of the work. C. D. C.

BOOK OF DETACHABLE DIET LISTS; A SICK ROOM DIETARY. Compiled by JEROME B. THOMAS, Jr., A. B., M. D. Second edition, revised. Published by W. B. Saunders & Co., Philadelphia. Price, \$1.25.

This is a very convenient book, as it aids the physician and the nurse in following a strict diet with their patients. It also gives much information as to what the diet should be in different diseases. Even the physician is liable to forget this in detail. Therefore nothing could give greater help in accurate prescribing. H.

SAUNDERS' POCKET MEDICAL FORMULARY. By WM. M. POWELL, M. D. Sixth edition, thoroughly revised. Published by W. B. Saunders & Co., Philadelphia, 1900. Price, \$2 net.

This is a valuable little book for those who compound their prescriptions. Besides it is a ready reference book, giving the doses and formulæ for hypodermic medication, poisons and their antidotes, the immediate treatment of accidents and surgical cases, and many tables and references for emergency work. It is put up in handy and condensed form. H.

MANUAL OF THE DISEASES OF THE EYE. For students and general practitioners. By CHARLES H. MAY, M. D., Chief of Clinic and Instructor in Ophthalmology, Medical Department, Columbia University. Wm. Wood & Company, New York.

This little volume is intended chiefly for the use of students and general practitioners and is a convenient book for ready reference. It may perhaps be questioned whether such subjects as heterophoria and its various modes of treatment should come within the scope of a student's manual, but in other respects the work is judiciously condensed and will be of great service to those for whom it is intended. B. D. H.

BACTERIOLOGY AND SURGICAL TECHNIQUE FOR NURSES. By EMILY M. A. STONEY. Published by W. B. Saunders & Co., Philadelphia. Price, \$1.25.

This work is practical, to the point and not too technical. Part I. treats of bacteriology and antiseptics in a simple, yet sufficiently comprehensive fashion. Part II., surgical technique, discusses thoroughly the duties of the nurse before, during and after an operation, at gynecological examinations and operations, and has a chapter on signs of death and autopsies in private houses. The book is written in Miss Stoney's usual pleasant style, and nurses will find it a valuable addition to their professional library. C. O.

MODERN MEDICINE. By JULIUS L. SALINGER, M. D., Demonstrator of Clinical Medicine in Jefferson Medical College, and FREDERICK J. KALTEYER, M. D., Assistant Demonstrator of Clinical Medicine in Jefferson Medical College. Published by W. B. Saunders & Co., Philadelphia. Price \$4.00.

As the title indicates, this work covers "modern medicine." That is to say it deals with diagnosis, prognosis and treatment in a practical way. Much is made of "examinations" and other instruction which is particularly valuable to the student. Thus physical diagnosis is explained while we study the character of the disease. The illustrations are up-to-date and very instructive. The nervous system is not neglected and much space is given to new subjects pertaining to disease. H.

NERVOUS AND MENTAL DISEASES. A MANUAL FOR STUDENTS AND PRACTITIONERS. By CHAS. S. POTTS, M. D., Instructor in Nervous Diseases, University of Pennsylvania. Edited by Bern B. Gallandet, M. D., Demonstrator of Anatomy and Instructor in Surgery College of Physicians and Surgeons. Published by Lea Bros. & Co., Philadelphia and New York.

This book of over 400 pages is designed for students and busy practitioners. It is concise, handy for reference and so arranged that the gist of the subject matter may be grasped quickly. It gives a perfect analysis of all the important nervous diseases and is in no sense complex. This is very fortunate, as most text-books on this subject are too intricate for the student to understand. Inasmuch as the old method of "lecturing" is disappearing in our medical colleges, this book will be a great aid to the teachers who prefer to assign lessons. H.

A TEXT-BOOK OF PATHOLOGY. BY ALFRED STENGLE, M. D., Professor of Clinical Medicine in the University of Pennsylvania, Physician to the Philadelphia Hospital, Physician to the Children's Hospital, Philadelphia. The third edition revised, with 372 illustrations. Philadelphia and London, W. B. Saunders & Company. Publishers' price: Cloth \$5.00, half morocco \$6.00.

This is a handsome octavo volume consisting of 873 pages, and like all the other publications of this well known firm, the workmanship is perfect. Those who are familiar with the other editions will find this one thoroughly revised and up to date on this most important subject. To those who are not acquainted with the work, it deals with pathology from a clinical standpoint, avoiding controversial matter so far as possible. The work is one that will commend itself to any physician desirous of becoming familiar with this important division of medical science. A. L. B.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. BY W. A. DORLAND, A. M., M. D. Published by W. B. Saunders & Co., Philadelphia, 1900. Price, \$4.50; \$5.00 index.

This is one of the finest medical dictionaries at the present date. It is published in elegant style and form. The print is perfect and the arrangement could not be improved. As the title page says, "It is a new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry and the kindred branches." It gives also the pronunciation, derivation and definition of every medical word. It also includes much collateral information of an encyclopedic character. The illustrations are extensive and most perfect; there are twenty-four colored plates.

Saunders & Co. have surely given the profession, in this book, an adjuvant to the study of medicine and surgery which all students and practitioners should have in their libraries. H.

STUDIES IN THE PSYCHOLOGY OF SEX. THE EVOLUTION OF MODESTY. THE PHENOMENA OF SEXUAL PERIODICITY. AUTO-EROTISM. BY HAVELOCK ELLIS. Sold only to physicians and lawyers. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This work merits attention in that it strikes a distinctly higher note than is usually sounded when the theme is of this nature. It is eminently scientific and at no time caters to a taste for the sensational. The author takes an especially advanced position in his attitude towards the phenomena grouped under the term "auto-erotism." In this field there is need for greater effort to build our estimate of morbid conditions upon a knowledge of normal phenomena.

In dealing with an impulse that modifies all human aptitudes we should study it under all conditions, and this the author proposes to do. The present volume is pleasing in its promise of masterly work in future.
B. D. H.

THE GROSS AND MINUTE ANATOMY OF THE CENTRAL NERVOUS SYSTEM. BY H. C. GORDINIER, A. M., M. D., Professor of Physiology and of the Anatomy of the Nervous System in the Albany Medical College. P. Blakiston's Son & Co., Philadelphia.

In these days of rapidly advancing neurological knowledge it is difficult to present this subject in a form sufficiently concise and at the same time give due attention to the results of recent investigation. This difficulty Prof. Gordinier seems to have very nearly overcome. In his selection of material and in the method of its presentation he has shown a tactful discrimination and the result is a work of unusual completeness.

The introductory chapter deals with the histologic elements of the nervous system after which each organ is studied first in its gross, then in its minute structure. One chapter is devoted to the coverings and another to the vascular supply of the central system and each shows careful study. The crowning chapter of the work is the one dealing with functional localization and the book would be a good investment were this its only merit.

The development of the nervous system is followed, not minutely but in a consecutive and lucid manner, the author evidently appreciating the importance of such knowledge in the study of adult structures. A final chapter on the the technic of brain examination will be appreciated by those doing work of this nature. Some 260 illustrations, many of them entirely new, make up an important feature of the volume which in a technical way is beyond criticism.
B. D. H.

MODERN SURGERY, GENERAL AND OPERATIVE. BY JOHN CHALMERS DA COSTA, M. D. With 439 illustrations. Third edition, revised and enlarged. W. B. Saunders & Co., Philadelphia. Cloth, \$5.00; half morocco, \$6.50.

This work is a text-book of some 1,100 pages, fully illustrated, and printed with clear type on excellent paper. The different departments of surgery are as thoroughly considered as could be expected in a single volume; indeed, by the elimination of certain classical but not essentially practical subjects, it is surprising how complete has been the consideration of the difficulties commonly met by the surgeon and general practitioner. The fact that a third edition of this work is demanded within a few years by the medical public is an evidence both of the popularity of the work and the determination of the publishers to keep it abreast with the advancement of surgical knowledge. It can be recommended to the student as a reliable guide in his work, and to the practitioner who desires something between the extensive treatise and the concentrated compend.
G. F. S.

Clinical Miscellany.

THE QUESTION as to whether in severe injuries to the abdomen immediate operation is indicated, especially as in these cases the collapse is always extreme and the symptoms of hemorrhage obscure, is one that is being answered more and more in the affirmative.—*Surgical Era*.

IN AN INFECTION of the fingers, especially of the palmar aspect make a longitudinal incision, preferably to either side of the tendon and keep the wound open with gauze packing. If the periosteum has been invaded, incise down to it early, and it will often be possible to save the phalanx. Remember the tendency of these infections to invade tendon sheaths. If this has taken place, open the same early, remembering the anastomoses, and especially those of the thumb and little finger.—*Surgical Era*.

TYPHOID FEVER IN INFANCY.—While Dr. Holt reports that he has never seen a case of typhoid under two years of age, and Northrup saw no case in his 2,000 autopsies in the New York infant hospitals, the existence in early infancy is evidenced by the occasional reports of such cases in the medical journals. Dr. A. Samuels reported a case in the *New York Medical Journal* for July 28, in an infant eighteen months of age, and believes that when such cases do occur in infancy they are almost invariably due to unboiled water. It will be remembered that there were three cases under two years of age in the epidemic at Montclair in 1894.—*Chicago Clinic*.

THE DISEASES OF THE MOUTH and their relation to systemic disease is the subject of an article in the Chicago *CLINIC* for October by J. H. Salisbury, M. D. Local disease of the mouth is much more common than is generally recognized chiefly because its importance is not properly appreciated. While stomatitis is often the expression of a general disease, the reverse may sometimes be true and a disease of other organs depend directly upon buccal infection. The various forms of gastritis are especially liable to result from such causes. The teeth and gums should be kept in the best possible condition and this responsibility must not be left entirely to the dentist.

INFANTILE CEREBRAL PALSY. A. C. Cotton, M. D., writes on this subject in the *Jour. of the Am. Med. Assn.* for September 15. Under the term cerebral palsy he would include all cases due to cerebral lesion even though the only symptom be mental deficiency or epilepsy. Judging from the record of twenty-five cases the commonest clinical features are: It occurs rather more frequently in females; most cases develop soon after birth or perhaps before; convulsions are usually present at some stage of the disease; mentality is always impaired; the head is usually undersized; athetoid movements were by no means common while dysphasia is the rule rather than the exception. The author believes that educational work in the treatment of such cases is of the highest value.

THE URINE IN DIABETES. J. B. Herrick (*American Journal of Med. Sciences*, July, 1900) notes the occurrence of casts in abundance just before and during the diabetic coma. He describes three cases. The phenomenon has been noticed by several observers. It may be

observed in time for an impending attack of coma to be warded off, at least temporarily. Dr. Herrick has also noticed in several cases the association of sugar with a low specific gravity. The specific gravity may fall below 1010 or 1002 in consequence of associated interstitial nephritis, or as the result of drinking large quantities of fluids. The only safe course is to test every urine for sugar regardless of specific gravity, and this rule ought to be more generally adopted by insurance companies. - *Chicago Clinic*.

MEMBRANOUS DYSMENORRHEA.—From a study of the literature of several cases reported, De Wit concludes that the theory which seems to her most consistent with the histologic findings in the reported cases, as well as in those examined by herself, since inflammation is not a uniformly accompanying condition, and conception may often be positively excluded, is that perhaps under some abnormal local nerve influence, which may be congenital—since in many cases the disease begins at puberty—or even as suggested by Gautier, hereditary, or which may, through injury or local disease, be later acquired, the normal menstrual congestion and blood extravasation or fluid exudation is so greatly increased that the deeper tissues break and thus loosen the thickened decidua menstrualis *en masse* before nutrition has been sufficiently interfered with to cause its degeneration.—*Jour. Am. Med. Asso.*

POISONING BY BETA NAPHTHOL. At a recent meeting of the Medical Society of Berlin, Dr. Stern described two cases of poisoning by naphthol beta used externally. The first case was that of a girl nineteen years old, who had been given for the itch an ointment containing 50 grains of naphthol. Vomiting, malaise, and lastly the loss of consciousness came on. Petechiæ formed on the limbs, the urine became bloody, and the patient died after two days. Naphthol beta was found in the urine, and the kidneys and liver were found to be affected with turbid tumefaction of the cells. In the second case the patient was fifty-six years old, and had used an ointment containing 15 per cent of naphthol. Three hours afterwards there was agitation, hallucinations, and extreme frequency of the pulse. The skin was thoroughly cleansed, and the patient regained his usual condition. His urine had become olive green. - *Therapeutic Gazette*.

DISEASES OF THE BREAST AND NIPPLES DURING THE PUERPERIUM. - Reynolds, Grand Haven, Mich., finds his indications for a remedy to combat the above conditions, thus:

Phytolacca 6x. Entire indifference to life and disgust to the affairs of the day; breast painful and very much engorged; pain goes from the nipple all over the body; the drawing of the milk is impossible, and later on the breast may assume a purplish hue.

Bryonia 6x. Lowness of spirits; fears, apprehensions, anxiety, desires for things which do not exist, or which are no longer cared for when offered; breast is hot, painful and hard, a sick feeling when moving about or sitting up, thirst for large quantities of water, constipation, lips rough and dry.

Belladonna 6x. Frequent moaning without knowing why, uneasiness, she changes from one place to another, irritable moods, breasts swollen, glossy, hard and heavy, severe sticking and tearing pain, throbbing of breast, red streaks running from a central point, fever with starting sleep.

Hepar Sulph. 6x. Hypochondriac; sad mood for hours, the slightest cause irritates her, dejected, especially in the evening,

breasts tend to suppuration, or after suppuration has begun, with scanty discharge; women with unhealthy skin, burning and throbbing in breast, especially at night.—*Medical Counselor*.—*Carter in Hahnemannian*.

THE DIFFERENTIAL DIAGNOSIS OF PHARYNGEAL SYPHILIS AND TUBERCULOSIS.—The differentiation at times in certain stages is impossible. Shortly they become more clearly defined and more widely separated, positive proof of syphilis being established by improvement from anti-syphilitic treatment. In tuberculosis no improvement, and frequently the process hastened. The tuberculosis patient is usually anemic, weak, emaciated, with rapid loss of weight, cough, night sweats and presence in the sputum of tubercle bacilli. In syphilis, history at some time of alopecia, cutaneous eruption, fetor of breath, a ruddy complexion and healthy appearance. *Locally*, syphilis has the infiltration or inflammatory area about the ulceration. Very little pain. *Tuberculosis*, pain constant but increased upon deglutition, area surrounding ulcer anemic.

Syphilis.—Ulcers usually multiple, red areola extending from one to the other frequently.

Tuberculosis.—Less frequently multiple, very irregular in outline and of less depth.

Syphilis.—Deep ulcers with overhanging edges, located at the sides of the mouth.

Tuberculosis.—Usually not deep and more centrally located.

Syphilis.—Rapid in progress.

Tuberculosis.—Much longer period of time to have same area involved.

Syphilis.—Ulcers show tendency to heal quickly, with marked cicatricial deformities.

Tuberculosis.—Heal very slowly, with little or no deformity.

Syphilis.—Mucous membrane red or purplish.

Tuberculosis.—Pale, anemic.

Syphilis.—Posterior cervical gland affected.

Tuberculosis.—Never affected. The anterior cervical glands may be, but posterior never. *W. A. Weaver, M. D., in Hahnemannian*.

THE TREATMENT OF ACUTE ACNE.—According to the *Journal des Praticiens* of May 5, 1900, inflammation of the sebaceous glands, as illustrated by red papules which are painful and indurated, often appears upon the face and forehead, and sometimes upon the thorax anteriorly and posteriorly. If these papules are persistent they frequently become indurated to such an extent as to produce hard masses in the skin, and then may go on to suppuration, culminating with the discharge of pus and the formation of cicatrices. The treatment depends usually upon the cause of the acne. In the so-called spontaneous acne we sometimes find genito-urinary trouble or digestive disturbances. It is necessary for the successful treatment of these cases that a diagnosis as to the cause should be made. Where the digestion is found to be disordered, care should be taken to exclude from the diet list all foods which ferment, notably greasy substances, sauces, spices, and alcoholic drinks. Tea and coffee should also be avoided, as they are apt to produce indigestion, which is a cause. Benzonaphthol, salicylate of bismuth, irrigation of the colon, and the frequent administration of laxatives are advisable in these cases. In some obstinate cases the internal administration of brewers' yeast produces good results.

The local treatment is very important and is both medical and surgical. The medical treatment consists in the cleansing of the skin and in the application of antiseptic substances. Very hot water should be employed rather than tepid, and in obstinate cases, if the skin is not irritated, green soap should be employed to cleanse the skin before the patient goes to bed. The local treatment otherwise consists in the application of lotions, powders and ointments. In some instances the hot water applications are sufficient. In others, warm spirits of camphor may be used. In still others, solutions of boric acid or salicylate of sodium in the proportion of 1 to 100, or of ichthyol in the strength of five, ten, or fifteen per cent, may be applied.—*Therapeutic Gazette*.

A FATAL OTITIC ABSCESS IN THE LEFT TEMPORAL LOBE OF THE BRAIN, CAUSING WORD-BLINDNESS.—Operation—Autopsy.—A child, age 12, had left-sided otorrhea off and on since childhood. For the past eighteen months discharge has been continuous. Four weeks before coming under the author's observation she had an attack of intense frontal headache with nausea and vomiting. Unconsciousness suddenly came on and she had violent convulsions for six hours. Upon examination the patient was found excited, but rational. Temperature 101° F. Eyes normal. Scant secretions from the ear; no sagging of the posterior upper wall; no granulations; slight swelling and tenderness over the mastoid. Optical amnesic aphasia pronounced. When she was asked the name of an object held before her, she said, "I know what it is but cannot name it;" when told, she instantly and correctly repeated the word.

The diagnosis was made: Deep mastoid epitympanic caries, epidural and cerebral abscesses, beginning meningitis.

Upon examination the antrum was found packed with cholesteatomatous masses. The posterior cranial fossa was exposed, but the dura and sigmoid sinus showed no abnormality.

The upper wall of the attic was found carious, and was removed. The dura was congested, slightly uneven and dull. Near the posterior medial corner was a blackish round spot in the dura, with a central depression through which a probe was passed 4-5 c. m. into the brain without any resistance or bringing forth pus or blood. The wound was dressed and patient put to bed. For two days the child was much improved, was cheerful and named most objects at sight. Then she began to complain greatly of headache, temperature rose, pulse slow, and it was decided to again operate, but death suddenly supervened. On autopsy the dura showed dark venous congestion, a few adhesions of dura to anterior surface of petrous bone, some also to the occipital lobe. An abscess cavity occupied the middle of the temporo-sphenoidal lobe. It was surrounded by a dense, uniform white capsule. It was perforated in two places in front, the contents being mixed with the broken-down surrounding tissue and at the posterior medial wall into the posterior outer cornu, the contents filling the lateral and third ventricles and mixing with the softened cortex of the adjacent posterior part of the temporo-sphenoidal lobe. *Archives of Otolgy*.—*Spencer in Hahnemannian*.

TREATMENT OF CROUPOUS PNEUMONIA. At the Eighteenth Congress for Internal Medicine, held recently at Wiesbaden, Pel, of Amsterdam (*Berliner Klinische Wochenschrift*, 1900, No. 18, p. 398), pointed out that in most cases of croupous pneumonia, nature unaided is capable of effecting a cure through the compensatory powers of the body for neutralizing pathologic processes. The attacked organ-

ism possesses various protective influences through which it opposes the morbid process and neutralizes its toxic effects. The important part played by leucocytes and fibrin is indicated by the hyperleucocytosis, and the hyperfibrinosis of the blood, frequently present. Possibly, elevation of temperature is an adjuvant of these two factors. The fate of the pneumonic patient is thus determined, not alone by the conditions present in the lungs, but also by those in the fluids of the body. The constitution or the individuality of the patient, which determines the intensity of antitoxin formation, as well as the strength of the protective agents, is of decisive importance. In cases of pneumonia that pursue a less favorable course, certain constitutional anomalies influence the abnormal irregular course. The danger to life is greater in patients with emphysema, bronchitis, nephritis, diabetes, in the aged and the reduced, in the neurotic, and especially in the alcoholic, when attacked by pneumonia, than in the healthy. Objective investigation has shown that there is no single remedy by means of which it is possible to shorten or to influence favorably the pneumonic process. The value of serumtherapy in this connection is as yet undecided. Some of the remedies proposed as specifics may, however, be employed for the relief of symptoms. Thus, venesection may be indicated in the presence of severe dyspnea, cyanosis and feeble pulse, and also the beginning of pulmonary edema, and it may be of life-saving value. Digitalis in small doses may act as a cardiac tonic, but it is indicated only when pneumonia occurs in a patient with disease of the heart, and cardiac weakness appears, or cardiac insufficiency becomes a prominent feature. Large doses, however, are not to be recommended. The less the physician interferes in cases of pneumonia of regular course, the greater is the probability of successful termination. This does not, however, mean that the physician should do nothing. There yet remains the institution of an intelligent hygiene, of careful nursing, and of proper diet, and the mitigation of the most distressing symptoms, in order that the conditions of natural recovery may be rendered more favorable. Nothing should be considered too slight or too insignificant for consideration. For the distressing cough and embarrassed expectoration, the powder of ipecac and opium may be administered; for the severe pain in the side, if necessary, subcutaneous injection of small doses of morphine; and, later, for the embarrassing expectoration, an expectorant. Irregular and atypical cases require, on the whole, a stimulating course of treatment. In such cases there is danger from heart failure. While premature and excessive stimulation may do harm, the opportune employment of such an agency may be the means of saving life. Alcohol occupies a place in this connection, exerting a stimulating and invigorating influence. Excess, however, is to be avoided, especially in the young. Camphor is the most reliable restorative, given at first in small doses, and, when the danger is great, in large doses, and especially subcutaneously in combination with ether. It may often be the means of saving life. Methodical sponging of the skin is agreeable to the patient, and exerts a favorable influence. The elevation of temperature does not require the use of antipyretics, and is unattended with danger. It is probable that the fever is a conservative and a useful reaction on the part of the infected organism. Prophylactic measures are, however, indicated. The constitution of the patient should, as far as possible, be preserved intact, in order that, should he be attacked by pneumonia, the natural protective influences may become operative in full vigor. The principal indication here is to avoid excesses and overexertion

in every direction, even during health. - *Jour. Am. Med. Ass'n.* [As an epitome of modern knowledge concerning this disease and its empirical treatment, the above may be considered accurate. Regarding the futility of therapeutic interference, however, and the action of single remedies, the author might have learned, had he made a comparison of records, that a higher percentage of cures does result where such remedies as aconite, bryonia and phosphorus are employed with discrimination and in diminutive doses, than where the treatment is only such as he has outlined.- B. D. H.]

DR. GEORGE APOSTOLI.

The passing of Dr. Apostoli to the great unknown leaves a vacant place among the world's workers. It may yet be occupied by another, but it will not be filled. His work was creative and he made a place. He planned a way to help the sick, and through its successful application he became justly famous. He died at Paris, France, April last, at the age of fifty-three years; the immediate taking off was from a vicious attack of pneumonia.

Twenty years ago he began experimental studies in the way of applying various forms of electricity to the sick human body. His first contributions attracting attention were "Successful Faradization of the Uterus with a Sound after Confinement to Prevent Hemorrhage," and "Galvanization of the Pneumogastric Successfully Used in a Case of Pernicious Vomiting in Pregnancy."

His genius for work and the daring of his undertakings made his pioneer efforts the target for many criticisms both favorable and unfavorable.

The writer happens to know that while by nature he was extremely sensitive to adverse criticism, it was uncommon for him to submit, without a reply that would show his nobility and the purpose of his efforts to be not for self, but for the system he strove to develop and ultimately to establish.

He was probably best known in this country by his writings and his work done in the cure of fibroid tumors by galvanism. His contributions along these lines were without doubt the best that have ever been presented by any form of proposed cure, and his success was often little less than marvelous.

"The workman dies but the work goes on," and there is no possible argument now that can be used to stop the work, since the master is dead. The cures will go on, and fibroids will disappear symptomatically as well as anatomically at others hands and treatment by such a method as he used.

The writer remembers a breakfast with this cultured gentleman with greatest pleasure. While in his private office, he gently touched my arm and asked, "Do you physicians in America ever receive gifts from your grateful patients?" I replied that I had heard of such things

happening. "Then come and see mine," he said, and pointed to an inner wall, where hung a large oil painting. "This," said he, "was painted for me by the world-known artist, Rosa Bonheur, whose physician I am proud to be." This tribute to his personal worth, by this great artist, along lines that others could not professionally offer so well was to him a source of great personal satisfaction and was the most princely gift that could have been bestowed.

The electro-therapeutic world will greatly miss him, and will greatly honor him, too, and this collateral science in medicine so laboriously founded is destined to have a magnificent future, and the greater it becomes the larger will be his real monument. E. S. B.

THE SOUTHERN HOMEOPATHIC MEDICAL ASSOCIATION.

This association held its seventeenth annual meeting at Knoxville, Tenn., October 16, 17 and 18. About thirty-five physicians were in attendance, including Drs. Henry, of Montgomery, Ala.; Duffield, of Huntsville, Ala.; Monroe, of Louisville, Ky.; Stout, of Jacksonville, Fla.; Walton, of Cincinnati, Ohio. Our representatives in Knoxville, six in number, were indefatigable in their efforts for the success of the meeting and pleasure of their visitors.

The first day of the meeting the Mayor's welcome, Dr. Monroe's response, and the President's address were all delivered and enjoyed.

The President, Dr. A. M. Duffield, in a stirring appeal, pointed out some of the needs of the South, and directed attention to the openings for new men in southern cities. His whole address was good.

The following extract explains the situation, and should have a wide circulation:

"There is no part of the United States that needs a more united effort in order to promote the interests of homeopathy than that of our promising Southland.

Wake up and look about you! What do you see? The turning of the tide of immigration and industry into the heart of the South, which is now just budding forth in incipient glory of a magnificent future.

A reaction has taken place in the West and North and everything is now turning toward this glorious country.

Where cotton grew last year, it is being woven into cloth this year. Where there were nothing but fields last year, new industrial enterprise surrounded by growing villages are now in existence. And what about homeopathy, has it kept pace with the general progress here in the South? Are there any more physicians of our school here now than five years ago? It is hardly perceptible.

When you consider that there are only four homeopathic physicians in North and South Carolina respectively, nine in Alabama, one less in Mississippi, about twenty in Georgia, and twenty-five in Florida and Louisiana respectively, and the same in the two Virginias, about forty in Tennessee, thirty-four in Arkansas, while Texas and Kentucky boast of a hundred each, it shows the evident need

of fostering the little hold we have and adding to it as fast as possible from the overcrowded cities in the North and West.

Now, as a last appeal, let every one show a record at our next meeting that indicates progress and renewed effort in the right direction. You have the means to make rapid strides, now that the foundation is laid for our practice in this growing section, and we must keep up with the procession."

The paper of the meeting was by Dr. W. B. Hinsdale, of Ann Arbor, on "Mercurius Corrosivus—a case of fatal poisoning and a brief consideration of its therapeutic capacity." A carefully kept record, a concise statement of the efforts to combat the effects of the poisoning, a scholarly comparison of the symptoms with the drug's therapy as recorded by Lippe, gave the paper a classical standing, and makes it an addition to our literature.

All the papers were interesting and instructive, discussions were informal and enjoyable, and the meeting was altogether pleasant. When you receive your invitation to attend next year do not mislay it but make your plans to go.

J. P. C.

Miscellaneous Items.

There has been almost no yellow fever in the United States this year and the season is now past.—The moving picture machine has been utilized to record the various stages of epileptic attacks.—Dr. Georges Apostoli, a noted gynecologist of Paris, died recently at the age of fifty-three.—The next meeting of the Western Surgical and Gynecological Association will be held in Minneapolis, December 27, 28, 1900.—Dr. Anna M. Jacobs, recently house physician in Hahnemann Hospital, was married on October 23 to Mr. Walter H. Green, of Chicago.—The *New York Medical Journal* has been involved in the failure of D. Appleton & Co., and has suspended publication. It will probably be resumed at an early date.—Dr. Cora O. Howerth, of the class of '97, is in the hospital for a year's service as house physician.—Dr. S. S. Kehr, formerly registrar of the Denver Homeopathic College, has removed to Sterling, Ill.—We neglected to announce in our last issue the death of Mrs. R. Ludlam. She had been an invalid for some time, not fully recovering from the shock of her husband's sudden death. After a prolonged visit in the south, in the search for improvement of her condition, she returned to end her days in Hahnemann Hospital.—Dr. W. L. Athone, superintendent of the Illinois Asylum for Feeble-Minded Children, has resumed his work after a prolonged illness. We are proud to say that this institution is making a

great record under his care. Dr. Pogue, of last year's class, is assistant physician and we learn is giving great satisfaction.—Dr. W. A. Humphry has located at Toledo, Ohio. We are proud of the fact that he had the highest standing of any in the class before the Ohio medical examining board.—The students of Hahnemann College, 150 strong, were a prominent feature of the sound money parade before the election.—Dr. Julia Holmes Smith was recently elected as one of the Trustees of the State University.—Dr. Jno. T. Crebbin is gaining a good practice in New Orleans, La.—Dr. C. H. Vilas has resumed his lectures in the college.—A majority of the students who were voters went home to cast their ballots.—The marriage of Dr. Lucy M. Busenback to Mr. Philip Harbach, of Des Moines, occurred September 25. Dr. Busenback will still continue practicing under her own name.—Dr. E. D. Perkins, of Ashland, Wis., is now at 1436 Monroe St., Chicago.—Removals: Dr. C. A. Bozarth, from Vicksburg to Midland, Mich.; Dr. A. E. Perkins, from South Ashburnham to Fitchburg, Mass.—Dr. O. W. Green, class of '87, is examining physician for the New York Life Insurance Co. His office is in the New York Life Bldg., Chicago.—Dr. J. T. Kent, formerly of Philadelphia, has office hours in the Stewart Bldg.—Dr. Freda M. Piles has located at 244 E. 57th St.—Dr. Burton Haseltine has office hours both in Evanston, New Century Building, and in the city, 100 State St.—We are pleased to note that Dr. A. C. Halphide is improving rapidly.—Dr. Alice V. Duffield is doing special work eye, ear, nose and throat—at 100 State St.—Dr. W. E. Taylor has been helping "save his country" during the recent campaign; being a natural patriot he could not help it. He now returns to his college work with increased enthusiasm.—We shall have a paper in our next issue from the pen of Dr. W. A. Dewey, of Ann Arbor.—The clinics in Hahnemann College were never so full as at the present time; the sub-clinic work is also a very satisfactory and successful feature.

THE CLINIQUE.

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Original Lectures.

THERAPEUTICS OF TUBERCULAR DISEASE.

By J. E. Gilman, M. D.

SENIOR PROFESSOR OF MATERIA MEDICA IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

A prominent financier of this city once was in monetary difficulties; some of his creditors were endeavoring to push him into bankruptcy proceedings and he was resisting it to the full extent. The law at that time required a two-thirds vote of the creditors to enforce involuntary bankruptcy. This banker happened to be the custodian of the school fund; he therefore filed a Chicago city directory as a partial list of his creditors and ended the proceedings. Tubercular disease covers such a multitude of conditions and presents such a varied field for remedial action that one would almost be justified in offering our complete materia medica as the answer to what shall we give as remedial measures.

In a disease as far reaching, as insidious in preparation for development as this, the initial stages must be fought step by step to gain the mastery of it. Therefore if there is a family history of tubercular or scrofulous tendencies the fœtus in utero should receive an attention not ordinarily required. As Grauvogel pointed out in his cases of prevention of hydrocephalus, much may be done to increase nutrition and the proper formation of tissue before the birth of the infant. He says: "In hydrocephalus the nutrition of the bones is always deficient, so to favor the development of the fetal organiza-

tion I ordered the mother during her pregnancy to use sulphur 6x one day, and calc. phos. 6x the next day, sulphur as a stimulant remedy favoring the formation of tissue, and calc. phos. for the bones." And as the first stage of preparation of tissue, to make it available as a suitable soil for the growth of tubercle, is the one of anemia and starvation, we require such remedies as these and such glandular stimulants as baryta carb. or natrum phos. The mother's physical condition would largely govern the special medication except in this general way.

So long as the nutrition and building up of the tissues progresses normally there is no danger of tubercular development. In exact proportion to the degeneration in preparation, absorption and distribution of histogenetic material comes the danger of tubercular infection, because this is the manner in which the soil is prepared for its growth. Therefore the most careful attention must be paid to this, and the class of medicines which are useful in digestive disturbances and in tissue building are the ones which will be called for.

One of the first and most constant of troubles of the scrofulous infant is acidity. The food ferments and continues to ferment until irritation is followed by glandular congestion and inflammation, and the process continuing marasmus follows. Here we have such remedies as natrum phos., the hypophosphites of lime and soda 1st, 2d or 3d trit., and as always according to the type of child, the grand old remedies calc. carb., calc. phos., sulphur and baryta. With these come in the remedies for special conditions, such as china arsenicum, belladonna, etc. The natrum phos. deserves a little more mention, standing as it does at the doorway of so many ills. Nat. phos. prevents the excess of lactic acid accumulating, assists in carrying on some of the most vital of the liver functions, and by the prevention of the over acidity, its glycogenic stimulation, its oxidation of uric acid and other used tissue, principally into urea ready for elimination, helps to deurate the blood of noxious elements and facilitates the manifold duties performed by the liver.

The indications for the calcareous child and the sulphur infant are so well known as to render unnecessary the enumeration of symptomatic indications. I am convinced, however, in these cases that where the remedy is to enter into combination with the body as food the lower

potencies 1x, 2x and 3x are most desirable; but if it is for the dynamic effect, from the 200x to 100,000x are preferable.

Following the digestive disturbances, the next step is in the tissue changes and lack of development. We find the pot-bellied, soft-boned children with illy deposited fat—a fat that melts with sickness like snow before the sun. The nails are clubbed and irregular, the teeth poorly developed and prone to decay. There are enlarged and hardened glands here and there, singly or in groups, difficulty in carrying on glandular action and circulation, and a general scrofulous dyscrasia development. I think if the essential nature of scrofula were fully understood and demonstrated that it would be found to consist in such a loading up of the organism with the products of effete animal matter—substance that has lived and is but imperfectly oxygenated—or removed so slowly as to lower the glandular circulation and vitality. The fact is that scrofula exhibits itself as a general constitutional weakness or debility, manifesting itself in a defective power of resistance to external influences and in a defective power of growth and development. Whatever lessens health and strength, tends to beget scrofula, not only in the individual but in his offspring, and thus the remedial agents of the first rank are fresh air and sunlight, with such measures hygienic and medicinal as look toward the freest elimination of animal excretions.

Taking these facts into consideration, we have ample reason for the belief that the poison of a sluggish bodily sewerage, gradually accumulating in the glandular system, constitutes the cause of the disease, and the effect of long continued debility and lack of constitutional vigor resulting from such poisoning collectively is what we term scrofula. On this soil, more or less fertile, the tubercle implanted develops into its various phases. Therefore we must consider chiefly as the main remedies those governing the excretions and the tissue-building elements. A careful study of the tissue remedies known as Schussler's will cover in a large proportion the morbid conditions that obtain in these stages. With these, such other remedies as stimulate glandular action and tissue change, such as sulphur, baryta carb., the iodides, etc., are useful.

There are certain epochs of change in life when tuberculosis is most liable to be developed. Up to the termi-

nation of the first dentition, if the disease comes, the location is not as apt to be in the respiratory tract as elsewhere. Here it is likely to appear in the alimentary canal as marasmus, or in the brain as tubercular meningitis. Escaping this era, there is a slight tendency during the process of the second dentition, although at this period the growth and rapid deposit of cell-building materially lessens the danger. At the age of puberty, however, there is a very marked liability to the development of phthisis. If the period from fourteen years of age to twenty-one has passed without any marked symptoms there is very little danger from phthisis until the climacteric. Then the disease will develop almost as readily as at puberty. Then comes a period of comparative immunity until advancing age so weakens the tissues as to break down resistance and tubercular deposits are readily acquired.

During all of these stages climate and climatic influences may be invoked with great benefit. I have written and lectured largely upon this phase of treatment, and will condense as much as possible a volume or two of study into these general rules or axioms. The comfort, convenience, sanitary and hygienic surrounding of the patient must be carefully considered. The place selected must not be subject to too rapid or violent changes of temperature. As a rule the climate should be as cold as the patient can well endure for the sake of the tonic. It is only those with very slight reaction who will require a tropical climate. Storms, clouds, fogs and dampness should be infrequent and sunshine the rule. Dryness in the air generally is best, but a sea voyage is often of the greatest value in spite of the saturated dampness. The air must be pure and free from bacterial contamination as far as possible. Electrical conditions render some otherwise suitable localities untenable to some people, while other individuals are benefited by them. In nature we have as examples of localities more or less covering the above points. Some localities in Switzerland, some of the table lands of the Andes, the Anhuac or middle zone, the table lands of Mexico, and the slopes of the back bone of the North American continent, the Rocky mountains.

The out-of-door life in the pure air of these localities reduces the danger of invasion of phthisis to a minimum, and furnishes an invaluable aid to its removal. Climatic

treatment should be begun early. If a child approaching puberty has the indication of the disturbances of development and nutrition which presage an invasion of the disease, a change to a locality where an out-door life in an atmosphere practically free from bacterial contamination can be obtained, will almost certainly remove the danger. After the disease is developed, in many cases, it will check and often remove the trouble. But here there must be no return to the former home even for a short visit. If the individual has improved to some extent and should come back to his former habitation, the disease will return with redoubled force and the climatic treatment will avail nothing more.

In the later stages of the disease it is inadvisable to change or try this treatment. The little exposures and hardships incident to the journey and the discomforts of the change injure more than any possible benefit that can be gained. Within a very recent period hospitals have been organized in different cities, so arranged as to wash and purify the air admitted into the buildings, with a view of rendering it thoroughly aseptic and furnishing to a diseased lung air as pure as can be obtained, or in case it is desired so charged with prepared vapor as to furnish a continued medication to the diseased tissue.

In the Adirondacks the odor of the hemlocks gives a very soothing and comfortable sensation to the irritable lung. While the larger portion of the medicated vapors are almost or quite useless as remedial measures, something of this kind may sometimes be added to otherwise pure air with good effect. In a hospital of this character it would seem to me that the ideal conditions could be made to exist for the most satisfactory treatment of this disease.

The tubercle bacillus is the cause of the tubercle disease, as demonstrated by Koch so completely that there is no room left for cavil or doubt; but the presence of tubercle is not all the cause of the morbid symptoms which follow. Other elements combine to produce the disturbances incident to the course of phthisis. The tubercle is deposited in the lung and may remain there and grow to considerable extent while the lung is tolerant of its presence and no untoward symptoms present themselves. This condition may continue for a long time before setting up any inflammation. A cold or some cause initiates an irritative point, settling about a tubercular deposit. This,

then, being a foreign body, becomes the continuing focus of inflammation, followed by suppuration. Suppuration is signalized by chills, hectic fever, with increased temperature and other signs of pus absorption.

Other tubercles become involved, and we have a fully developed area of inflammatory condition breaking down into pus chambers and softening the tubercle. In destroying the lung tissue blood vessels may be cut and hemorrhages ensue, and the lung in efforts to relieve itself excites paroxysms of cough, brings up the pus, broken down lung tissue and tubercle debris. We have in this three things to fight: The tubercle deposit, the pyæmic infection, and back of it all, the lack of nutrition and excretion which has prepared the soil for the reception of the tubercle. The hygienic and tissue-building measures must be continued steadily all through the course of the disease. And first as a means of destroying tubercle. In a report made by the bureau of materia medica I reported some cases of destruction of tubercular growth by the use of the X-ray. The Roentgen ray gives us an efficient help in making the diagnosis of tubercle in a very early stage; and when we consider that the bacillus *tuberculosis* requires quiet and rest for its development, it must not be disturbed if it is to increase, and its increase even then is slow, when we consider this, it is reasonable to believe that so potential and direct a force as the X-ray pouring on in flood and bombarding the tissue, a force, frequently repeated, should shrivel and destroy the tubercle bacillus.

I am certain in my own mind that the X-ray is destructive of it, and believe that it will destroy some other forms of the microbe world—all, in fact, that are sensitive to motion. The earlier the diagnosis of tubercle can be made the more efficient, I should think, the X-ray would be, as then we would remove the irritant before the suppuration began. It is analogous to the removal of a seton or a sliver before the pus appears.

We have this same thing in view in the gymnastics for the lung in breathing exercises and movements. If the lung is not used in the portion that is not in motion tubercle is deposited and increases. So the full inflations interfere with the quiet so needed for tubercular growth, and this brings into notice Dr. Murphy's method of treatment. This consists of the injection of nitrogen gas into the pleura so as to bring a pressure upon the

lung and interfere with motion. At first glance this would seem to be chimerical, but there are some cases, and those, too, of an advanced character, where this method can be utilized. For the stage before suppuration it would seem to me that it would be worse than useless for the reason that the bacillus *tuberculosis* thrives upon absolute quiet and is destroyed by motion. In the apex of the lung in those stoop-shouldered individuals, where the lung is but seldom inflated, we find the first colonies of bacilli. In the lung where resolution has not taken place after pneumonia we find a readiness for tubercle to develop. But after the breaking down of the lung tissue and the formation of caverns with irritable inflamed surfaces ready to cicatrize, if not constantly whipped into aggravated inflammation by the frequent paroxysm of coughing, a pressure such as this might lessen the cough and facilitate cicatrization. There are many undoubted cases of spontaneous recoveries from phthisis, and from what we know of the life history of bacteria, we may very fairly believe that these may be caused or at least aided by the exhalations from the bacillus itself. Acting on this theory Koch has endeavored to isolate a serum which should be as inimical to the tubercle bacillus as is the antitoxine serum to the micrococcus of diphtheria. So far this has not been a success. All that Koch has ever claimed for it is that he was warranted in further experimentation from what successes he had observed.

I think it very probable that in the future some principle will be evolved in a serum which will destroy the tubercle bacilli. But as the most dangerous and distressing symptoms come from the pyemic feature and suppurative stage, it would seem to me well worthy of careful and extended study and experimentation in the use of the antistreptococcus serum. Park, Davis & Co. have a very carefully prepared article of the kind from which much might be theoretically expected. From the effect of this serum in controlling or giving resistant power to the pus invasions, I some three years ago advocated its use in this manner. I have given a number of cases the serum to aid in removing the pyemic conditions and have had in all cases improvement and in some a startling effect in the removal of the hectic fever and the lowering of temperature to normal. In one instance dropping it from $102\frac{1}{2}^{\circ}$ in the morning and 104° to 105° in the evening in three days to normal for half the day and

100½° in the evening. I have not had as yet a sufficient number of cases to demonstrate satisfactorily the limitations or the capabilities of this. There are no statistics on the subject but to my mind it presents a most promising field for research.

The serum named "Goat's lymph or Roberts Hawley serum," has the evidence of a large number of physicians as possessing a stimulant tonic and nutrient influence upon the cells. It increases the activity with which they take up their nutriment, enables them to pass through the nutritive changes of absorption excreting the worn-out particles with energy and so increasing the vitality of the individual—as this active metabolic change is essential to the recovery from tuberculosis, and as on its continuance depends the removal of all tendencies toward relapse. If the Roberts Hawley lymph will accomplish what is claimed for it we have a very efficient agent to lift our patients out of the "valley of the shadow."

Within the limits of this paper it is impossible to condense even more than the most passing allusion to our old tried and approved friends for the symptomatic treatment of tubercular disorders. Of these iodine singly or in combination is one of the valuable helps from its action upon the lymphatic glandular system. Aconite, ipecac, gallic acid and phosphorus for hemorrhages with *arnica china*, *crocus* for special cases and after effects. Tartar emetic for the filling up of the bronchi and *kali b* for the stringy tenacious mucus of gastric origin or ant. crud., with the thick pasty tongue and creamy coated mucous membranes; *aurum met.* and *mur.* in syphilitic phthisis with the suicidal monomania, loss of energy, bone pains, general diminution of strength and ambition; *drosera* for deep hoarse cough, worse after eating, and at night with retching and vomiting; *lache-sis* at the climacteric, especially with its characteristic, worse after sleeping, heat flashes and throat symptoms; *lycopodium*, with the stomach symptoms of indigestion, the four o'clock aggravation and after midnight and the fan-like movement of the *alæ nasi*; *merc. sol.*, *proto iod.* and nitric acid in syphilitic ulcerations and in the coughs of phthisis with a syphilitic taint or origin; *rumex crispus* for the teasing tickling in the larynx; *sanguinaria* in the pneumonic inflammation with rusty colored sputa, circumscribed redness of the cheeks, loose, frequent cough and difficult expectoration; *senega*

for aiding expectoration of mucus in elderly persons and for chronic catarrhal complications; sepia with its following of ovario uterine disease complications and the characteristic face and urinal symptoms; silicia for its wonderful deep acting effect upon the vitality of the tissue and its control of the suppurative process, with sulphur and hepar as frequently required; stannum and calc. fluoeride for the weakness and laxity of fiber; with these all the tissue remedies and the food treatment of the hydro carbons combining as it does the nutrition with the medicinal, as cod liver oil introduces iodine, etc.

Combining the treatment in a well ordered sanitarium, arranged as before stated, to furnish only aseptic air with the various accessory measures dietary, hygienic, gymnastic, medicinal, etc., modern treatment should reduce the average mortality to a wonderful degree; and it is not too much to say we can render a report of tubercular disease of hope that will quite correspond with the marked characteristic of consumption. I do not think it is overestimated to say that under these favoring conditions nine out of ten cases of phthisis can be cured.

A STUDY OF NUX VOMICA.*

By Joseph P. Cobb, M. D.

SENIOR PROFESSOR OF PEDIATRICS IN HAHNEMANN MEDICAL
COLLEGE, CHICAGO.

The general physiological effect of nux vomica is upon the cerebro-spinal axis; it primarily affects the centers which control muscular activity, produces a state of excitability and irritability of nerve centers, and especially of motor centers; this excitability is not confined to the centers of voluntary muscles, but affects also the centers of the voluntary visceral muscles. At first the patient is simply more responsive to external impressions whether of light, sound, contact or variations in temperature; accompanying this condition are muscular tremors and twitchings with a tendency to rigidity; slight irritations causes ex-

*Read before the Southern Homeopathic Society, October 17, 1900, at Knoxville, Tenn.

aggerated impulses because the reflex centers are in a condition of overexcitability and override their usual inhibitory or governing centers.

The next step beyond this state is to one which results in a tetanic contraction or spasm. The preternatural acuteness of the senses accompanying this motor excitability is evidence that other than simply motor centers are affected.

The mental condition shows the same irritability of nerve centers, producing irascibility and inability for mental exertion, so characteristic of the nux patient. We do not find, however, evidences of mental derangements; a confused, heavy sensation in the head, with dull ache, such as comes from vaso-motor disturbance, is usually present.

Nux vomica, through its effect upon the vaso-motor centers, causes tonic and chronic contraction of the arterioles, increases the blood pressure in the arteries and produces the phenomena of chill, heat and sweat, without any real inflammatory action.

In the viscera we find the same spasmodic contractions, producing arrhythmical movements, spasmodic pains and irritable expulsive actions; accompanying this condition is an increased irritability of the mucous membrane and an impairment of glandular secretions. This impairment of secretions depends upon the lessened capillary blood supply and irritability of secretory centers; ineffectual urging to stool; portal and hemorrhoidal congestions here find an explanation. In the respiratory tract the same causes produce dry, irritating cough and spasmodic constrictions.

This brief résumé of the physiological effects of nux vomica helps to define the nux patient. He is vigorous, intense, ardent and persistent. He overtaxes his nerve centers, his brain, his reflex and visceral centers; he abuses his viscera, and when they balk he spurs them on with stimulants; he works too much and plays too little; his life is sedentary and his habits are irregular; his troubles are nervous in origin and indigestion is a common ailment. He is quick and active in his motions, of a nervous temperament and inclined to be irascible; he suffers from mental strain or worry, deprives himself of sleep and exercise for mental work, suffers from indigestion and constipation.

He lies awake at night; cannot sleep because his mind is too excited; thoughts run riot through his brain; he

falls asleep after midnight to awaken again about 4 or 5 o'clock; if he lapses into sleep again it is to sleep heavily and late, and to awaken tired and used up—more tired than when he went to bed. His tongue is coated, his mouth tastes bitter, his head is heavy and aches dully. He is out of sorts and has no mental capacity until he feels the effect of his morning stimulant, be it coffee, whiskey or a cold plunge. These are symptoms of nervous wear, whether due to overwork or high living.

The gastro-intestinal irritability is not primarily inflammatory; there is venous congestion, an irritable mucous membrane, diminished secretions with impaired digestive functions and consequent increase of flatus, an increased amount of mucus and the characteristic spastic, irregular and arhythmical muscular contractions. Pain in the stomach with nausea, vomiting and paroxysms of retching, often ineffectual, recur periodically, sometimes relieved by eating, but more often aggravated by food and relieved by hot drinks. Flatus is not rhythmically passed along the intestine, but is frequently blocked by spastic constrictions of the circular muscle fibers, incarcerated and productive of pain. The constipation of nux is not due to atony of the rectum, but to fitful, incomplete peristalsis and expulsive efforts, hence frequent ineffectual urging.

Nux finds another sphere of usefulness in the results following sexual excesses. Here, as in other organs, the evils are those that follow overexcitement of nerve centers, and the condition left is one of overirritability.

This is put an incomplete sketch of nux vomica; its object is to point out the nervous origin of ailments which nux will relieve and emphasize the cause of some of its characteristic symptoms, viz: The morning aggravation; the apparent need for, and temporary relief from, stimulants; the inability for continued mental efforts; the mental irritability and overexcitability; the easily excitable and later apathetic nerve centers; the ragged, unfinished, arhythmical work of the gastro-intestinal tract; the irrational sleep and lack of rest of the nux patient.

RATANHIA A STUDY.

By W. A. Dewey, M. D., Ann Arbor, Mich.

PROFESSOR OF MATERIA MEDICA, UNIVERSITY OF MICHIGAN
HOMEOPATHIC MEDICAL COLLEGE.

History. Ratanhia is a South American plant. It comes to us from Peru. Its botanical name is *krameria triandra* and it belongs to the *polygalaceæ* family, from which we derive only one other remedy, namely, *senega*. The attention of European physicians was first called to it by a Spanish physician who brought it from Peru. It was much more extensively used by allopathic school formerly than at the present time. Its uses according to them may be summed up as follows: It is astringent and tonic and therefore is useful in hemorrhages, catarrhs, and also in certain skin affections. Trousseau and Pidoux wrote of it quite fully, and among other uses recommended it in fissure of the anus. The homeopathicity of this use of *ratanhia* is easily recognized in their writings but they gave no explanation of its action, saying that it cures because it cures, in other words they refused to recognize the homeopathicity of its use. These writers also speak of the use of the remedy in fissure of the nipples, mercurial stomatitis and tenesmus.

Preparation. The root should be used in making our tincture, and the small or medium sized roots are preferable as they contain a greater proportion of the bark. The tincture is of a dark brownish red color and of an astringent odor.

Homeopathic provings. The remedy was introduced into homeopathic medicine by Hartlaub and Trinks and its pathogenesis is found in the encyclopedia, and also in Jahr's Manual. Teste in his *materia medica* gives its history and empirical applications. The provings show two points of action which have been utilized in practice. Namely, its affect on the eye and upon the mucous membrane of the rectum. It produced a number of stomach symptoms, such as distension, nausea, hiccoughing, etc., but nothing that could be called characteristic; so also in the intestinal tract, here it caused a diarrhea.

Eyes. One of the symptoms produced in a prover was a sensation as if a membrane were growing over the eyes. A membrane seemed to extend to the central part of the eye which burned. Inflammation of the whites of

the eyes was also produced. This condition most closely resembles the affection known as pterygium and it is in this disease that the remedy has proved itself of use clinically in several cases. Dr. Madden and Dr. Richard Hughes report cases of pterygia cured with the remedy. The latter cured a case in a cat and dog respectively. Another physician reports the cure of a case where it nearly succeeded in converting the allopathic physician, from whose hands the case came, to homeopathy. The sensation of a skin before the eyes was the indicating symptom in these cases.

Rectum and anus. Another seat of the action of ratanhia is in the rectum and anus. The principal symptom is a burning and heat in the anus lasting a long time after stool. Allen wrote quite fully of this use of the remedy in 1878. A bad case was cured with the third potency; he says it is to be preferred to graphites when the pain is cutting and lancinating, rather than smarting and sore, and when it is relieved by hot water; and to nitric acid when the pain is felt more after stool than during its passage. The remedy has also a frequent desire to urinate and the patient is nervous and irritable. Fissure of the anus is not a local disease and should not belong to the domain of surgery, it usually depends on an unhealthy condition of the skin of an eczematous nature. Another remedy for fissures is pæonia, which has burning in the anus for hours after stool, and especially an oozing of an offensive moisture from the anus. The characteristics of ratanhia therefore may be thus summed up:

1. The anus aches and burns for hours after stool.
2. Constriction of anus requiring difficulty to force the stool.
3. Relief from the application of hot water.

The following case translated from the last number of the *Homeopatische Monatsblätter* shows well the action of the remedy in fissures of the anus.

A gentleman suffered from violent pain in the anus, which had troubled him for months. In spite of the discomfort he followed his occupation until the pain became so severe that he could no longer walk. After each passage the pains appeared, being of a burning nature, associated with tenesmus and lasting several hours. The bowels were inclined to constipation and bleeding accompanied the stool. He had been treated for hemorrhoids and intestinal catarrh for several weeks. Examination

showed a fissure of considerable length and depth, looking more like a deep wound than a fissure, which easily explained the violence of the pain. As there were present the precise symptoms of *ratanhia*, namely, tenesmus and burning in the anus lasting for hours after stool, it was prescribed in the second dilution, without any external application whatever. The patient returned after sixteen days and made the statement that he was much better, that from the first taking of the remedy the pain and pressure became better, and after three days the passages were much easier. The expression of suffering that the patient had from so long a siege of pain, had visibly decreased. Examination showed that the wound was fully healed. This case is interesting from the fact that no external applications were used, no surgical measures, not even laxatives given to make the stool soft so as not to tear the fissure on its passage. It shows that the homeopathic remedy has no need of adjuvants of any description.

Other uses. Dr. Lippe prescribed *ratanhia* with success in the toothache of pregnancy where the patient was compelled to get up at night and walk about. It has been suggested that it might be of use in dyspepsia with weight in the stomach. It has also been used in pin worms with some success.

It is a remedy worthy of extensive clinical experimentation in the two fields mentioned, namely, pterygium and fissure of the anus. Our ophthalmologists and rectal specialists should be heard from.

Clinical Society Transactions.

F. H. HONBERGER, M. D., PRESIDENT.

ALICE BARLOW BROWN, M. D., CORRESPONDING SECRETARY.

W. P. MCGIBBON, M. D., RECORDING SECRETARY.

The following papers were presented at the meeting of the Clinical Society, Saturday evening, November 24, 1900 :

The Use of Lachesis in Diphtheria.

By Chas. H. Evans, M. D.

Diphtheria, unlike many other things in this vale of tears, is something in which familiarity breeds no contempt; indeed the more frequently we encounter this disease the greater consideration we accord it. Suggestions, therefore, having in view increased opportunities for the efficient control of this dread scourge should always be in order, but especially so at this season of the year when it is most prevalent in this latitude. For this and other reasons your attention will now be called to the favorable influence which the venom of the lachesis exercises upon the diphtheritic process.

It has been objected by some practitioners, that being of an albuminous nature, the venom was rendered harmless by the activities of the digestive organs, and therefore rendered powerless to influence the body either for weal or woe. Recent investigation, however, has demonstrated by experiments made with various snake venoms upon lower animals, such as rabbits, frogs and pigeons, that the foregoing objection is only partially true.

In the course of these investigations the virus was passed in small amount through an oiled catheter previously introduced into the stomachs of these animals, or into the crops of pigeons under observation. In a large proportion of cases death ensued after ingestion of the poison at the average time of twelve hours. No lesions or abrasions were found post-mortem by the possible existence of which the virus could have passed directly into the circulation. Furthermore, it was ascertained by actual experiments that the crude venom when placed in the stomach in the presence of digesting food became apparently inactive, thus substantiating the claims by

objectors on this score, but on the other hand, whenever it was introduced into the digestive organs *in the intervals of digestion, when these were empty*, death followed after some hours.

It has, therefore, been conclusively proven that serpent venom is capable of normal absorption through the gastric mucous membrane without undergoing alteration, and passing into the circulation in the usual way exerts a violent toxic effect upon all the tissues of the living body. Moreover, the substantial knowledge thus acquired goes far to dispel the uncertainty which some practitioners have felt in regard to the accuracy of the pathogenesis of the lachesis venom, although these provings have been verified in hundreds of thousands of instances, which include many diverse diseases.

The attention of the members of the Clinical Society is invited this evening to a consideration of the efficacy of this potent medicinal agent in the treatment of diphtheria. While its scantily recognized claims in the treatment of this disease are warmly urged in this paper there is no desire on the part of the writer to present it as a specific in such cases, although his personal experience during many years has shown that cases of diphtheria calling for its use are of frequent occurrence. Epidemics vary in character, and individuals differ in the course of every epidemic, and there is a proportion of patients stricken with this disease that are beyond medical aid, from its first inception, but the more closely remedies are affiliated the greater will be the number of recoveries.

It is unnecessary at this time to enumerate the varied expressions of this drug which bear more or less similarity to those arising in the course of diphtheria or its sequelæ, but certain characteristic features are herewith presented, which are always present when lachesis is the remedy.

In the first place the formation of membrane is not abundant, differing in this respect from those cases in which it is thick and like a piece of felt; it is more apt to be grayish white in color rather than straw colored, such as occurs in other cases. It is also denser in character than in instances calling for other remedies, and as a general rule increases more slowly. The pseudo-membrane is found in most cases to have commenced on the tonsil and fauces of the left side, has advanced along the border of the soft palate, involving the entire uvula and thence

spreading over the structure on the right side of the throat. The exudate covers less space and is thinner in its more advanced portion, but when it has finally covered the opposite side of the throat it becomes evenly thickened in all its parts. The mucous membrane of the entire throat and soft palate, wherever this is visible, has a purplish, or brownish or mahogany red color. While the tonsils are considerably enlarged the other structures of the throat are not very greatly swollen. The inflamed cervical glands and the attendant cellulitis increase the size of the neck to only a moderate degree, presenting quite a contrast to the huge tonsils and "collar of brawn" surrounding the neck in another class of cases which often call for the iodic mercurials. The neck and especially the region of the larynx feels as if it were constricted, and spells of suffocative breathing and swallowing ensue whenever the neck is handled or wrapped. Much pain is felt in the throat whenever the patient swallows and pain is constantly felt in the intervals, sometimes extending upward into the eustachian tube. The pain is often out of proportion to the local disease, being much greater than the appearance of the parts would suggest. In some instances there is little or no pain; the membrane is thickest in these cases and covers the entire throat. The fluids of the mouth, throat and nose are highly putrid and an excessively offensive odor may be perceived at a considerable distance from the patient. Sometimes a thin, watery, excoriating discharge flows constantly from the nostrils. General weakness and prostration to an intense degree is a noticeable feature and a tremulous half paralyzed tongue is sometimes in evidence.

The temperature averages about 103° F.; the pulse is frequent, but lessened in force and deficient in volume. At most, there is but a slight flush on the face, but as a rule the features have a death-like pallor. All the sufferings of the patient are apt to be worse after sleep, or, to be more exact, they increase during sleep and finally waken the patient by their intensity; this symptom I have not often found present, not even in a majority of the cases in which lachesis has otherwise been indicated.

When the foregoing character of diphtheretic symptoms have presented themselves, as they have done so many, many times, the use of lachesis has, in the vast proportion of such cases, restored the sufferer to health, often in patients where, in the presence of profound sep-

tic alterations in the blood and prostration of the nervous system, I could only give a gloomy, or at best a doubtful prognosis.

Specific Inflammation of the Eyelids.

By C. Gurnee Fellows, M. D.

E. W., age about 22, was sent to me in October by the kindness of Dr. A. L. Burdick, of Janesville, Wis. The history of the case obtained at that time is as follows: A slight pimple, appearing on the outer portion of the upper eyelid, was scratched because of some simple annoyance, and soon after swelling of the upper eyelid occurred which extended into the whole substance of the lid, covering the eyeball and preventing the eye being opened by the patient's own efforts. Very shortly the whole side of the face swelled, and the pre-auricular glands became involved, swollen and tender. Ulceration appeared, profuse discharge from the conjunctival lining of the lid, a ragged open ulcer was easily seen; pain was more or less constant, particularly aggravating at night. Treatment was undertaken at the hands of a physician for a few days, and after realizing little if any improvement, he consulted Dr. Burdick, whose history of the case is as follows:

"The parotid gland was very much swollen and very sore, and showed evidence of impending suppuration; the deep lymphatic glands in the neck were swollen and tender; he had not slept for several nights; had had chills, and was having a severe headache with a temperature of 104; a good deal of muco-purulent discharge from the eye; the tension of the eye was too great, the pupil fully dilated, and the eyeball tender. Diagnosis: Infected inflammation, local to begin with, but which showed strong signs of systemic involvement. The eye was irrigated with boracic acid solution, and the patient was instructed to use the same at home. A peroxide of hydrogen solution was used on the ulcer surfaces and a moist boracic acid dressing was applied locally; arsen. alb. internally every hour." So much for the treatment up to the time of entering the hospital. At that time his temperature was 104, not dropping lower than 101 $\frac{1}{2}$ in the morning. He was put to bed with the following directions: Boracic flushing of the eye as often as necessary to keep it free

from discharge; hot boracic acid dressing for fifteen minutes every two hours; internally potassium iodide, saturated solution, ten drops at a dose, to be increased five drops at a dose each administration until fifty drops were reached, three times a day after meals. The eye improved rapidly, the temperature dropping to normal in three days, the swelling subsided almost entirely, the ulceration healed satisfactorily, and the patient could open his eye quite well, there being but little discharge from the conjunctival ulcer. He was well enough to leave the hospital and return home to be under the care of Dr. Burdick in five days, later reports showing that he made an uneventful recovery, and was quite well at the end of a couple of weeks. My diagnosis was specific ulcer.

Remarks. I could obtain no history from the case to substantiate my diagnosis except that he admitted an attack of gonorrhoea some years previous with no recent signs of discharge, so that local infection was apparently ruled out. He had no secondary throat or skin symptoms, and therefore the diagnosis was uncertain in my mind, but the happy result of the treatment made the diagnosis all the more sure, and I believe it will stand. The ulcer, upon everting the lid, was found to be deep with ragged, indurated edges so characteristic of specific ulcers.

Am I justified in declaring this ulcer to be specific?

In referring to various authors upon this subject, I find that chancre of the lid is sometimes seen, but it is apparently so rare that but a few lines of space are given to it in the most complete text books. The only added sign, except the appearance of the ulcer, is the induration of the preauricular glands. I find, by reference to other authors, that secondary specific ulcers of the lid occur from breaking down of the skin, and are frequently mistaken for lupus, tuberculosis, or epithelioma. Harlan believes that these manifestations are called secondary symptoms, but should very properly be considered tertiary.

I find by observation and experience, as well as by my own reading, that when such ulcers heal rapidly by the administration of iodide of potash, that, reasoning from results, the cause is specific.

I also find, in the November number of the *Ophthalmic Record*, a history of a "Serpiginous Syphilide of the Eyelids, Forehead and External Nose," by Dr. H. V. Wurdeman and Dr. W. R. Murray, of Milwaukee. It reports a case

quite similar to mine in which the microscopical examinations of the scrapings showed granulated tissue with the examination of tubercle bacilli negative. A diagnosis of lupus with secondary infection of the nose from picking with the finger nails was made. He improved somewhat under treatment, but in a short time was worse than ever, and after changing the diagnosis upon consulting with Dr. Frank, the dermatologist, the patient was put upon ascending doses of kali iodide, with rapid improvement resulting in complete restoration of the tissues of the lid. At the end of the paper the closing sentence appears as follows: "All of these facts, the healing of the ulcers, the characteristic cicatrizations, and the improvement in general health in the course of a few weeks after the exhibition of large doses of iodide of potash certainly proved the local lesion to be deep serpiginous syphilides.

I find also a case, read before the section on Ophthalmology in Philadelphia, reported by Dr. Norris, of "Chancre of the Lower Eyelid." His case was likewise traumatic and supposed to be due to infection from scratching, but the diagnosis of syphilitic ulcer was made in spite of the fact that no history of infection could be obtained or symptoms of secondary or tertiary type discovered.

In the *Journal of the American Medical Association* of the issue of October 7, 1900, I find a case of papillomitous growths reported, and which were declared to be specific in character, and quote this sentence, "He had a chancre when a young man but has no recollection of secondary manifestations." These quotations, reference, and my own observations in other cases, not dissimilar, lead me to the belief that, first, we often have some distant manifestations without other proof of primary, secondary, or tertiary symptoms, second, that the administration of iodide of potash in large doses is very frequently but not always of assistance in clearing up the diagnosis.

Upon these two points I invite your discussion.

DISCUSSION: DR. COLLINS: The first question which seems to be involved is, whether or not a tertiary syphilitic lesion can exist without a preëxisting primary or secondary one. I unhesitatingly answer yes. It is common to find many complicated and extensive tertiary ulcerations, pustules, gummas, etc., without ever having a secondary rash. In the inherited syphilis they never have the primary chancre at all.

It is true that all cases of acquired syphilis must and do have a primary chancre but this lesion is often overlooked. It may escape notice for various reasons. It may occur upon the mucus membrane in some remote part, as the rectum, cervix or urethra, where it would be entirely hidden; again it often occurs in a simple induration or a superficial lesion which never becomes sore or abraded, as in the so-called parchment chancre and thus give so little inconvenience as to pass unnoticed. Hence the patient is not aware of the fact that he has syphilis and passes on through the secondary stage with but little or no rash and nothing to call his attention to it if he had (for secondary syphilitic rash never causes subjective symptoms). Then in later years this patient is liable to have profound tertiary lesions such as ulcers, gummas, etc., and declare to his physician that he never had had a sign of syphilis. It is wholly possible that Dr. Fellows' case was of this type and the extensive glandular involvement adds strength to this view.

The next question involved is relative to the use of kali iodide. It is well understood that kali iodide is preëminently a syphilitic remedy, especially affecting infiltrated glands when of syphilitic origin and also promotes the reabsorption of gummas and infiltrated ulcers. Kali iod. has but little if any effect on swellings and infiltrations which are other than syphilitic. This means the inherited taint of syphilis as well as the acquired. I have just observed this in a private patient of mine where there was extensive infiltration and swelling and threatened ulceration of the cheek and neck, which was not syphilitic. This infiltration came on after some form of infection. I gave her the iodides in full doses but with absolutely no results. The infiltration was afterward removed by galvanic electricity.

I have never seen prompt and satisfactory results follow the use of the iodides unless there was an element of syphilis, however remote, somewhere back of it, and I do not believe that Dr. Fellows would have had so brilliant a cure unless there was a syphilitic element in the case.

Furthermore, only syphilitic patients tolerate kali iodide well and it is not likely that any one else could have taken his fifty minim doses without showing symptoms of iodism.

Dr. SWAN: In rising to discuss this paper I feel that I am treading on ground which belongs rather

to the syphilographer than to the oculist. We know that there is no tissue or structure in the human body which is exempt from the ravages of syphilis, and it is equally true that all who practice medicine or surgery, in whatever branch, must be able to recognize and combat the invasions of this insidious disease.

Dr. Fellows' paper is most interesting from a diagnostic standpoint and my discussion will treat that portion of the subject.

To begin with this ulcer was either primary or tertiary. I do not think it was a primary syphilitic ulcer for the following reasons:

1. The supposed point of infection was a small nodule upon the outside of the lid; the ulceration was in the conjunctiva. Had it been syphilitic infection the point of infection and the point of ulceration would, in all probability, have been identical.

2. The onset of the ulceration was too rapid, that is to say the stage of incubation was short for syphilis.

3. The induration, infiltration and swelling of neighboring structures was too violent and the subsidence too rapid for syphilis.

4. The exhibition of the iodides proved nothing as they have very little effect upon primary syphilis.

It seems hardly probable that it was tertiary syphilis, because

1. There was no testimony or evidence in the way of tissue changes that the patient was ever syphilized.

2. The inflammatory symptoms and the adenitis were too severe, and recovered rather rapidly for syphilis.

In giving the above reasons for objecting to the diagnosis, I do not wish it to be thought that I affirm or consider any one, or even two of the several reasons given, to be sufficient to rule out syphilis, but taken all together, I think they eliminate it from the problem.

Fuchs says in his chapter upon ulceration of the conjunctiva: "I have seen in some cases in the conjunctiva of the eyeball ulcers covered with a thick layer of pus, which were of acute origin. These were accompanied by violent inflammatory symptoms in the conjunctiva, and by swelling of the lids and of the lymph gland in front of the ear, and were associated with quite considerable pain. It seems to me that these should be attributed to infections from without, produced perhaps by insect stings or by small infected foreign bodies.

Ulcers of this kind may also be produced by the transfer of a vaccine virus from a vaccination pustule." The above is a fairly good picture of the symptoms of this patient, and I am inclined to believe that his troubles were due to simple wound infection by one or more varieties of pus germs.

Does the Science of Medicine Keep Up With Scientific Methods of Education ?

By A. H. White, M. D.

In presenting this paper to-night, in a spirit of friendly criticism, I wish to show some of the disadvantages of the present system of didactic teaching, which, as a recent graduate, still linger in my memory. And these criticisms are not applicable to Hahnemann alone, for the medical colleges throughout the United States seem to be identical in plan and carry out much the same curriculum of study.

Dr. Wesley Dunn told me there was no body of students so hard worked as the American medical student. Because so much is crowded into four years, and also, that in Europe there is much more opportunity for bedside practice. Probably no body of students going forth to a calling so momentous in its results is so poorly equipped for work as the average medical student with no hospital training.

Upon one knightly crest is the motto, "I serve." And that desire to render some service to humanity, that spirit of "noblesse oblige" is growing among young men of wealth. For this reason and not because of higher standards of scholarship the medical profession is appealing more and more to educated youth. But, because the practice of medicine is an art as well as a science, the majority of our scholars come, and will continue to do so for the present, from the farm, the shop and the minor trades. They are rarely the trained mental athletes of the colleges. Too often they have been engaged in other pursuits than study and their minds have lost that quality of freshness which like a photographic plate renders them sensitive to new impressions. It is therefore most important that the impressions given here should be definite

and absolute. And while medical colleges in the laboratory and clinic rise to meet the demands of modern scientific teaching, in their didactic work the same principles of pedagogy prevail which were in use twenty-five years ago.

Civilization, which is but a larger name for education, has two underlying principles based upon natural law. One is concentration, the other is conservation of force, or "working along the lines of least resistance." We will try to see how these principles may be applied to the teachings of a medical college. In the newer institutions of learning, Dr. Dewey's and the Emmons Blaine School of Chicago, Pratt Institute in Brooklyn and others, the teachings are based upon the educational systems of Froebel and Pestalozzi, and embrace certain fundamental principles of education which can be applied all the way from the kindergarten to the university. The first principle of this philosophy is to lead the mind from the known to the unknown or to work along the lines of least resistance. To begin with the unknown means drudgery, to begin with the known and work up to the unknown means sympathetic inquiry all the way.

When Froebel deduced his kindergarten system he sought a series of geometric forms to be used as playthings in the beginning of the child's education. Why? Because he wanted to get: *First*—Sympathy, which should be the beginning of all education; next definiteness of impression; next differentiation; next analogy; and last, analysis; and this is the law and the gospel of all true education.

In geometry Euclid begins with the point and leads up to the solid. Here is the difference between the old and the new. Froebel begins with the cube and leads to the point. He begins with synthesis and leads to analysis. A great wave of synthetic philosophy swept over Europe in the latter part of the eighteenth century. It produced Friederich Froebel; it produced Samuel Hahnemann; each evolved a new system.

How do you teach anatomy, which is the geography of the human body? You begin with the bones. How do you teach physiology? You begin with the cells. You begin with analysis, mere memorizing. You start with the unknown which means drudgery. You begin with the point and end with the cube. Memory is worked overtime while the reasoning faculty goes on a

vacation. The best education to-day is synthetic. In school children no longer begin with a laborious memorizing of the alphabet and then a gradual development of the printed words—AT, CAT. Teachers ignore the A, B, C's and put a written sentence with a picture of an object on the board, something with a thought in it. And the child learns to read and write and think by the synthetic, not by the old analytical process.

A freshman class enters college, not a college man among them. Indeed, in my class a very small percentage of the men had even the advantage of a preliminary high school education. You begin teaching anatomy with the bones. There are some hundreds of separate and distinct points—facets, tuberosities, grooves and ridges to be memorized. It is the A T, C A T process. What a waste of energy! Here was pure drudgery. No wonder memory classes had to be formed to teach memorizing by analogy. There can be no sympathy between the student and the subject because it is an unknown road to him, without a familiar landmark.

Now, how could you teach by the synthetic method? Take that splendid human organ, the arm, that moving power of the universe, and begin with the functions of the three groups of muscles, the flexor, the extensor, and the rotary. Begin with the functions, because it appeals to the previous knowledge of the student. He does not know that he has facets and tuberosities on his bones, but he does know that he can bend his arm and stretch it out. Thus you get sympathy, that first requisite of education, and he will be eager to know the "how" and "why." Reason will be enlisted as well as memory. In a fortnight you will be able to ask what muscles and nerves will be called into requisition by grasping my pen, by placing my hand on my head, by putting my hand behind my back. And this knowledge will stick. It will not be mere memorizing. One little axiomatic sentence of Dr. Blackwood, "Muscles pull, they never push," taught the class of '95 more anatomy than a week of lectures.

How do you teach physiology? You begin with protoplasm, cell life, and go right on to biology. To use my simile, you begin with the point and proceed with the differentiation. How should you teach according to the synthetic method? Skip the first hundred pages in your text-book. Take man as an entity, protected without and within by a wall, which, if kept intact, will render him

almost impervious to disease--the skin without and the mucous membrane within. Again, begin with the function of nutrition by the three processes of respiration, circulation and digestion. After the student has mastered the processes of nutrition and elimination, he will naturally come to the study of construction and differentiation. That would bring histology, biology and microscopy in the latter part of the first year.

The study of materia medica has been weighted down by a mass of symptomatology which too often is the result of a personal idiosyncrasy. Here concentration should come to the rescue of the student. Remedies might be taught in groups--as a fever group aconite, belladonna, bryonia, fer phos., gelsemium, fer veride. One could more easily recall the indicated remedy in bedside practice if he kept them classified in his mind according to disease.

One of the last year students said to me, "I would like to take a course in an allopathic college for the sake of learning accuracy of dose." Students are absolutely at sea regarding the potency and dose to be administered. It seems to be left to the personal preference of the individual. That is not scientific; and yet we boast that our method of prescribing is the most scientific of all the schools, indeed the only scientific one. Let us have more definiteness. A homeopathic graduate should have a sufficiently accurate knowledge of crude drugs to enable him to send to any drug shop in an emergency, and to use the drug obtained homeopathically. Yet how many graduates know how to make a tincture from a fluid extract or how to potentize a tincture.

Therapeutics and the art of surgery are most admirably taught, for the application of every science is an art. The keynote of labor is specialization and art must begin with the particular and go to the general. The science of surgery is generalized in the opening chapters of your text-books by a treatise on inflammation and suppuration before going on to operative procedure. And nothing could be more definite and logical than the introduction to Hughes' practice of medicine, which is a scientific generalization of disease before specialization is introduced.

We learn to do so by doing. And the last year in college should be almost entirely clinical, the student having an opportunity to test his own skill in diagnosis and to treat clinical as well as out patients.

I believe this is done more and more, yet how many graduates know how to administer an anesthetic, to give a hypodermic, to suture a wound or properly apply a bandage, to diagnose dislocations or fractures, or to use a sound or obstetrical forceps, before they are let loose in a community to deal out life or death.

We have more science but less art in medicine since the old system of studying with a preceptor, and practicing under a preceptor passed away.

I have thrown out these few suggestions to a learned body of practical physicians and surgeons hoping they will be received in the spirit of kindly criticism in which they are given, and may help them to make the indefinite more definite to the students of the next century.

DISCUSSION: DR. CHISLETT: Dr. White has done me the honor to ask that I open the discussion of her excellent paper to which I have listened with a great deal of pleasure and, I trust, considerable profit. To those unacquainted with the Doctor I should like to state that she is a staunch Homeopath and that the allopathic doses of criticism which she has been dealing out to us poor college chaps should not mislead you. It has been said that a fault confessed is about half corrected and I presume if, as a member of a Medical Faculty, I should acknowledge to all of these weaknesses and defects in our methods the good Doctor would wonder if there were not symptoms of a dangerous aggravation from the administration of her remedy. This it is not my intention to do, though in all seriousness I heartily commend the paper in so far as it upholds the value of objective teaching.

It is too broad a topic to take up in discussion the many lines that the doctor invites us into, but as I listened the thought occurred to me, is not the greatest mistake of a medical college its independent existence? Certainly nothing could be more desirable than that all medical colleges should be affiliated with universities, thus enabling the medical faculties to devote their entire time to the teaching of practical subjects, the preliminary, scientific work having been accomplished during the university course. By this combination the student could obtain his two degrees in two years more than are now required to obtain the B. S. or A. M. alone. The doctor says rightly that the majority of our students are not

"trained mental athletes," and to me this fact is not altogether an unpleasant one. Do not for a moment get the impression that I decri the value of preliminary education as a groundwork for medical study. Certainly one's greatest ambition next to being a broadminded, well-educated physician should be the desire to become a broadminded, intellectual man or woman. The pleasure in this thought comes to me from the fact that so many of our best students are those who have not been fortunate enough to have had a university training. Then, too, the "trained mental athlete" is sometimes in danger of cranial dilatation to the same degree that the physical athlete is in danger of cardiac dilatation, and, ladies and gentlemen, the compensatory hypertrophy is far less frequent. After all, it is the man himself rather than his degree that is responsible for his success or his failure, and while the training of how to study cannot be overestimated personally, I should much prefer a class of earnest, ambitious men willing to work and gifted with what Dr. Hall used to call "good horse sense," even though they had but a grammar school education, to a class of university graduates younger and less experienced, who had been drilled into intellectual parrots.

It is too true that we often "begin with a point and end with a cube" but then, alas! too frequently we have nothing but a point to work with and when after the four years of earnest endeavor we reach the cube we may find it to be only a block set upon drooping shoulders with apparently the sole function of occupying the place where a head should be. It really does seem, though, as if we began at the wrong end with our teaching. I have often thought and no doubt other instructors have also, that there is not a study in our whole curriculum that could be better taught if postponed to the students' senior year. I believe we not only make hard work and drudgery of what should be a pleasant task but that we expect too much of our students. The poor fellows are driven at a high tension hour after hour from one subject to another each instructor making strongest endeavor to impress upon his hearers the belief that his special topic is the most essential in the entire course, thus our poor student is expected to be a specialist in all branches.

I am glad Dr. White has brought up the subject of examinations. They are certainly unnecessary to those who instruct by quizzes rather than lectures and the dread

they inspire in students tends only to the formation of that pernicious habit of memorizing words rather than ideas. If the instructor does not come in sufficiently close contact with the members of his class to know which are justly entitled to credits, the individual, oral examination is the only one which is really a worthy test of a student's ability. In closing, I wish to state that I feel assured that we are all laboring toward the same goal, the raising of the standard of medical education and I hope the time is not far distant when this end can be attained with less drudgery both to student and instructor. I hope to see the time when the classes will be small enough so that each student may have the personal attention of each instructor and that there will be a sufficient number of endowed hospitals so that every graduate may have an hospital training before inflicting himself upon the general public.

DR. COBB: I have listened to the paper of Dr. White and the discussion by Dr. Chislett with a good deal of interest and recognize the fact that a good many points brought out by the essayist and the discussor are pertinent to medical schools, and to Hahnemann College in particular. I do not think, however, that this question should be left in just the position in which the doctor has placed the colleges. Her paper is very concise, is almost a summary of headings, and it would be impossible for any one person to fully discuss the same in the short time that is given at this meeting. There is one point, however, to which I wish to refer because it is a matter with which I have the most to do, upon which I am probably better posted than the majority of you, and upon which I can speak "by the book." It is in relation to the question of examinations. Medical colleges do not have examinations because they believe that it is the best way to teach medicine or to find out how much the student knows. We are not given any authority in this matter but have strict rules laid down for us, both as to the requirements for matriculation and those for graduation, and those upon which the student may become registered as a physician. In this State in particular the Board of Health does not allow us to examine students for entrance to college, but we are expected to take students who hold certain documentary evidence, however that evidence may have been obtained, or wherever they may have put in the work that

is prescribed for them. We are not allowed to examine into and determine for ourselves whether the student is a proper applicant for the medical college, but he must bring the credential which has been specifically determined by the State Board. Again, the State Board requires that we shall hold examinations at least every month during the term, "of which no previous notice has been given." This we do because we propose to live up to the letter and spirit of the law under which we are allowed to exist. Again, after the student is graduated and we have certified that he is qualified to practice medicine and have given him his diploma, he is obliged to pass an examination on points put by the State Board, pass an examination on details; for which examination his previous work would not fit him unless he had been in the habit of being quizzed and examined from month to month. In other words, the system of determining the student's qualifications for college, his ability to advance in college and his qualifications for graduation and registration are determined by the State Board and not by the college, and it is all settled by examinations. We have this continually to meet, and it is necessary for us to put our students in a position so that they can meet these requirements. Advanced medical colleges do not desire to have these methods; the State Board and the people by whom the State Boards are created and supported, and the profession who allow themselves to be represented in this way are responsible for these methods.

It is the physicians who appear before the State society meetings and talk on the subject of raising the standard of medical education who are the critics of the medical colleges. They do not criticise the impracticable methods, but they criticise medical colleges, and strange as it may appear these physicians when they come to place their own students in a medical college, do not inquire what facilities have you for teaching medicine, but their invariable questions are, "How much will it cost?" "How long will it take?" and "How little can the student know and be admitted?" I wish to state further that the medical student himself is very much given to this sort of questioning. We do have students who ask what facilities we have and try to matriculate themselves where they can obtain the greatest advantages, but the majority of them ask these same questions, "How much will it cost?" "How long will it take?" "How easily can I get in?"

In regard to the essayist's statement concerning the grade of students admitted to the college, I feel that she must be in error. It does not seem possible to me that her class should have had no representative with a college degree, and that only a small proportion of them should have been graduates of high schools. Ten, fifteen, twenty years ago the classes contained representatives having college degrees. At the present time the proportion varies from ten to twenty per cent, while beginning with ten years ago the requirements for admission were made a high school diploma or its equivalent. This is a matter that will be easy for me to verify from the college records if I may have that privilege.

I am also forced to believe that the doctor is not conversant with the changes and improvements that have been made from year to year in the methods of instruction. Even within the days when she sat upon the benches the method in the scientific departments—and I speak of personal knowledge in relation to the department of physiology—was partly by objective teaching. That this may have lapsed and that the objective teaching may have been neglected that year is possible, but if she will investigate the conditions at the present time she will find that there is not a single course in the institution that does not have more or less objective teaching, and that it is not possible for a student to go through the college at the present time and entirely escape objective teaching in any single department.

The college records show that the essayist was connected with two different classes while in college, the class of '95 and the class of '96, and graduated in the class of '96.

The class of 1895 was seventy-two in number, of whom fourteen at the time of matriculation presented high school diplomas, thirteen teacher's certificates, four certificates from colleges, two had the college degree of B. S., two had a pharmacy degree, one a certificate from a Swedish academy, one a certificate from the New York Regents, eight certificates of credit from universities, three certificates from seminaries and academies, one certificate from a State normal, three had credits from other medical colleges, seven had the degree of M. D., and ten passed an examination at the college.

The class of 1896 was sixty in number, of whom twenty-four at the time of matriculation presented high school diplomas, two presented normal school diplomas, seven had certificates from universities, two had the college degree of B. S., eight had teacher's certificates from the county superintendent, twelve presented certificates from various private schools, and five passed an examination at the college.

DR. HALBERT: I realize as well as anyone that medical education may be improved. I appreciate, however, that this must be a matter of time and experience and that it does not come by wholesale revolution of existing methods. As a matter of fact this change is already taking place, by degrees, in response to the newer features of the science. Think of the results of our laboratory work to-day and this fact may be appreciated. Consider the clinical resources and the sub-clinics now going on, and a favorable comparison is easily made even with the recent past. Note the increase of hospital facilities, which, though not yet perfect or complete, far surpass the teaching opportunities of years ago. It is not all that should be, I will admit, but is it not tending that way as fast as possible?

I believe the clinical method is the correct one because it is before the eye and still I do not believe in the entire clinical teaching. Fifteen years of experience, as a teacher, has convinced me that there is much in the didactic method; let it be called the old fashioned "lecturing" if you wish or in other words the "*theory and practice.*" Many of our best practitioners of to-day gained their education in this way. A student must be taught the principle else he does not understand the explanation of the practical application.

I do not know whether I understand this modern theory of object teaching. It seems to me it is quite applicable to children but not for the adult mind which must reason for itself. If we are always dependent upon the object there is no chance for deductive reasoning. A teacher of wide experience in the kindergarten work recently told me that she found her pupils more deficient in original work and original investigation as they grew older; they were always waiting for the blackboard exercises and the illustrating object. I believe we must cultivate the power of abstract reasoning to make good physicians.

Whenever I enter the amphitheater, I always think I can teach the students if I know what I am talking about and they listen. I try to do this by making everything simple. I don't know whether it is the analytical or synthetical method—I guess it is both. I don't care whether they reason from the cube to the point or the point to the cube so long as they get the point. I believe my aim should be to hold their atten-

tion and in a practical, easy way, make them comprehend what I am talking about. If I don't know what I am talking about some one else better take my place.

I believe there are many good suggestions in the doctor's paper, and we are all glad to get them, but I do not accept her criticisms as just. For instance, she tells us that "muscles should be taught in groups." I wonder where the doctor has been the last twenty years. That is the way the teaching was done when I was in college; I taught anatomy in that manner for ten years, and with all the practical work in the dissecting room now it is still taught in accordance with that principle.

To me there is much force in what Dr. Cobb says; the fault is much with the student; those who are able, by previous mental training, to do the best work are often most neglectful, while the patient, plodding, persevering boy, who comes from the farm, with no mental training, often stands the highest and makes the best physician. The complaining generally comes from the back seats. Then, too, a medical college does not make the physician; the individual does that. A college prepares a student to study medicine. He becomes a physician by practice and constant study. I have found that those who are most critical of a college often wasted their opportunities when they were students.

IN THE PRESENCE OF CANCER, the patient is condemned to death, and the surgeon is the only man who can grant a reprieve, and sometimes a pardon. There will be more pardons than reprieves when we stop doing little operations for little cancers, and when we cease to keep patients under observation too long before making up our minds to interfere.—*Surg. Era*.

THE GREAT QUANTITY and variety of medicines taken internally for acute coryzas, bronchitis, grip, are appalling to the conscientious physician. In addition, numbers of compound remedies with very elaborate titles are daily prescribed for these conditions, some of the ingredients of which, or at least their dosage, too often escaping the memories of those using them. Inhalation methods are the rational means for combating pulmonary affections. Internal medication should be used as an accessory treatment, as for instance, a sedative mixture to relieve excessive coughing, etc. I do not consider diet in this category. Change of climate, mountain air, etc.—in reality inhalation treatments—are all very well for those who can afford them, but what can be done for the masses to whom this is an impossibility? Because many have found inhalations of various kinds of little value in tuberculosis, there is yet no reason to suppose the best treatment will not be found along these lines.—*C. A. Penrose, M. D., in Johns Hopkins Bulletin*.

Editorial Comment.

Hospitals for the Care of Tubercular Patients.

So much consideration is now being given to the treatment of pulmonary tuberculosis that the profession begins to feel the necessity of more adequate means for the care of such patients. This would seem to be an indication that there is a possibility of accomplishing something in the way of a cure. It has become a habit to feel that little can be done for such cases and yet if there is any science in medicine it is the duty of all to make a more pronounced effort in the care of this disease. It is possible at least to arrest the development of the morbid agent, and when we realize that the bacilli have a tendency to self limitation professional effort should do something in the same line.

We all realize how difficult it is to give the proper care, and much less any treatment, to consumptives in their own homes. Thus if we are given the proper hospital facilities some practical results might be obtained. The few institutions which have been assigned to this particular work have truly made progress. If such patients may be made to systematically get the benefit of pure air in their rooms, and in addition to this have some regulated medical care the danger of the depleting sepsis might be circumvented, the wasting tissues might be restored and the streptococcus danger be passed. So long as we treat isolated symptoms alone or give all of our remedial attention to the destruction of the bacilli we shall surely fail. We must use all the adjuvants of treatment to protect the system and in some way get pure air into the lungs.

The change of climate is matter of dollars and cents; all our patients cannot afford this. Thus in some way we must bring the oxygen to the lungs. Give us hos-

pitals for this particular purpose and perhaps we shall find the means of getting nature's cure. The contagious theory is now well understood by both profession and laity though this is often exaggerated. Our hospitals will not and should not accept such patients, but they must be cared for.

This is a matter of public safety which some day will demand more careful consideration than it is now receiving. When this time comes and further scientific efforts are made in combatting it we may learn that the disease is amenable to treatment. Charity and public funds might be expended for a more worthless object than the multiplication of hospitals for tubercular patients only.

The Dispensary Evil.

The overgrowth of the clinics in connection with the average college or hospital is surprising when the actual statistics are furnished. Not many years ago the college professor complained of his inability to get sufficient clinical material for demonstrations before his classes, now he is invariably overworked and requires the services of several assistants even to make prescriptions. Hence the tendency is to slight the careful study of each case for the sake of seeing every patient and in this respect the clinical instruction is not so perfect as when the material was less abundant.

The prevailing complaint, however, is from the profession at large, for no doubt many who are able to pay for treatment take advantage of these charities while the deserving physician is deprived of a just fee. It is unfortunate that the distinction between the deserving and undeserving cannot be made. As the result of this condition the free clinics are being multiplied; this is true not alone of the colleges, and public institutions but many physicians are starting private dispensaries of their own at which a small fee is demanded for treatment "by the

month" is given. As a sequence of this practice the physicians' fees are being gradually cut, and the financial reward in the profession is being diminished daily. More than this the young physician feels the need of college association which accounts for the increase in colleges and the number of " professors."

The fault is not alone with the college professor or the hospital consultant. It is often with the out-of-town physicians who send their patients to the clinics, for this contributes a favor to a nonresident who has no claim upon the local charity. To be sure all institutions are willing to give professional aid and advice to those who deserve it, but more consideration should be given to the support of the physician who furnishes his time and experience. No doubt this is thoughtless in many cases, but attention should be called to the fact.

Whenever we cheapen the price of professional service we depreciate the value of medical learning and experience. For that reason there should be an unanimous effort in the profession to protect ourselves against the growing increase of dispensary work, for it reacts upon all alike. Without doubt the first step in correcting this evil should be made by charging a fee proportionate to the work done and the ability of the patient to pay. This cannot always be properly estimated, but it can be approximated. At any rate we shall thus be able to protect the dignity of the profession and at the same time approach our just deserts. To do this will require a hearty coöperation among all concerned.

Oral Sepsis a Cause of Disease.

This subject is commented upon in the *Medical Review of Reviews* quoting freely from an article, in the *British Medical Journal*, by Dr. William Hunter, who says:

"The more I study this subject the more impressed I am at once with its importance and with the extraordinary

neglect with which it is treated alike by physicians and surgeons.

I have previously described cases which show that not only is the constant swallowing of pus a most potent and prevalent cause of gastric trouble, but that the catarrh set up is not simply irritant, but actually infective, and may lead in time to other more permanent effects—namely, atrophy of glands and chronic gastritis, and in certain cases even to suppurative gastritis.”

The author makes reference not alone to alveolar diseases but includes particularly dental and oral conditions which may arise from various causes. He speaks of the “foul septic toothplate” and bridge work with the stomatitis attending improper mechanical appliances for the deficiency of teeth. Attending these he believes bone necrosis is a frequent pathological cause for many subsequent stomach diseases.

We all recognize the virulent character of necrosed bone tissue, and it is probable that many cases of tonsillitis, glandular swellings, maxillary abscesses, and even middle ear suppurations may be traced to such causes. Septic conditions of the mouth, having existed for a long time and the germ being constantly swallowed into the stomach, may eventually account for many gastric diseases. While, to a certain extent, the stomach may resist this infection, the sepsis may become systemic and cause remote diseases not easily accounted for otherwise.

Just how much of this may be true cannot yet be said, but that a grain of sense exists in the theory should not be denied. We all know what complications may arise from ordinary stomatitis, and hence precautionary measures are proper in any oral disorder. People with poor teeth and unclean mouths are certainly prone to gastric and intestinal indigestion. An old ulcerated tooth will cause enough infection to destroy an appetite and create a general disability in the intestinal canal. We take the greatest possible care to use intestinal antiseptics when disease involves those parts, but it is a question whether

we give sufficient attention to pyogenic organisms which may be found in the mouth. The author of the article referred to simply calls attention to this feature of preventive medicine, and suggests less repairing of old diseased teeth and more care in the selection of material used by dentists for false plates and bridge work. At the same time he encourages the use of antiseptic and astringent mouth washes systematically. The average person simply puts a set of false teeth into a tumbler of water at night and does not think of sterilizing it before it is again inserted into the mouth.

Measurements of School Children.

Dr. W. S. Christopher has given special study to this method of examination of children who are backward in their studies and who show a mental deficiency which not only retards their physical development but renders them incapable of reaching the standard obtained by children with normal mental faculties. In his extended experience in the Chicago schools he has obtained much valuable data in this respect which he contributes in an article in the *Journal of the American Medical Association* for September.

This is a very important subject for consideration both professionally and educationally. Children with imperfect minds, particularly where there is cranial asymmetry, are pushed along in classes above their mental ability, and as a result we have many neurotic and mental conditions, from which the children never recover. On the other hand, they may unfortunately be put into State institutions for the feeble-minded, where the associations are depressing or the medical care is stereotyped. The treatment of such cases should be a considerate education, followed out by those who are qualified to care for such patients both from the educational and medical standpoint. Such a school as that of Miss Cambell's, of

Chicago, is performing wonders in this respect, inasmuch as the educational features are carried out under the personal directions of the attending physician.

The necessity of careful and exact examinations relative to anatomical imperfections should be recognized and applied. For that reason all school children should be subjected to this careful procedure. The character and amount of study should be governed by the physiological ability of the brain. That these defects are often overlooked cannot be denied. Dr. Christopher gives the following results of special study of twenty backward children:

“There were sixteen boys and four girls. The average age of the boys was 11 years, 5 months and 10 days; that of the girls was 10 years, 4 months and 21 days. A number of developmental defects were noted among these pupils, which would suggest imperfect formation of the brain. In two the heads were much below normal size; in seven the heads were markedly asymmetrical; eight had asymmetrical faces; six had peculiarly formed ears; and nine had narrow, high, or imperfectly formed palates. Five of the pupils had decided eye defects, the visual acuity being 20-30 or lower. In thirteen hearing was so defective in one or both ears as to place them at a disadvantage in school work. Malnutrition was shown by a marked anemia in two of the pupils, and a want of muscular tonicity was noted in seven. The amount of work done on the ergograph was lower than that performed by normal children.

WHEN CHILDREN complain of obscure pains about the joints and limbs, which are not due to diseases of the articulations, and are not relieved by anti-rheumatic treatment, anti-syphilitic measures are indicated. In many such instances there is no history of syphilis on the part of the parents, but the success of the treatment tells its own story.—*Surg. Era.*

IF YOU SEE A BOY who has first developed incontinence of urine in advanced childhood, and especially if there is occasional difficulty in retaining the urine during the waking hours, you will do well to search the bladder, for these are often the first symptoms of the presence of calculi in boys.—*Surg. Era.*

Hospital Notes.

The Clinic for Skin and Venereal Diseases.

Service of Prof. C. D. Collins.

Case 1. TUBERCULOSIS CUTIS WITH EXTENSIVE ULCERATIONS.—Jennie B., æt fourteen, Hollander, applied to the clinic on September 25 and gave the following history: Her father and mother are alive and well; also three sisters and three brothers. One sister died at the age of twenty years of tuberculosis. Personally the patient was entirely well until three years ago when she had a swelling of her right knee, which was afterwards opened and much pus exuded. The joint surface was not exposed and there has been no ankylosis. Shortly after this there appeared a number of sores on both legs from her knees to her ankles. These were irregularly scattered about, were deep, irregularly round, ragged edged, had a granular base and exuded a sero-purulent secretion; some were covered by a dense crust; they seemed exceedingly sluggish and were not inclined to heal. They were painful, especially if touched. There were no varicose veins but there was much pigmentation about the ulcers and a goodly number of scars, being the remains of a former ulceration.

The family history did not reveal syphilis, although the mother had had similar ulcers on her legs when a girl, from which she fully recovered. The question of diagnosis therefore, became one chiefly between tuberculosis cutis and syphilitic ulceration.

The following differential diagnosis may be of benefit in making the comparison:

SYPHILIS.

The ulcer is perforated with perpendicular borders.
 Ulcers are round.
 Arrange themselves in circles and segments of circles.
 Ulcers are transitory, soon heal, and new ones form.
 Preceded by a gumma.
 Syphilitic history.

TUBERCULOSIS CUTIS.

Ulcer has an undermined overhanging edge.
 Ulcers are irregular.
 No circular arrangement.
 Tend to remain unchangedly from time to time.
 No gumma.
 No syphilitic history but may be a history of tubercular infection.

Therefore, the diagnosis in this case could only be tuberculosis cutis, and the following treatment was advised: Macerate the crusts and cleanse with sterile water; after which hydrogen peroxide was used in all the open lesions and then a solution of lactic acid, twenty per cent was touched over each ulcer. Then a cerate composed of the following:

R. Calomel.....	ʒi
Boracic acid.....	ʒii
Ung. simplex q. s. ad.....	ʒi ℥ was used

Internally, tuberculinum 30th was prescribed.

The patient reported again on October 1 and 8, markedly improved. The treatment was continued and the legs dressed daily as outlined above, and when last seen, November 5, was practically well. There remained but two small points which were not entirely healed. A complete cure seems an established certainty, with a few more dressings.

Case 2. DERMATITIS PUSTULOSUM FOLLOWING TRAUMA.—

J. N., æt. thirty-three, Irish, laborer. This man came to my clinic, complaining of an extensive skin lesion on the left leg, extending from the knee to the ankle. He had been struck on his tibia by a plank, four months previously, inflicting a flesh wound of only trivial importance. About ten days later, he was annoyed to find that inflammation, and many pustules were forming around this sore. These pustules extended, as did also the inflammation, until the greater part of his foreleg was involved in an inflammatory, pustular and pigmented condition. This condition had merged into a sub-acute state when I first saw him, so that it presented more of a dry and scaly form, rather than the pustular, at the time of my first examination.

Diagnosis. Dermatitis pustulosum following trauma.

Treatment. Arnica, 3x q. i. d. and a simple dusting powder of corn starch was used locally. An uninterrupted recovery followed.

This patient's condition was not as severe as he thought; the dermatitis was practically well when I first saw him, but there remained so much pigmentation and scaling, that he mistook the same for actual disease.

*Case 3. CHRONIC POSTERIOR URETHRITIS WITH PERI URETHRAL INFILTRATION.—*F. H., æt. twenty, German American, laborer. This young man came before the

clinic on September 25, complaining of a slight urethral discharge, which had lasted for one year unceasingly. He never had much discharge, but it was continued so long that he became alarmed. His urine presented a cloudy, hazy or ground-glass turbidity; also he was obliged to pass water every two hours during the day and twice during the night. Micturition was painful and there was irresistible desire.

Diagnosis. Gonorrheal urethritis, extending to the posterior urethra and neck of the bladder. A subsequent examination, per rectum, revealed left-sided prostatic inflammation and swelling, probably due to the extension of the infection from the urethra.

Treatment. On account of the deep-seated inflammation and peri-urethral effusion I put this case on arnica 2x, chiefly for its reabsorptive powers, alternating with belladonna 3x every two hours. A week later, when the intense irritation in his bladder had subsided, I instituted bladder irrigations of potassium permanganate 1 to 3,000 every second day. This patient reported again on October 6, 10, 20 and 27, in each instance with a favorable report. The urinations were less frequent, less painful, and the urine much clearer than before. At his last report, November 5, he was steadily improving. There was less irritation and clearer urine than for months before. Time and perseverance in this line of treatment will undoubtedly effect a cure.

Case 4. VARICOSE ULCER WITH SECONDARY ECZEMA.—Mrs. M. B., æt. forty-five, housewife, of Irish descent. For many years this lady had suffered from varicose veins of both legs, and had since undergone an operation for the same, which, however, was only partially successful. One year ago an ulcer occurred upon her left leg, and this was soon followed by a rash on both legs below the knees, so that when first seen at the clinic she had both ulceration and a rash. The ulcer was irregularly round, deep, perforated, about one inch in diameter, having a granular base and a profuse purulent secretion. The rash was a dry, scaly, livid, infiltrated and slightly excoriated lesion which covered the entire surface with no intervening spaces of healthy tissue; hence, we had a typical eczematous skin lesion, plus an ulceration, but we knew that true eczema never ulcerates, therefore, we must have been dealing with two conditions: a varicose ulcer primarily, around which an eczema became engrafted as a secondary complication.

Diagnosis. Varicose ulcer plus eczema.

Treatment. Arsenicum iodide 3x q. i. d. and Lassar paste locally. A week later the case showed decided improvement, especially of the eczema, and when seen again, a few days later, the eczema was more than half cured and the ulcer rapidly filling up. This case improved in the reverse order in which it became affected, thus proving the correctness of the diagnosis. On October 15, at which time the patient last reported, she was practically cured.

Case 5. ROSACÆ WITH CONCOMITANT ACNE VULGARIS.— On September 18, Mrs. N. R., æt. twenty-four, American, applied for treatment, and the following history was elicited:

She has been married three years; no children; no miscarriages; had always enjoyed good health until four years ago, when she noticed a redness and soreness on and about her nose, mostly at the tip, which extended to the cheeks, gradually fading out at the margins. The lesion was red, hypertrophic, hot and had many dilated blood vessels; also a few papules, comedones and pustules were scattered irregularly about the face and also upon the inflamed area. There was also soreness on the inside of the nose. This redness and soreness would get better and worse with the state of her general health. She was nervous and thin and not in very good general health. She also suffered with nervous headaches and indigestion, with a feeling of oppression and bloating after meals and "sour stomach" in the morning. She had constipation, has taken physics constantly.

Diagnosis. Rosacæ, with which there is an occasional pustule of acne vulgaris.

Treatment. Nux vomica 30th q. i. d. This patient applied at my clinic for the first time on September 18, and again on September 25 at the special clinical course, at which time she reported much improvement. October 8 she was still improving, and I expect a complete cure in time. There has been no change in the treatment.

Case 6. NODULAR NONULCERATIVE SYPHILITIC CHANCRE.— John S., æt. twenty-four, laborer. This man came to my clinic on September 18, complaining of a sore on his foreskin, which had remained in an unchanged manner for four weeks. This sore did not break down into an ulcer, but remained as a nodular mass of infiltration tissue

not even eroded. Inguinal adenitis was pronounced, especially on the same side that the nodule was on. He was very lame and stiff all over, especially in his back and thighs; the pain and stiffness being worse on motion.

Diagnosis. Chancre, which will be followed by secondary manifestations of syphilis; and the stiffness and pain was probably due to the glandular infiltration that was evidently going on.

Treatment. Bryonia 3x and arnica 3x, alternate every two hours. On September 25 he reported that the lameness had somewhat abated, but that he had fever and headache and general depression. Examination showed a fine macular rash appearing upon his abdomen, chest and back, which was unmistakable evidence of secondary syphilis; it was also evident that this man was having true syphilitic fever. He was accordingly put upon merc. proto. wash 3x q. i. d. This cleared up his fever and pain in one week, but his rash continued. Also he began to have swelling of the glands of his neck, for which he was given a cerate of:

Rx. Belladonna mxx.
 Ung. hydr. oleat..... ʒij.
 Ung. simplex..... ʒi.
 M. Sig. Rub on daily.

I expect this case to make a complete recovery in time, but persistent treatment and sufficient time are necessary. Such glandular enlargements as this patient had in his neck are unusual during this stage of syphilis except where there is a scrofulous taint or a mixed infection.

The Gynecological Clinic.

Service of Prof. E. Stillman Bailey.

Case 1. DERMOID CYST OF THE RIGHT OVARY; OPERATION; RECOVERY. — Mrs. —, age forty years, was operated July 23, 1900, and in four weeks returned to her home thoroughly recovered. Without giving the detailed history of her illness, I desire to present the following four points for consideration:

First. The length of time she has known that something was radically wrong in the pelvis was over twenty years, and fourteen years ago the careful examination

revealed an enlarged ovary, and she was urged to have it removed. She declined to have it done then as she was about to be married, and she has subsequently given birth to three children, having had normal pregnancies and deliveries.

Second. During all these years her greatest suffering has been referred to her stomach. She had an intractable form of vomiting, worse always at the menstrual period. She had frequently to abstain entirely for days at a time from even a mouthful of food, and at all times she had to observe the greatest care in diet. These symptoms have been relieved since the removal of the ovary. She always had dysmenorrhea and has never been well since puberty.

Third. The finding of a dermoid cyst of the ovary was a surprise, for in the great number of physicians employed in this case during the twenty years of suffering, the diagnosis of a dermoid had never been made.

It was distinctly retro-uterine and freely movable.

Kütner's diagnostic sign "of floating out in front of the uterus" had no significance here.

"Doughy sensation to touch" did not prevail here in differentiation, for the limiting membranes surrounding the cyst were very much thickened, and the touch seemed more of a fibroid hardness.

Fourth. The ruptured sac yielded the customary contents of a dermoid, though I have never before observed the entire contents to be so distinctly in layers, as it were. One had the appearance of a layer of clear oil, yellow, and predominating in quantity; then a layer of cheesy and greasy substance and fat; then the ball of hair, short and black.

An additional complication was noted. The veins were enormously distended, so that the pampiniform plexus was so large that very careful examination was required to determine whether a veinous malformation did not exist.

"Dermoids are remnants from birth and even before, for the remnant of epithelium that subsequently develops in the sac should have turned out rather than in," said a physician friend of mine years ago, and briefly this is the story of how they came to exist.

My observation corresponds with others. I believe that the contents of the dermoid cyst is noninfectious.

The appearance of the oozing substance looks as though it might be highly so, but the clinical experience proves the contrary. It is well, however, before removal, to thoroughly wall off the mass with gauze and take no chance of the possible infection. In cases of large quantities overflowing the cyst walls, irrigation while removing the mass is warranted and seems to be wise clinically.

Case 2. A LARGE ADENO-CYSTOMA OF THE RIGHT OVARY, PUS-TUBE AND CYSTIC OVARY, LEFT SIDE; REMOVAL; RECOVERY.—Mrs.—, age forty-four years, submitted to an operation October 1, 1900, for the removal of a large ovarian cyst and an inflammatory mass in the left side. The ovarian cyst had been outlined nine years before its removal, and this cyst was supposed to be the cause of her continued severe pain. After three years of intense suffering, with the coming on of a severe form of anemia and prostration, certain doubtful considerations were presented as to the outcome of the operation.

The cyst was bound down by very firm omental and peritoneal adhesions, but was successfully removed after ligating its very broad and flat pedicle. It was a single adeno-cystoma of the right ovary, while from the constant pain in the left side it was supposed to have grown from the left side.

The left Fallopian tube was densely adherent, badly convoluted and made into a retention cyst containing pus by the closure of its fimbria, and in the mass of adhesions the left ovary had become firmly grasped, while multiple small cysts were found all over its surface. The tube ruptured during the attempt to free the adhesions and the purulent contents were poured out freely, but into the hot sponges that had been provided in case such an accident happened. Local sponging was carefully and thoroughly done; subsequently large quantities of water was used in irrigating the pelvic and abdominal cavities, a quart of the normal salt solution was left in the abdomen and the abdominal parieties were closed in the usual manner and without drainage.

The recovery was uneventful, save for the remark of the patient who had had almost no respite from pain for many years, when she said in all seriousness, "Is it right for me to go on so from day to day without pains? I am so perfectly free from my old pain that I often wonder if it should be so."

Case 3. VENTROFIXATION AND CYSTIC OVARY; AMPUTATION OF THE CYSTS AND RETURN OF THE HEALTHY TISSUES.—Miss —, age twenty-four years, consulted me in September for a pain in the right ovary. Examination disclosed a markedly retroflexed uterus, apparently anchored by extensive adhesions. No trace of ovarian disease could be discovered, but the uterine displacement was so very pronounced that after a month of local treatment with no improvement, and the patient a constant sufferer and practically an invalid, she decided in favor of a ventrofixation as a means of relief.

In October the operation was performed. Examination disclosed normal condition of the Fallopian tube and ovary of the right side, where the pain had been centered, and a convoluted Fallopian tube and cystic ovary on the left side. As the cyst seemed single, occupied about one-half of the ovary and contained the characteristic chocolate colored fluid of a cystoma, it was amputated and the edges carefully approximated with catgut sutures, the healthy appearing remainder of the ovary was put back into the pelvis. The convalescence in this case, although a little tardy, has been satisfactory.

I hesitate in treating what is commonly called a cystic ovary to puncture the cysts, for it is extremely likely that the cysts are multiple and involving deeper parts, and that those escaping puncture may take on rapid development, and yet in the three years of treatment by puncture, the success has been so uniformly good that I have had but one case to report to me the failure to be cured.

I may refer to this case for it has a clinical lesson. In one case the cystic ovaries were so thoroughly demonstrable that the amputation of both was recommended. The young unmarried lady patient knowing the full meaning of the double ovariectomy plead to have even a scrap of the ovary saved if it were possible. One ovary required complete amputation and its fellow, though highly cystic, permitted the puncture of numerous small cysts and the amputation of one large cyst. The part of this ovary retained amounted to less than one-fourth of the normal size. One year later there was a very rapid development of the cyst escaping puncture and the absorption of the ovarian tissue, so that its removal was a necessity.

On section of the ovary the scar tissue following the punctures of the year before was easily demonstrated,

and the entire obliteration of the cysts proven, also three fine silk sutures were removed that had been used at the time of the amputation of the larger cyst. These ligatures did not present signs of absorption but rather were encysted. The pain in the side complained of did not cease until the patient recovered from the second operation.

Case 4. CYSTIC OVARY REMOVED AND LACERATED CERVIX AND PERINEUM REPAIRED; RECOVERY. I include this case in my report as the clinical history has rather more than a passing interest. Mrs. —, age twenty-seven years, is the mother of four children. She married at sixteen and during the labor with her first child, while she was yet sixteen years old, she had this experience. The labor lasted fifty hours. The vertex presented, but after hours of waiting her physician brutally told her she could not give birth to the baby and that he would have to cut it up inside of her and take it away in pieces. From this shock the woman has never recovered. The physician then picked up the shears from the patient's work basket and plunged them into the head of the child. The murder was shock number two. Failing in any progress so far as the labor was concerned, the attending physician (heaven save the mark), sent across the street to a blacksmith's shop and borrowed an ordinary one-inch hand auger. This he inserted into the head of the foetus by the regular boring process and repeatedly tried to extract the child in this manner. Shock three. Made desperate by his fruitless attempts, he borrowed the ordinary "jack-knife" from the blacksmith and with the knife tried to dismember the child in utero.

All of these horrible things happened to this child-mother, and without anesthesia. Nothing gained as yet so far as the mother was concerned, council was called but the messenger had to travel four miles and the doctor was out, so that a long waiting resulted.

The new doctor humanely administered chloroform and with his hand removed the debris and completed the labor.

The little mother recovered after two years of invalidism, but has never gotten well. She has been a nervous wreck, and as if to add to her troubles, the physicians who treated her advised the patient to use morphine to relieve her nervousness. This, she noticed, did not relieve her save for a few moments and although she became a morphine fiend, she had the good sense to wish to abandon the habit.

When she came under homeopathic treatment she began to improve, but a continued pain in the right side that would not yield forced her to operative measures. A cystic ovary, left side, was removed through the abdominal incision. The right adnexa were carefully examined and found to be normal.

Morphine was withheld and *passiflora* ten drop doses, was freely given with the result of the patient cheerfully giving up morphine for the newer remedy as above. The nervous symptoms disappeared one by one, and great hopes are now entertained that this patient will make an excellent recovery. Subsequent to the abdominal work the uterus was curetted, the badly torn cervix was repaired and the perineum and relaxed vaginal outlet operated.

One fact should be recorded here; in this case as in the previous one, the ovarian pain was always referred to the right ovary, while on examination the left ovary was the one found to be diseased.

Book Reviews.

DISEASES OF THE NERVOUS SYSTEM. A TEXT-BOOK FOR STUDENTS AND PRACTITIONERS OF MEDICINE. BY H. OPPENHEIM, M. D., Professor at the University of Berlin. Authorized translation by EDWARD E. MAYER, A. M., M. D. First American edition from the second revised and enlarged German edition. Published by J. B. Lippincott Co., Philadelphia and London.

This is a new American edition from the second revised and enlarged German edition, and is an up-to-date work on the complicated study of nervous diseases. There are nearly 300 illustrations, which make it decidedly advantageous as a text-book. One of the most important features of a text-book of this kind is a thorough exposition of the methods of examination. In this respect the book could not be more complete, hence it will be very valuable to students. Another point of interest is the fact that it takes up many minor and modern diseases of the nervous system which are not always noticed in other works of the kind.

The most interesting phase of this treatise is found in the strict adherence to nervous anatomy and physiology in the study of the different diseases. It is not enough, in the study of neurology, to have simply an etiological and pathological outline of the disease. Thus all who seek a practical knowledge of nervous diseases will be more than satisfied with this book. The author's standing, too, is an argument in its favor.

H. V. H.

A TEXT-BOOK OF HISTOLOGY, INCLUDING MICROSCOPIC TECHNIC BY A. A. BOEHM, M. D. and M. VON DAVIDOFF, M. D. Edited with extensive additions to both text and illustrations, by G. CARL HUBER, M. D., Junior Professor of Anatomy and Director of the Histological Laboratory, University of Michigan. Translated from the second German edition by HERBERT H. CUSHING, M. D., Demonstrator of Histology and Etiology, Jefferson Medical College, Philadelphia. Published by W. B. Saunders & Co., Philadelphia. Price \$3.50 net.

This is a book of 500 pages with 350 practical illustrations. The histological study is supplemented by a careful microscopical technic in each chapter. This is a great aid to the student who may use it as a text-book. Both the general and special histology are treated in an instructive manner, and without doubt it is the most complete treatise we have on the subject at the present date. H.

STUDENTS' EDITION, A PRACTICAL TREATISE OF MATERIA MEDICA AND THERAPEUTICS, with special reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College, of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association, Fellow of the Medical Society of London, etc., etc. Fifth Edition. Thoroughly Revised. 6¼x9½ inches. Pages vii-770. Extra Cloth, \$4.00, net; Sheep, \$4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a standard work which will always be valuable to students and physicians of all schools, for it deals with the physiological and clinical features of drugs. Besides there is much information for reference which a student is constantly obliged to seek. It could not be found in better form. This is peculiarly the students' edition and we shall await the "Physicians' Edition" which is promised a little later. H. V. H.

STRINGTOWN ON THE PIKE. A TALE OF NORTHERNMOST KENTUCKY. BY JOHN URI LLOYD. Published by Dodd, Mead & Co., New York.

This unusually attractive and interesting story needs no praise for the sake of advertisement for its sale reached the fifth edition in less than two months from the date of first publication. It should, however, be read for its historic value as it portrays a life and memory of the South which is fast fading before the commercial age. Stringtown is a characteristic old village in Kentucky which represents the sentiments and habits of the South before and during the war. It is the counterpart of many similar places in the North and therefore those of us, who are "not to the manor born," will read this captivating story with more than a casual interest. The author touches a phase of village life which will be of reminiscent pleasure to many a reader.

It appears that Mr. Lloyd wrote this story merely for his personal recollection of the quaint old town of his boyhood days. Thus it was not

intended for the market as he only permitted its publication after the persistent entreaties of his friends. A short review cannot do it ample justice; every page, yes, every line has inscribed in it a representation of Kentucky character. The superstitions and folklore of the negroes, as illustrated by Old Cupe, was never told better; the account of the Village Circle portrays a realistic feature of such a town; the stories of Bloody Hollow have been heard before in many a settlement of this kind, but never have they been told so well; the Kentucky feuds are illustrated in a most striking manner by the tragic death of Red Head at the hands of old Holcomb "for the honor of the two families what's dead;" the sad history of the Susie child is one of the strongest features of the book, while the history of Sammy Drew, the narrator, is linked to the very life of the story.

One could read this book a dozen times with interest for a precept and principle is found in every expression of the Southern characters. The fearful African ordeal test will probably be most interesting to physicians; the tests for arsenic used by Sammy Drew and the discovery of Susie in her chemical study will set people to thinking about the value of expert witnesses.

It is rarely that THE CLINIQUE reviews fiction but if such works as this could be constantly before the profession it would be a good thing for us doctors. Mr. Lloyd is in fact a part of our profession; as a chemist his international fame is recognized. H. V. H.

MEDICAL DISEASES OF INFANCY AND CHILDHOOD. BY DAWSON WILLIAMS, M. D., Physician to the East London Hospital for Children. New (second) edition. Specially revised for America by F. S. CHURCHILL, A. B., M. D., Instructor in Diseases of Children, Rush Medical College. In one 8vo. volume of 538 pages, with 52 illustrations and 2 colored plates. Cloth, \$3.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

The author states in his preface that "the object of this handbook is to give to young practitioners of medicine and to those who have not previously paid much attention to this subject, a guide to the clinical study of diseases as it occurs in infancy and childhood."

The author is to be commended for having very satisfactorily attained his object; the volume is concise, lucid and not verbose. It is full of practical suggestions, presents a clear clinical description of the common ailments of children, and while making no attempt at an exhaustive discussion of pathology, briefly but comprehensively states the present status of pathological study in each disease considered.

The illustrations are good; invariably illustrate and supplement the text which they accompany and are plentiful in number. The discussion on infant feeding is modern, concise and systematic.

J. P. C.

ATROPIA INTERNALLY.—Lewis, of Buffalo, in the *North American*, says that atropia should be more frequently thought of as an internal remedy. It will act better than belladonna in many cases where the latter drug is prescribed. Its special sphere of action is the brain and the arterial system. Its throat symptoms are heat, pain and dryness with sharp pains shooting to the ear. It is of great service also in mercurial salivation.

Correspondence.

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

EDITOR OF THE CLINIQUE, Chicago, Ill.:

Dear Doctor: As the profession generally is quite interested in the results of medullary narcosis (spinal cocainization) I take the liberty of sending you (as well as other of our journals) a report of my first case (the first I understand to be reported from Buffalo.) Mr. Curtiss, a patient of Dr. Chadwick's, sixty years, entered the homeopathic hospital November 9, for the removal of a tumor of the thigh. Being the attending surgeon he came under my care. He had suffered a slight apoplectic stroke one year ago, leaving his speech affected slightly but not impairing in any way his tactile sense. Height, five feet, eight inches; weight, 100 pounds; general condition, good; previous narcosis, none; respiratory and circulatory system, normal; temperature on morning of operation, 99.2; pulse, 100; urine, slight trace of albumen, knee jerk exaggerated; pupillary reaction, normal.

The method of injecting the cocaine into the sub-dural space was practically the same as that recommended by Tuffier. Patient sat on the edge of the operating table, back to the light. The articulation of the fourth and fifth vertebræ was located by drawing a line from one iliac crest to the other; such line crossing slightly above the articulation. The needle used was such as belongs to the ordinary aspirating syringe, about two and one-half inches long and of a caliber three times that of an ordinary hypodermic needle. The long bevel had been filed down, reducing the bevel length one-half. Dr. Critchlow, pathologist to the hospital, had in charge the preparation of the cocaine solution. It was intended to have used a freshly prepared solution made by first boiling the water in a test tube, then adding three-fourths of a grain of the cocaine crystals to fifteen minims of this sterile water, but owing to the absence of the crystals a two per cent drug store preparation of indefinite age was rendered sterile, and fifteen minims of this was drawn into a sterile syringe. The point selected for the insertion of the needle was three-eighths of an inch to the right of the median line and midway in the interspace, caused by the fourth and fifth vertebræ being pulled apart when the patient bent forward. The needle having been rendered thoroughly sterile and the back of the patient being well scrubbed, he was directed to bend forward in the "scorcher's position." The needle detached from the syringe was inserted at the point mentioned, being directed upward and inward, passing slowly through the structures. It passed two and one-half inches without the escape of the spinal fluid. The patient being thin, I felt confident a needle of that length was sufficiently long. No fluid appearing, the needle was withdrawn and inserted on the left side at a corresponding distance and angle; no fluid escaped. The space between the fifth vertebræ and sacrum was then selected, but the needle could not be inserted more than one and one-half inches. Selecting a point not more than one-fourth inch from the median line and between the fourth and fifth vertebræ, the needle was inserted at a very slight angle to the spine, in fact, were the patient sitting straight upright, the needle would be at a right angle with the spine and but slightly directed from without inward. Again, it was pushed in slowly and at a depth

of two and one-fourth inches the spinal fluid escaped. Two drops of clear fluid, showing unquestionably that the sub-dural space was reached. The syringe was then attached (all instruments having been rendered sterile) and fifteen minims of a two per cent solution was slowly injected, allowing forty seconds of this procedure; the needle was then withdrawn and puncture sealed with collodion.

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

Administration of cocaine 12 o'clock, 32 minutes, 30 seconds.

12:30 P. M. (before injection), pulse 116, temperature $99\frac{1}{2}^{\circ}$.

12:36 P. M., pulse 126.

12:43 P. M., pulse 134.

12:48 P. M., pulse 78.

12:51 P. M., pulse 68.

12:55 P. M., pulse 86.

1:00 P. M., pulse 90.

1:06 P. M., pulse 97.

1:07 P. M., operation completed.

Partial anesthesia first appeared in thigh 12:36, six minutes after the injection; sensation still present in the feet; slight tremors through the legs. 12:43, anesthesia complete below the lumbar puncture. Operation begun.

12:46, when asked if felt pain, said, felt some pulling at seat of operation. 12:50, anterior crural nerve exposed, and when pinched or pricked with knife, patient winced and complained of sharp pain; otherwise he complained of no sensation whatsoever during the entire operation.

The operation consumed thirty-two minutes from the first incision until the complete closure of the wound. The anesthesia lasted from 12:38, when dullness to pin prick was first noticed in the thigh, until 1:15, when it had almost entirely passed away, a total of thirty-seven minutes. The operation consisted in making an incision down the thigh from the ransus of the pubes for a distance of five inches. The tumor was encapsulated and embedded beneath the recrus and adductor longus muscles and attached to the pubes. Branches of the anterior crural nerve were cut as well as a number of small blood vessels.

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

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

should, in this case, been obliged to repeat the cocaine injection or resort to chloroform, because the effects lasted less than forty minutes.

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

DEMUR G. WILCOX,
Buffalo.

Prof. Gilman Honored.

A complimentary dinner was given by the Faculty of Hahnemann Medical College at the Victoria on the evening of December 4, to Prof. John E. Gilman. Covers were laid for forty-five. Among the invited guests were Prof. Frank E. Lydston, of the College of Physicians and Surgeons; Profs. Charles Gatchell and Weirick, of the Chicago Homeopathic College; Prof. Wieland, of Hering College; Dr. B. F. Bailey, of Nebraska, and Dr. Wouters, a visitor from the Netherlands.

Dr. Chislett acted as toastmaster, and introduced as the first speaker Dr. G. F. Shears, the President of the college, who responded to the toast, "Our Guest." Dr. Shears took as his sentiment Austin Dobson's lines:

Old books, old wine, old nankin blue,
All things, in short, to which belong
The charm, the grace that time makes strong,
All these I prize, but (*entre nous*)
Old friends are best.

And spoke as a friend of twenty years' standing, emphasizing the pleasant personal relations existing between Dr. Gilman and himself, as well as with the other members of the faculty, during all these years. He called to mind the valuable services rendered by Dr. Gilman to the city after the great fire and during the smallpox epidemics; the value of Dr. Gilman's service as historian of homeopathy in Chicago; the many years of loyalty to the work of Hahnemann College, and his services as a member of the faculty; for all of which the faculty desired to express its appreciation, believing heartily in the words of the poet:

If you have a friend worth loving,
 Love him. Yes, and let him know
 That you love him, ere life's evening
 Tinge his brow with sunset glow;
 Why should good words ne'er be said
 Of a friend till he is dead?

Dr. E. S. Bailey, the Dean, responded to the toast, "Medical Ethics." He complimented heartily Dr. Gilman's lecture of the preceding evening and put in a strong plea for that kind of ethical rules that is based on the golden rule. Dr. Lydston, following Dr. Bailey, attacked forcibly the ethical rules of the American Medical Association, declaring that they were a violation of personal rights, and that character, education and ability were the best guides, and that each practitioner must be a guide for himself. He spoke pleasantly of his relations with Dr. Gilman, of his appreciation of the work of the homeopathic school, and urged unity of all good men for the protection of the profession. Incidentally he testified to the high standing of his homeopathic medical associates in the army service.

Dr. Charles Gatchell, of the Chicago Homeopathic College, spoke from a bachelor's standpoint on "The Pursuit of Happiness," and after many good stories and humorous remarks, found that after all, in the pursuit of happiness, occasions similar to that now being celebrated, when good fellows, good food, good cheer, and good speeches came together, were not to be avoided. He complimented the college on its good work and spoke enthusiastically of the life and labors of Dr. Gilman.

Dr. W. E. Taylor, admitting that he had escaped from a lunatic asylum, spoke humorously of, "The Medical Man in Politics," recounted many laughable personal experiences, and ended with a plea that the medical man should take a more active and intelligent interest in politics if medical interests, state and national, were to be placed on the plane which our civilization demands.

Dr. B. F. Bailey, of Nebraska, spoke feelingly of the slur which had been cast upon homeopathy by Surgeon-

General Sternberg, Medical Director of the Army, in his insinuation that homeopaths were not in the army because they were not able to pass the examination. He showed by the army reports that this was untrue, and he urged the profession to refute the accusation in the most forcible manner. Dr. Lydston asked to be permitted to speak and said that of the sixty successful candidates from this state, a homeopath stood third.

Prof. Jos. P. Cobb, Registrar of the College, responded to the toast "Medical Education." In a forcible, logical way Dr. Cobb showed the deficiency of the present system of medical education, the unfortunate character of the medical legislation, and hinted briefly at some methods of reform.

Dr. Gilman in a few brief words expressed his appreciation of the honor conferred upon him by his colleagues, and one of the pleasantest occasions of the year ended.

Opening of the New Histological, Physiological and Bacteriological Laboratories at the Hahnemann Medical College. Other College Items.

The addition of the new Tabor block, recently acquired by gift of Mrs. Haskell, adjoining the college building, has made it convenient and practical for the management to add to the equipment of the college, two new and commodious laboratories which are now complete and are open to the incoming classes of this winter's session. The generosity of the trustees has been such that these laboratories have been constructed on most modern and approved plans, and are ample for all forms of college and personal research work. Neat and attractive hard wood cabinets, containing 244 lockers, with necessary gas and water supply, are finished and in place. The arrangement of light and the provisions for heating and ventilating have been carefully provided. It is not too much to say that these laboratories are the most modern and complete, and in size equal to the largest in the city of Chicago. The modern medical education calls for the best along these lines, the complete, new and practical furnishings, together with the large pathological collection, and the daily addition of normal and gross pathological specimens, make these recent improvements of the most practical kind. It is a source of greatest satisfaction to the faculty to present these facts to the public as indicative of the progress at old Hahnemann. A cordial invitation is extended to the profession to visit these laboratories and to keep in

touch with the work that is being carried on. Prof. W. Henry Wilson, M. D., is senior professor and in charge of these important studies. His name is a guarantee of high-class work along scientific and professional lines.

* * * * *

While the college building is still new and represents an investment of \$50,000, extensive alterations and improvements have been made during the vacation season. Besides the creation of the new laboratories one additional lecture room has been made in the new building. Larger accommodations have been given to the electrotherapeutic department and the installation of the X-Ray apparatus for daily use has been provided. A duplicate order for the large electrical apparatus has been given and it will find a place in the hospital building for use there. A double set of roller shades to darken the large amphitheatre, so that stereoptican demonstrations can be made at any time during the day, have been provided. This form of instruction is deservedly popular. Marble lavatories, with hot and cold water supplies, to be used by operating surgeons and assistants in the free clinic work, have been set. All of the interior walls have been painted, the dissecting rooms receiving two coats of zinc paint. The ladies' parlor and lounging room has been refurbished. Large orders for chemical and physiological apparatus were placed months ago in Germany, and the goods are now arriving.

Additional appointments as assistants in the free dispensary have been made to meet the requirements of the free clinics, which in all departments are growing larger than ever.

Clinical Miscellany.

TREATMENT OF HICCOUGH.—Noir (*Progres med.*, January 6, 1900), after reviewing the various methods of treating obstinate hiccough, gives the preference finally to vigorous traction of the tongue (Laborde's method) on account of its simplicity and efficiency. It has given excellent results in his hands. In a nervous girl, aged six years, who was completely exhausted by hiccough of over six hours' duration, traction of the tongue for a minute gave immediate and permanent relief. In a second case a patient with advanced diabetes, complicated with tuberculosis, hiccough, which had already lasted several days and which had resisted all other remedial measures, promptly yielded to Laborde's treatment continued for about two minutes.—*Med. Times.*

THE TREATMENT OF NOMA.—M. Schweitzer (*Vratch*, April 1, 1900, quoted in *Gazette des Hopitaux*, May 31, 1900) recommends the following treatment of noma: All the sloughing tissues are removed by means of a sharp curette. The ulcerated surface is next washed with boric acid or with permanganate of potassium solution (1:1000 in hot water) and then dusted and rubbed with iodoform powder. A dry dressing is then applied. If it is impossible to remove all the dead tissue with the curette a dressing of gauze wrung out of a solution of permanganate of potassium is applied instead of the dry dressing. If the necrosis continues on the following day, one repeats the curet-

ting and the dressing. The ulcerated surface is washed twice daily and the iodoform is applied once daily. The writer saved five children out of six with this method of treatment.—*Pediatrics*.

OXYGEN IN SCARLATINAL NEPHRITIS.—As regards the use of oxygen in pulmonary conditions due to nephritis, we may cite pulmonary edema, pulmonary congestion, or pleurisy with effusion, due to oliguria, as sufficient examples.

The early use of this agent we believe to be the keynote of success, for oxygen will dilate the bronchioles, improve the respiratory functions, and also the pulmonary and general circulation. Such results must necessarily diminish the chances of further extension of the morbid processes and aid the absorption of those products which already are present. This improvement in the pulmonary and general circulation, and hence in absorption by the lymphatics by the use of oxygen, will aid also in the absorption of pleuritic effusion. Under any conditions we can see no advantage in delaying until there is little pulmonary tissue to erate.—*R. C. Kemp, M. D., in Pediatrics*.

THE ACTION OF BAPTISIA.—During the proving the liver, beyond a doubt, becomes congested through the action of the drug. There is a soreness all over the hepatic gland, which is also accompanied with actual pain. More prominently is this the case in the region of the gall-bladder, where the pain, although of a dull character, is constant, extending even to the spine. There is also a pain in the right hypochondriac region, which is greatly aggravated by walking. It is, therefore, of great use in the congestion of the liver which sometimes occurs during typhoid fever.

Taken as a whole, baptisia leucantha, in the various symptoms occurring during an attack of typhoid fever, is as valuable and trustworthy a remedy as its congener, baptisia tinctoria, having many symptoms common to the latter. The tincture should be made from the fresh bark with strong alcohol, and the various dilutions be prepared from this.—*Med. Century*.

REGARDING DISEASE OF THE GALL TRACTS, Wm. Jones, M. D., in the *Medical Record*, emphasizes the following points:

1. The diagnostic value of the point of maximum tenderness on pressure, which is over the gall-bladder at or near the costal margin of the ninth rib. This point in disease of the gall tracts corresponds in importance with McBurney's point in disease of the appendix.
2. The diagnostic value of the presence of bile in the urine excreted during or immediately after a very brief obstruction of the common duct.
3. Disease of the gall tracts is of very common occurrence, and is liable to be mistaken for other troubles which it closely imitates.
4. The physician should familiarize himself thoroughly with the symptomatology of these troubles and train himself to recognize them promptly. The time is not very remote when it will be as much a matter of censure to fail to recognize the presence of disease of the gall tracts as it now is to overlook that of the appendix.

THE TREATMENT OF EMPYEMA.—The treatment of chronic empyema is, from the nature of the condition, essentially surgical. If the attack be primary, the intelligent use of homœopathic remedies may prevent what might become an empyema, from terminating in more than a simple pleurisy. We usually believe that under our

system of medication, empyema resulting from systemic disease, pneumonia, etc., is much more rare than under the treatment of the so-called "regular school." A great many of these cases have, however, a large amount of pus formation within the chest before the physician is consulted, or before the condition is recognized. This leaves the one alternative of intelligent removal. When this has been accomplished, homeopathic remedies may avail much in securing resolution within the cavity. In connection with these, the strength of the patient should be sustained by free, easily digested, nutritious diet, to which may be added, with much benefit, cod liver oil and some form of the hypophosphates. The remedies most frequently called for are hepar., merc. sol., ars., psorinum, ars. iod., and the like.—*Noble in N. Am. Jour. of Homeop.*

CUTANEOUS CANCER CURED BY ROENTGEN RAYS.—Stenbeck, of Stockholm, in *Mittheilungen aus d. Greazgebiete d. Med. u. Chir.* Bd. VI., No. 3 (*Med. Rev. of Rev.*), briefly reports a case of cancrioid healed in the above manner, which is claimed by him to be the first of the kind on record. The patient, a woman, aged seventy-two years, was exhibited before the Swedish Medical Union, the diagnosis of rodent ulcer was made by Professor Berg, and the case referred to the Roentgen Institute.

Daily sessions were begun of ten to twelve minutes' duration, the lamp being held fifteen to twenty cm. from the surface. After four sessions the reaction began, and, after eight or ten exposures profuse suppuration was in evidence, becoming less with time. After thirty-five sessions the ulcers began to look clean and smooth, the epidermal islets were cast off and new epithelial tissue began to form.

The treatment now became more vigorous, exposure prolonged to fifteen minutes each at only ten cm. distance. A weak reaction appeared but the new-formed epidermis was not affected, and it was evident that a complete cure had resulted.

The greatest resistance was naturally offered by the hard wall-like circumference of the ulcers. An entire month was required to overcome it. It decreased in height and width, then broke up into individual segments, which in time completely disappeared.—*Medical Times.*

B. D. H.

Miscellaneous Items.

Dr. Grace Brown of the class of '99 is located in Bowling Green, Kentucky, with Dr. Sarah Milsop, of the class of '86.—Dr. W. M. Cook, of the class of '98, is practicing in La Grange, Ill., and if rumor can be trusted he will soon bid farewell to bachelorhood.—The eye and ear clinic at the college boasts of an elegant new aseptic instrument case well filled with appliances of the latest pattern.—And now congratulations are in order for Dr. W. P. McGibbon upon the occasion of his marriage, November 28th, to Miss Gertrude Louise Crary, of Lafayette, Ind. Dr. and Mrs. McGibbon will be at home after January 10th, at 5227 Jefferson Ave.—During the past

year the women of Syracuse University College of Medicine have organized a women's medical fraternity. They are wrong, however, in claiming priority for the organization, being forestalled in the movement by at least one homeopathic college.—Hon. Erskine M. Phelps is in Hahnemann Hospital recovering from an operation for appendicitis. He now appreciates the practical workings of the hospital for which he has done so much.—Dr. N. W. Marsh has also been a patient in the hospital.—Dr. F. P. Stiles has been elected mayor of Sparta, Wis.—Dr. E. C. Williams is the homeopathic consultant at the Virginia Hot Springs.—With the December issue of the *HAHNEMANN MONTHLY* Dr. W. W. Van Baun retires from the editorship of that journal, which he has so successfully conducted for the past ten years. His successor is Dr. Clarence Bartlett, already widely known in journalistic work.—The annual meeting of the British Homeopathic Society was held in London in October.—Mrs. Emily Talbot, widow of the late Prof. I. T. Talbot, died recently at her home in Boston.—The new Homeopathic Hospital of the University of Michigan was formally opened to the public on December 6th.—Dr. F. H. Martin has returned to Chicago after a three weeks stay in Gilman, Ill., where he had charge of Dr. Geiger's practice.—Dr. R. H. Street has taken offices in the Marquette Building, from 11 to 1 o'clock. He still has a morning and evening hour at 83 Twentieth Street.—The distinguished physician, Henry B. Noyes, author of a well known work on Ophthalmology, died in New York Nov. 12.—Announcement is made of the opening of a new hospital in connection with the Homeopathic Medical College of the University of Michigan the first week in December.—Dr. Mary Willing Owen has located at Hobart, Ind.—Dr. G. M. McBean can be found at 711 Marshall Field Bldg., hours 11-1.—Dr. G. Hardy Clark and Dr. Margaret Clark will remove from Humboldt to Waterloo, Iowa, to practice in connection with Dr. Willis J. Vaupel.—Dr. E. J. Scott has left Oakland to locate at Rock Falls, Ill.—The first lecture in the popular course given by Hahnemann College was delivered by Prof. J. E. Gilman at the college, December 3. His subject was "Medical Ethics." The lecture was one of the best we have heard for years. Prof. A. B. Norton, President-elect, delivered the second lecture at the Palmer House, Saturday evening, December 15, at 8:30.

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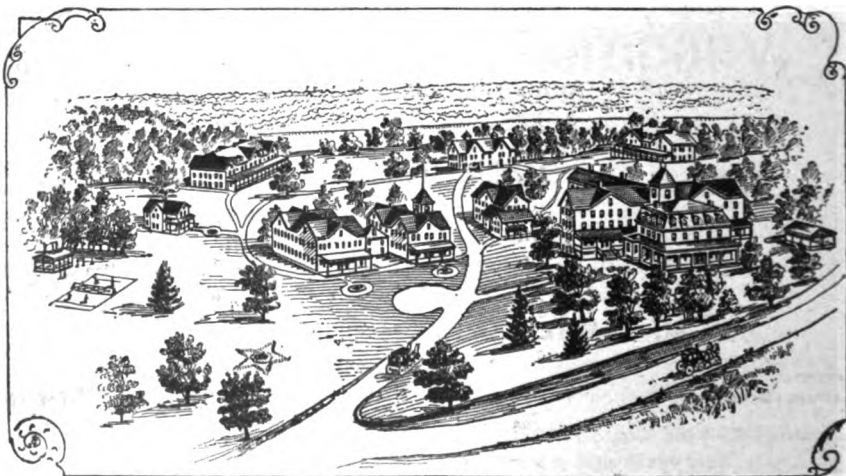
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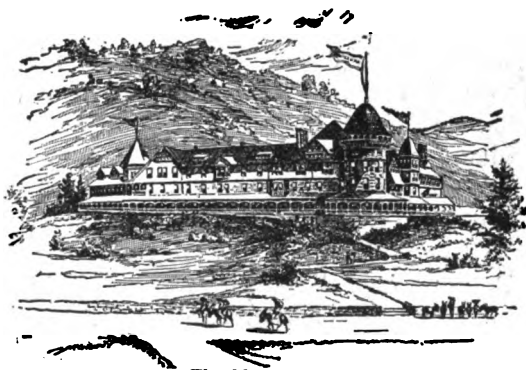
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(CONTINUED ON PAGE 12.)

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five years has been as far, as a European might, the statesman guiding the affairs of the Chinese Empire. Those familiar in any degree with Eastern conditions hoped, after the relief of Peking, that Sir Robert would break his long rule of silence and give to the world his story of the events which led to the siege. On the 17th of October, the following cable message from Sir Robert's London representative to the editor of *The Cosmopolitan* was received: "Sir Robert Hart has sent for November number *Fortnightly* London, and *Cosmopolitan*, New York, an important article on siege of Peking."

USE OF HYDROZONE AND GLYCOZONE IN GASTRIC AND INTESTINAL DISTURBANCES.—W. H. Vail, M. D. I was called to treat a young man, suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was sub-normal, 97.6°, pulse 60, respiration 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines. These attacks were always of a similar nature and occurred regularly. He was unable to take either solid or liquid food, even in small quantities without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable.

I was called at the end of the third week of his illness. The former physician had employed opiates in large doses with most worthless results, also many other drugs with not a sign of improvement, he growing seriously worse. I determined that hydrozone and glycozone were the remedies indicated, and were the only ones that would be of value here, therefore, I gave him, at once, one-half glass of a mixture of one-half ounce of hydrozone with a little honey to one quart of water. He was somewhat disturbed for a while after the portion, but was soon relieved. The distress I presume was due to the advanced stage of the inflammation. I continued to administer this for some time, with only a slight improvement, but after several doses had been taken, the relief was very decided. After his nourishment, I gave one teaspoonful of glycozone in a wine glass of water. After a few doses of this, he was much easier, and at midnight

(CONTINUED ON PAGE 14.)

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fell asleep and slept all night, not awakening until morning, the first sleep that he had had in five days. All of the acute symptoms disappeared in a few days, and he continued to improve without having a recurrence of any of his old severe symptoms. Before this, I had increased both the nature and the quantity of his food which he relished greatly.—*Medical Mirror, December, 1899.*

OUR ATTENTION has been called to what appears to be an important point for consideration, namely the necessity of the conformity of drugs to a certain standard, and the following is quoted in illustration.

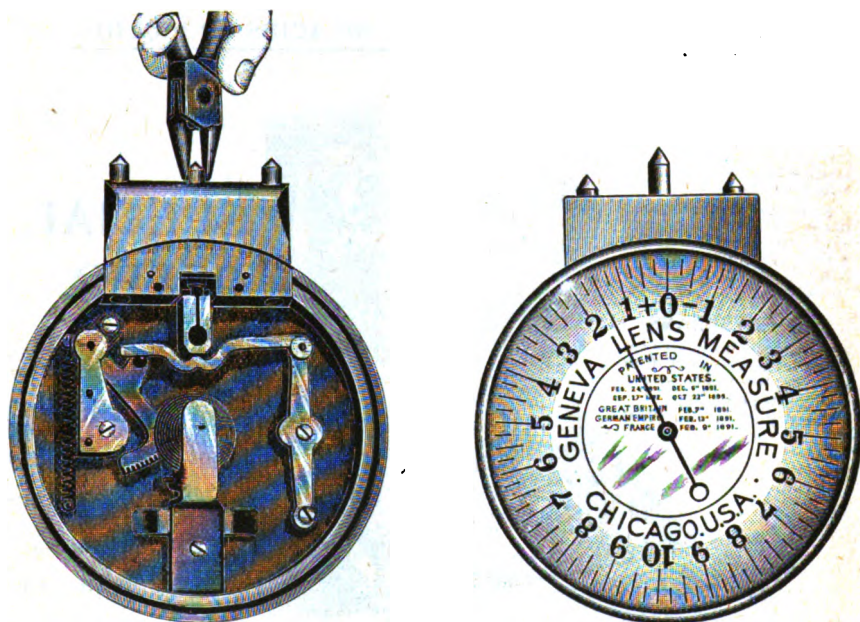
“Professor Puckner assayed nineteen samples of belladonna leaves procured from dealers who were told that only the best was wanted, and that purchase would depend upon the results of assay. He found these nineteen samples to range in alkaloidal content from .01 to .51 per cent. The strongest sample fifty-one times as strong as the weakest.” *Bulletin of Pharmacy, January, 1899.*

The most careful treatment of such drugs, with the choicest menstrua, and by the most approved processes, will yield preparations that may be fair to look upon, but in medicinal value they will vary just as much as the crude drugs from which they are made. The compensatory remedy for this unfortunate condition is standardization—chemical standardization when practicable, and when that method is inadmissible, as it often is, physiological standardization.

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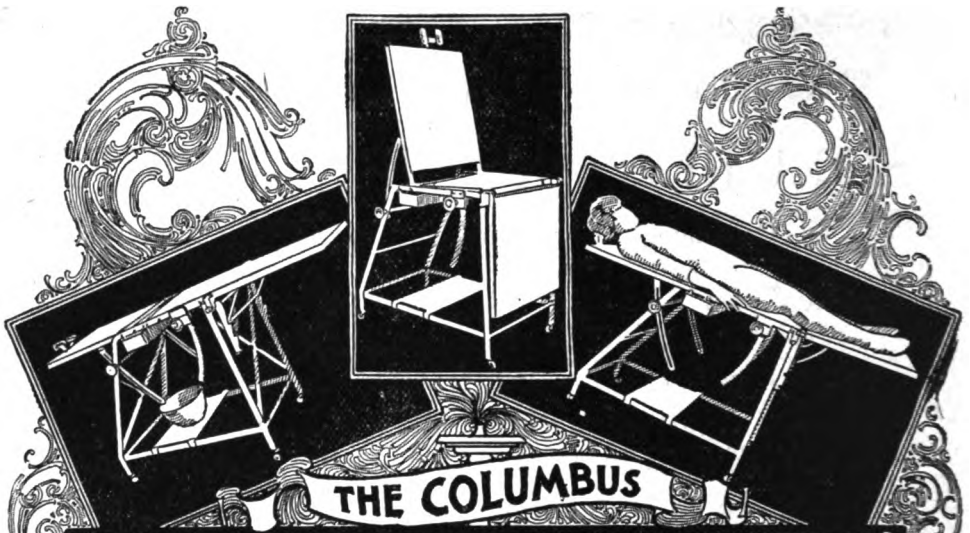
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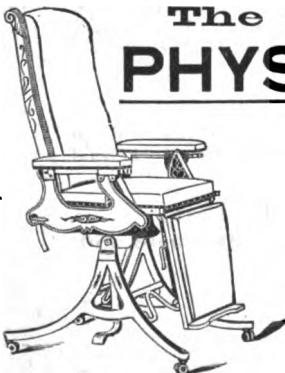
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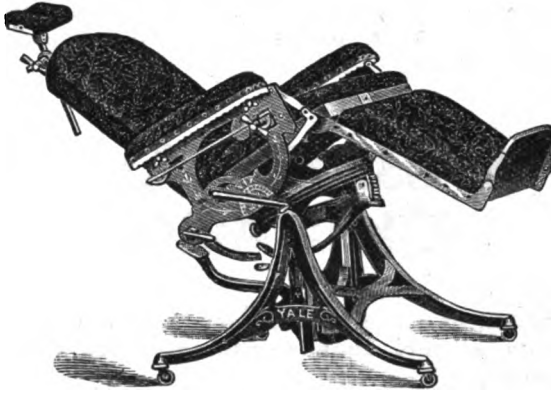
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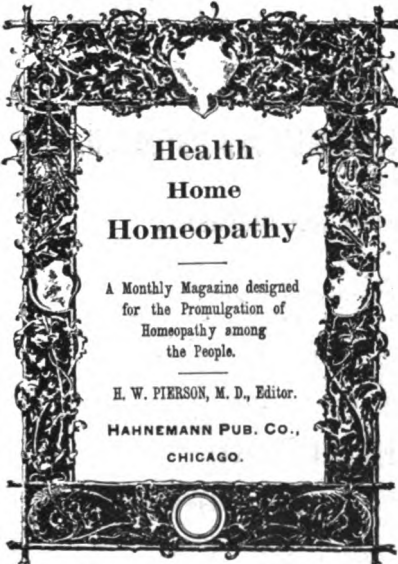
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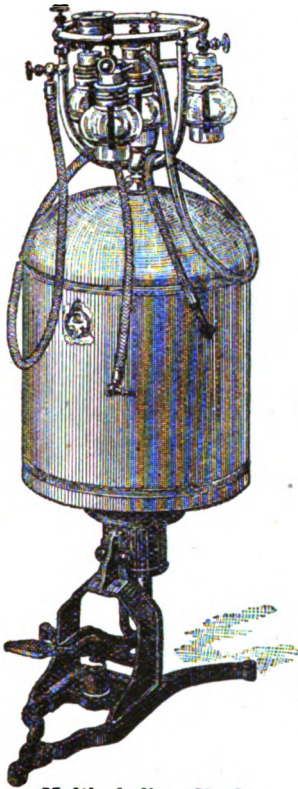
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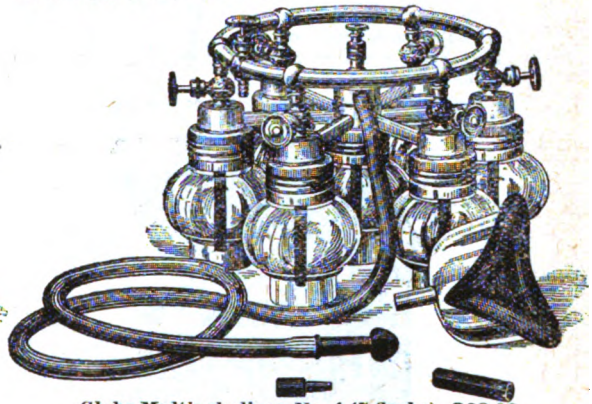
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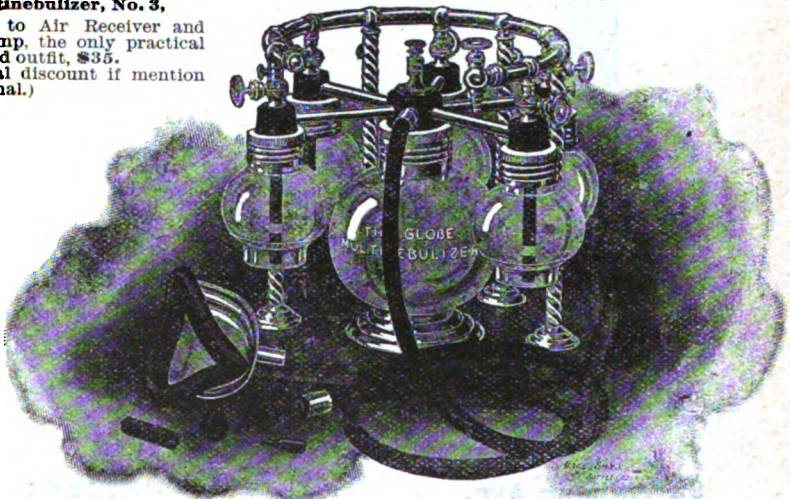
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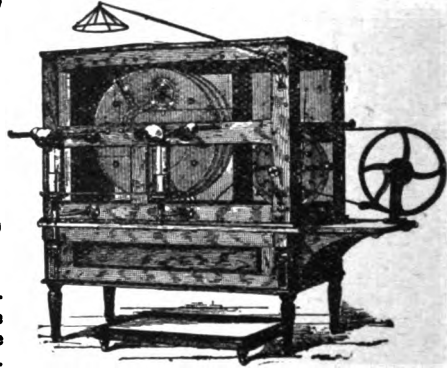


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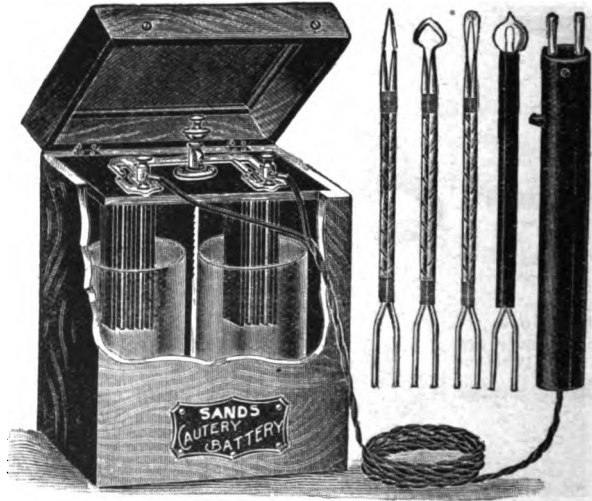
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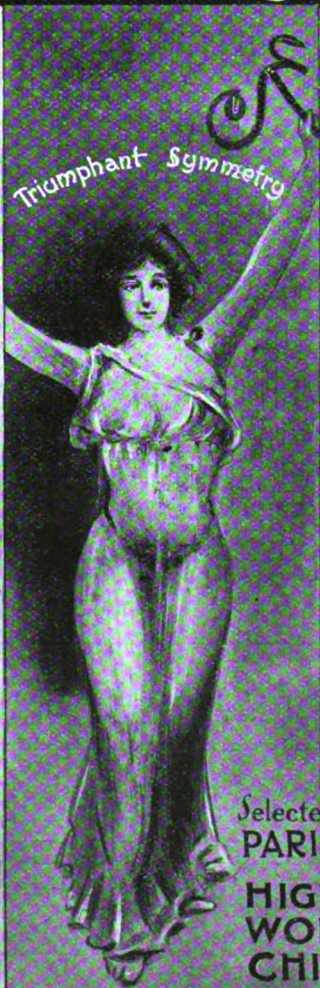
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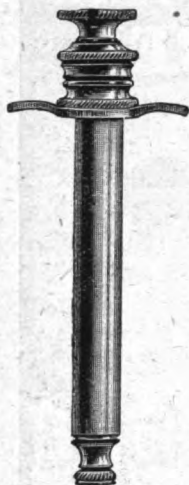
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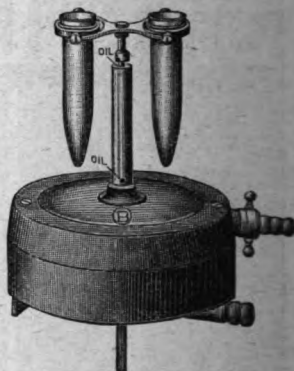


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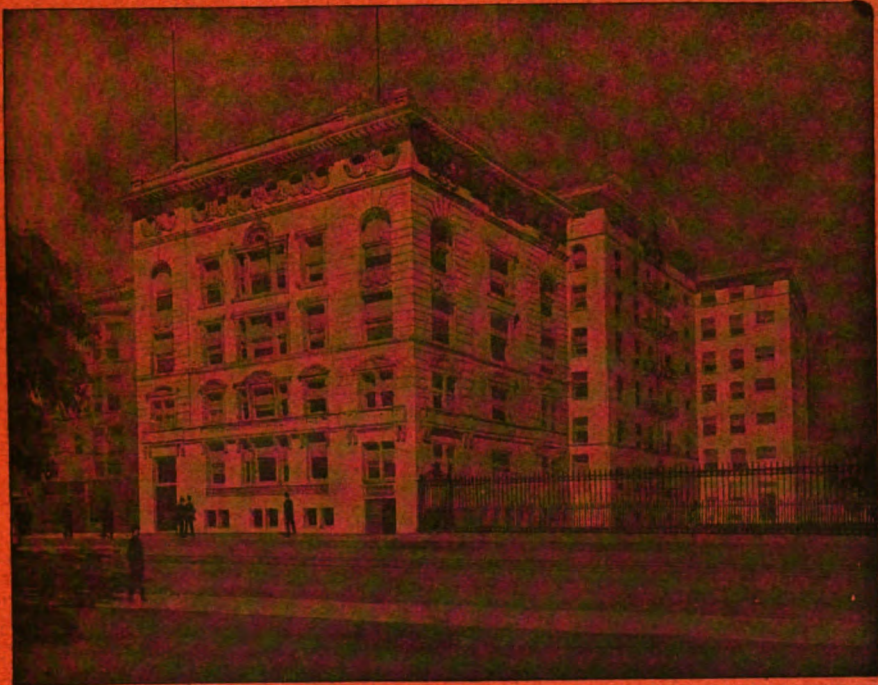
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