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"EVER LEVEL" "EVER TRUE"

COMPASS.

Vol. III.

DETROIT, MICH., NOVEMBER 15, 1892.

No. 11.



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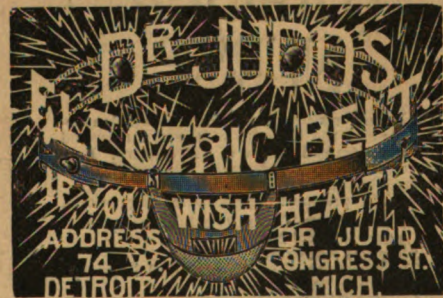
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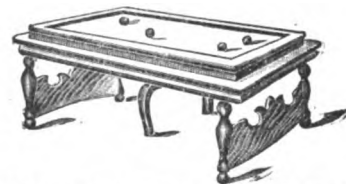
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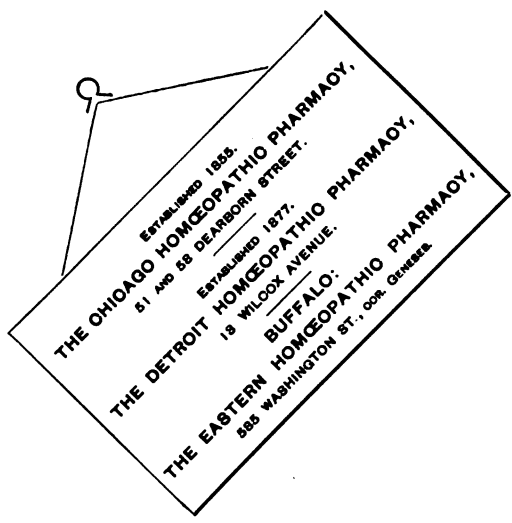


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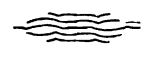


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— THE — Grace Hospital Compass.

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VOL. III. No. 11.

DETROIT, MICH., NOVEMBER 15, 1892.

50 cents Per Year.
Single Copies, 5 Cents

WE ARE able to announce that beginning with the January number THE COMPASS will make its appearance in a new and greatly improved form. Instead of continuing in its present shape, it will conform to that of the ordinary magazine as being better adapted for journalistic purposes. It is the purpose of the editor and the publishers to make THE COMPASS a high grade journal in every respect. We are able to promise our readers that each number will contain articles of great interest to every practitioner of medicine. The services of many capable contributors have already been secured. In the December number we hope to give a somewhat more detailed account of our plans for the coming year, but in the meantime our readers may rest assured that we propose to give them a good thing.

WE CALL the attention of our readers to the following announcement. There is not a better place in this country for a young man to gain an ample hospital experience than Grace Hospital. The sort of training which a young man receives here during the eighteen months of his service is worth more than double the time spent in ordinary college work. The opportunity is an exceptional one and we hope that some of our Michigan boys may take advantage of it:

IMPORTANT ANNOUNCEMENT.

The next regular competitive examination for the position of Junior Assistant to the House Surgeon of the Grace Hospital, Detroit, Mich., will be held at the Hospital on Thursday, December 15, 1892, at 5 o'clock p. m.

- Term—1st. Six months as Junior Assistant.
2d. Six months as Senior Assistant.
3d. Six months as House Surgeon.

Applicants must show evidence of graduation from a recognized homœopathic college.

All applications must be addressed to the President of the Medical Board, The Grace Hospital, Detroit, Mich., and must be accompanied by a certificate of good moral character.

Applications must be presented not later than December 10, 1892.

AN interesting case bearing upon the question as to the value of the physician's services recently occurred in California, Dr. C. N. Ellinwood, an experienced practitioner, attended a millionaire and his wife during their last illnesses. He presented a claim to his deceased patient's estate for \$30,000. This claim was allowed by the administrator and heirs to the property. The Judge of Probate whose name is Levy, in spite of the agreement between the parties interested, as to the justness of the claim, refused to allow it. The grounds of his refusal were that the charges were excessive, and that the heirs who petitioned to have the doctor paid were minors, and the court must protect their interests. At the same time, the judge admitted that he did not know much about the value of medical services, only he never before heard of a doctor charging so much. He was willing to allow him \$10,000, and thought that enough. We surmise that if the claim had been for a lawyer's fee, Judge Levy might have found it quite reasonable

and proper. It looks as if he were trying to establish an absolute standard of value for medical services. Unfortunately this cannot be done. As a matter of fact, it is the agreement between the physician and his patient which fixes the standard of his charges. It is only in cases where the high contracting parties cannot agree, that the courts or any third person has the right to decide for them. It is a truism in political economy that a thing may vary in value according to the use which can be made of it. It might be worth a thousand dollars to one man to have his eye straightened, while the same thing to another man might not be worth anything. We are afraid that Judge Levy would make a bad doctor. If it were otherwise, he would not have done anything to discourage such a commendable show of willingness to pay doctor's bills. The public are quite unwilling enough now, to give a just return for medical services, and do not need such help as this decision of his will give them in refusing to pay the doctor.

THE possibility of septic infection from gunshot wounds has long been a subject of speculation. As late as 1870, the French were accused, although probably with great injustice, of poisoning the bullets of the mitrailleuse. Eminent surgeons have not agreed as to the poisonous character of gunshot wounds. Ambrose Pare contended that as the ingredients of gunpowder either singly or combined, were not poisonous when applied locally or taken internally, wounds could not be infected from this source, and other poisonous substances applied to the bullet, would be dissipated by the heat generated in firing. Pierre Dailly believed that gunshot wounds were poisonous and argued that if this were not so, it would be difficult to explain the occasionally disastrous results of even slight injuries. So long as it was purely a question of belief, no agreement was likely to be reached. Dr. Louis A. Lagarde in a recent number of the New

York Medical Journal has detailed a series of careful experiments however, which have put the matter upon a scientific basis, and mere opinion is no longer of any weight. The results of his investigations may be expressed in the following propositions:

“1. The vast majority of cartridges in original packages are sterile and free from septic germs.

2. The sterile condition of the cartridges is due to the thorough disinfection and absolute cleanliness observed in the process of manufacture.

The disinfection with heat, acids, and alkalis, and the rigid rules of cleanliness used in the process of manufacture, are employed to exclude grease and dirt, as the latter impair the keeping qualities of the powder and disturb ballistic values.

3. The majority of gunshot wounds are aseptic, because the vast majority of the projectiles inflicting them are either sterile or free from septic germs.

4. Cartridges out of original packages show micro-organisms upon them, and these are not entirely, if at all, destroyed by the act of firing.

5. Anthrax, when applied to the projectile of a portable weapon, is seldom if ever entirely destroyed by the act of firing.

6. When a gunshot wound is inflicted upon a susceptible animal by a projectile infected with anthrax, the animal becomes infected with anthrax and dies in the vast majority of instances from said infection.

7. The heat developed by the act of firing is not sufficient to destroy all the organic matter on a projectile, the cherished notion of three centuries and more to the contrary notwithstanding.

8. The results, as set forth in the foregoing paper, justify the assumption that a septic bullet *can* infect a gunshot wound.”

MEDICAL AND SURGICAL.

"NIGHT AND THE DOCTOR."

PHYSIOLOGICALLY, night is the time, in a condition of nature, for man's recuperation from the wear and tear of the day; at night repair makes up against waste the balance it has been steadily losing all day—

"When night bids sleep,

Sweet nurse of nature, o'er the senses creep"

The vital energy being less at night, the body temperature is, in health, lower at night; secretion and excretion are less actively performed; the brain and nervous system are at rest in sleep, the muscular system in repose.

I will rapidly call to your memory some of the troubles prone to occur at night, or to be modified in severity at that time.

Delirium accompanying a febrile condition is generally worse at night, and will commonly be only present during the night. The amount of pyrexia in febrile diseases is (though there are exceptions) generally highest in the early part of the night. In the early "softening" of the brain of old people and of drunkards, the rambling, the restlessness and the excitement may occur only at night, some time before the daytime condition shows any serious falling off. In asylums the inmates are generally most unsound at night, and maniacal attacks are more frequent and more violent at that time.

It is at night that the mother hears the first sudden characteristic cough of the croup that puts her child's existence in danger; and the night hours are those for that curious and often dangerous affection—laryngismus stridulus. Pertussis is usually worse at night; at night it first declares its special character, and, after it has disappeared by day, the whoop may recur for some time during the night. The child with chest trouble, whether from catarrh or measles, becomes cyanotic and delirious at night; at night the active, irritable, growing brain is tormented by "night terrors." In acute gout the onset, in

the great majority of cases, takes place at night, especially between two and five o'clock in the morning; and many forms of rheumatism and of rheumatoid arthritis first occur, and are always worse at night. In the early morning the weakening perspiration of consumption takes place; at night the bone pains and other symptoms of syphilis occur, or become worse. At night the attacks of spasmodic asthma are specially liable to occur; at night the neglected or despised catarrh or chill develops its pulmonary sequela. In hectic fever, from any cause, there is an evening rise of temperature, increasing to midnight and succeeded by profuse sweats. At night the enlarging prostate often causes its first troubles of micturition; and spasmodic stricture may occur, and recur, chiefly at this period. At night the demon neuralgia is peculiarly active. At night women get those mysterious spasms which alarm their friends and the young inexperienced medico, and which Mrs. Gamp and her friend, Mrs. Harris, found to be ameliorated by a little gin "on the chimbley-piece." * * * * *

All these and other instances will occur to you where the conditions of our patients and of their lesions differ at night from those of the day, and you will notice that this difference is almost universally for the worse. With regard to some of them we can account for this modification; for instance, warmth in bed will often make pruritus worse at night, whatever the itching be due to. Again, the night cough of children is often due to the irritation of a long uvula or enlarged tonsils, tickling the throat or glottis; or night cough may be induced by the irritation of the cold air of the bedroom after the warm sitting rooms. Other exacerbations at night may be attributed to the physical and mental exhaustion of the day; but, after all these explanations have been considered, there remains a large number of instances of which we can

only say that this nocturnal modification is symptomatic and pathognomonic; or which we can only refer to the fact that night is physiologically the time when man's power of resistance, both physical and mental, is weakest. * * * * *

IN the night some disease germs are particularly dangerous; many of the miasmata of foreign and fenny climes are prone to inflict their agues, fevers, and blood-poisonings on those exposed to the night-air, and lose their virulence with the morning sun. Whether it be that the reputed danger of the night air in these localities is entirely due to the extra potency of the miasmata at night, or whether it may not be partly due to the lowered resisting power of the system at such time rendering man then especially vulnerable, I cannot say; probably both causes operate; together with the cold misty atmosphere so common at night in such climates, by which depressing and catarrhal conditions may be induced, and so prepare the way for the reception of poisonous germs to which exposure may occur.

There is a form of backache, which occurs especially in young women, and which is worse at night, or only present at that time; it may be present for years, and is very refractory to treatment. I have often been quite unable to trace a cause for this nocturnal backache in the health or habits of the sufferer. It does not depend on the bed being exposed to draught, to the use of too high or too low pillows, or to excessive or deficient night clothing. Sometimes relief may be obtained temporarily by the use of a small pillow under the arch of the back during sleep. The majority of the cases seem to be rather spinal than muscular, and probably vary in their origin, some being related to rheumatism, and some connected with uterine, ovarian, renal or hepatic trouble.

* * * * *

That midwifery cases occur with special frequency at night is a matter of general

notoriety. . . . You must all have noticed that in a tedious accouchement the strong pains will frequently give off towards morning, to return with increased violence the next night.

Personally, the history of a severe cold, with me, is a series of suffering nights alternating with comparatively comfortable days. The first evening I have chills, and fear I am in for it; next day I am all right, and pleased to find it a false alarm. When evening returns, however, I am feverish, with a dry sore throat and a stuffed nose. In the morning, beyond a little nasal catarrh, nothing remains; but by night again I am quite hoarse, with a dry sore cough, a raw trachea, and pains about the chest. And so, for a longer or shorter period, each night I imagine myself in a bad way, and that I will not be fit for duty on the morrow, if I ever am again; each day I fancy I am all right, and that my cold is gone, while I laugh at the idea of the pneumonia and phthisis I had clearly diagnosed the preceding night, and think I may still live to be Queen of the May. For weeks I may be quite hoarse at night, and spend much of the time coughing and painting cocaine up my nose; while my condition by day presents nothing but a little coryza. I mention this state of affairs at length as I believe it to be a common experience.

Man's mental and moral conditions at night are much modified, even in health, from those which prevail by day. Self-control is weakened and man is less master of himself. This is the time for hallucinations, for ghosts, for exaggerated emotions and sensations, and for superstitions. The brave and strong minded man in the daylight, becomes timid and anxious, he cannot tell why, in the night hours, and no effort of will can quite banish the condition. The senses and the reasoning powers are less discriminating; fear, remorse, grief, pain, etc., are more intense. A night attack may cause panic amongst the bravest

and most seasoned of soldiers. One may doubt at night his most settled convictions of the daytime.

" Few are the faults we flatter when alone ;
By night an atheist half believes a God."

At night the power which may suffice through the day for the control of vicious promptings gives way ; then the dipsomaniac, the morphinomaniac, the incontinent man, the masturbator, the gambler and others indulge their cravings ; then the worried business man, the pauper, the ruined speculator, the sufferer from pain, the drunkard or the criminal takes refuge in the suicide he scouted from his mind by day.

By night do the hysteric and the hypochondriac suffer and inflict increased misery. But even without such predispositions, pains, aches and other symptoms make more impression at night, and this is one cause of the doctor's night work. Symptoms no worse than through the day have more mental effect and lead the individual, who refused to have the doctor summoned by day, to consider himself worse and to require medical attendance at night ; and the relatives themselves, more prone to anxiety at night, " do not like to go through the night," so they say, " without having him seen."

With daylight the mind recovers its tone, and, to modify Longfellow's lines in accordance with psychology, we may say—

" And the fears that infest the night
Shall pass with the opening day ;
Shall fold their tents like the Arabs,
And as silently steal away."

It would seem as if at night man stepped backwards in his development, and became as a little child again ; or rather, perhaps, as if he shelled off some centuries of evolution, and returned to the mental and moral condition of the savage.

Night being the natural time for sleep, the disorders of this function are, of course, included in our subject, and many of us find it impossible to practice without the occasional use of hypnotics and sedatives. Personally,

I am firmly convinced of the benefit following the careful employment of such means, and, did the time allow, I would instance good results so produced.

Sometimes the want of sleep becomes the most important part of a disease under observation, and the habit once broken, by the means referred to, recovery follows ; in some painful affections their judicious use is of great benefit, and in many mental troubles by such means (and perhaps in the future by hypnotism), we may be able to do some of our most valuable work as doctors ; by summoning the "sleep that sometimes shuts up sorrow's eye." I commend the restricted and careful use of these hypnotic and sedative drugs, because I think it is a pity to allow our aversion to their indiscriminate use to drive us to the equally indiscriminate neglect of such aids in disease.

I deprecate, as much as any one, the reckless employment of these palliatives in all cases entailing loss of sleep, or pain, or discomfort. It is a portion of the doctor's night-work we must all condemn—the wholesale resort to the large army of narcotics, hypnotics and sedatives employed by the profession and so extensively advertised in medical and lay papers. The hypodermic syringe, morphia, chlorodyne, opium, henbane, sulphonal, bromide of potassium, chloral hydrate, paraldehyde, chloralamide, and other polysyllabic compounds, make up the bulk of the therapeutic means employed by the old-school practitioner. The enormous routine abuse of such drugs prevalent in the world, and for which the medical profession is largely responsible, is nowadays recognized by many of the more enlightened members of the profession. Of how many a sufferer has the digestion been ruined, the nervous system damaged, and the wavering balance inclined to decay by such treatment when not carefully employed ; not to dwell on the drug habits often acquired, by which the physical and moral nature are ruined ! In renal, cardiac, and pulmonary diseases, and

in other particular conditions and idiosyncrasies, narcotics may be specially dangerous. It is not only in those cases where an obvious overdose has been employed that conscience may ask of the doctor, in Shakespeare's words:—

“And hast thou killed him sleeping?”

Sometimes a doctor's night duties include a call to one of those distressing cases, where someone has gone to bed to sleep, and has passed into the “sleep which cometh after death.” More than one case has come under my own observation where, in the night watches, men apparently in good health have crossed the line between sleep and “sleep's twin brother, death,” without warning to the individual or to his friends and relations, and without disturbance to the partner of the bed. These occurrences are so common as to have probably taken place in the experience of most of you; sometimes there seem to be a family tendency thereto. Probably heart failure is the general cause; but there is often a mystery about the event which leads us to think we have not known all there was to know when we sign the certificate “syncope.” I have thought, in two instances, to have traced the event to a “tobacco heart.”

Not only are so many disorders and symptoms commonly worse, or better, or only present at night, but individuals have similar peculiarities with regard to their ailments, and may have a special tendency to suffer more or less in the night hours.

NOW, to the ordinary old-school practitioner of what therapeutic value are all the observations we have been considering? Of what import is it to him that a symptom only occurs at night, or is worse or better at night, or at some particular part of the night? What can he do beyond order that his palliative or narcotic shall be taken at bedtime? Nothing at all!

As with so many other pathological phenomena, those of the night offer therapeutic indications to those only who have therapeutic eyes to see.

To the homœopathist no observation of the time or condition of a symptom is thrown away; it has a therapeutic as well as a merely scientific and historical interest. He knows that various drugs, when proved on the healthy, induce phenomena which appear only at night or are modified at that time; and he finds his therapeutic rule—*similia similibus curantur*—as valuable here as in other circumstances. He observes the relation between such aggravations and some of the specifics of the old school; for instance, that the pains and other symptoms of *mercury*, *iodide of potassium* and *nitric acid* are all worse at night, as are those of the syphilis to which they are specific; that the same may be said of *colchicum*, and of an acute nocturnal attack of gout; of *arsenic* and of an asthma or neuralgia worse after midnight, especially if periodic in return.

I will not presume, to this audience, to go over the disorders we have been considering, and show how homœopaths make use of the nocturnal modification, for indicating the drug required to produce cure or relief. Such a comparison would require at least one of our evenings for its consideration, and I venture to suggest it to members more learned than I in the materia medica. I will, however, make the observation that, just as we have seen that any nocturnal change in a disorder is more commonly for the worse than for the better, so shall we find a long list of drugs, of which it has been considered noteworthy to record that they present aggravation at night and only a comparatively short list of drugs presenting amelioration at that period. Of this latter class also it would seem as if “rest in bed” were considered the main cause of the amelioration, in the majority of drugs so classified.

“Worse at night” is of course only one condition in the selection of the drug, but it is a very important one. Among the long list of drugs whose pathogenesis includes this

aggravation probably the most important are :
acon., *arn.*, *arsen.*, *bell.*, *cham.*, *chin.*, *colch.*,
conium., *crotal.*, *coff.*, *dros.*, *dulc.*, *fer.*, *graph.*,
hep., *hyos.*, *iod.*, *ipéc.*, *kal. iod.*, *kal. carb.*;
lach., *mag. carb.*, *mang.*, *merc.*, *nit. acid.*, *nux.*,
phos., *plumb.*, *puls.*, *rhus.*, *rumex.*, *sep.*, *silic.*,
sulph., *tell.*, and *zinc.*

Under "better at night in bed" we shall find :—*ant. tart.*, *bry.*, *caust.*, *colocy.*, *nux.*,
squills., *stan.*, and *stram.*

* * * * *

I must just refer to the fact that the night hours are specially encroached upon by the doctor for work and study, in addition to those occupied by direct attendance upon patients. From his student days, with their examinations, onwards, he must often burn midnight oil. Night is the only time when the busy practitioner can post up his books, study his cases and read medical literature, if he is to keep abreast with medical science, and be fit to do justice to his patients. And so the true physician, besides succoring suffering humanity day and night, corrects his experiences, enlarges his horizon, considers his clients' disorders, and adds to his knowledge night by night, until at last "the night comes on that knows no morn." Than the conscientious hard-working doctor, the night-side of whose life we have been considering, no one more requires or deserves to have some undisturbed vacation each year, and some period of retirement towards the close of life, whereby he may partly enter into his rest, before the long night comes on, "when no man shall work."—*John D. Hayward, M. D., in Monthly Homœopathic Review.*

JAPANESE PATHOLOGY.

ONE fact strikes every observer who has visited Japan: it is the nearly complete absence of certain diseases which should be very common in that country, taking into consideration the climate and the hygienic conditions in which the inhabitants live.

Thus, Japan is a country essentially humid and rainy. The ordinary mean of rainy days

is from 180 to 200 a year. The variations of temperature are extremely rapid; in a single day the thermometer may rise 15° (about 25° F.). A large part of Japan is covered with rice fields which, under the action of the solar heat cause a great quantity of the vapor of water to remain in the atmosphere during all the summer. The winter is very cold, the summer is hot as that of Indo-China. The houses are low and badly protected against the cold, and are exposed to every wind. The dress of the Japanese leaves the chest naked, winter as well as summer, and the legs uncovered. The ordinary people do not wear hats; the country people pass half of their lives with their legs in the water of the rice fields. All these conditions taken together would indicate *a priori* the frequency of certain maladies which are particularly encouraged by humidity and sudden changes of temperature, rheumatism for example.

Should we not search for the cause of this immunity from a disease so common among Europeans?

The Japanese take hot baths at a temperature which a European could not support. That which a doctor in Europe calls a hot bath, say 100°, is a cold bath for the inhabitants of Japan. The temperature of the bath which the Japanese takes *every evening*, no matter to what class of the people he belongs, poor or rich, is never less than 42° (107.6° F); and is sometimes even as high as 122°.

We briefly describe the method in which the ordinary Japanese takes his bath: Having reached a public bathing place, he washes his body first with warm water and soap, for reasons of cleanliness, for the bath is common, and men and women, young and old bathe themselves in the same water. In Yokohama and some other cities the English have required separate baths for the women, and the Japanese have progressed somewhat in that direction as they separate the sexes by a rope, while the master of the baths sees that no one passes the bounds. The bather having

washed himself with warm water and soap plunges into the common bath in which he remains but a few minutes. When he comes out he is as red as a boiled crab, and he finishes his ablutions by pouring cold water over his entire body.

Naturally the skin is covered with perspiration; the body temperature remains at 38° to 39.5° (100.4 to 103.1°) during some hours. This explains how, in winter, we see the Japanese walking through the snow with bare legs, men and women, with chest and head uncovered. Winter as well as summer the ordinary people go about nearly naked. The men couriers, however, have been taught by the English to wear a sort of large suspensory bandage.

The hot baths are taken from infancy. The excretory ducts of the Japanese skin are more functionally active than those of Europeans, their skin is thicker and much less sensible to cold or exterior excitations.

Another disease which does not exist in Japan is rickets. The Japanese mothers nurse their children until very late, up to five, six and even seven years. It is this alimentation, exclusively *lacteal* and maternal, to which may be attributed the absence of the infantile complaints so frequent in Europe: athrepsia, diarrhoea and gastro-intestinal affections. The mortality in infancy is thus very small; the wet nurse is *unknown*, and artificial alimentation equally so. Not a single nursing bottle can be found in Japan. All mothers, without exception, nurse their children.

The proportion of deaths in 100 children is as follows:

1 year	2 years	3 years	4 years	5 years	6-10 years	11-15 years.
19.98	5.33	3.17	21.1	1.41	3.40	2.18

A curious thing about the Japanese child is the rapidity with which he learns to walk on the national shoes, the *geta*, which are sort of small high benches, on which it is necessary for one to continually balance himself.—*Dr. Michaut in Bull. gen. de Therap.*

FRAUGELLY: A UNIQUE THROAT SUBJECT

FRAUGELLY enjoys the probably unique distinction of being the only person engaged in her occupation. Nearly every medical visitor to Vienna within the last ten years will remember her. She is employed as a nurse in Schnitzler's throat clinic in the general hospital and acts as an assistant instructor; but her forte lies in hiring herself out to medical men as a subject upon which to practice laryngology and rhinology.

She comes to your rooms by appointment and brings all her own instruments. If you are a beginner, she explains the proper position for patient and physician, the adjustment of the forehead reflector, and the introduction of the throat mirror. Her throat is so insensitive that even the most awkward manipulations produce no gagging or other reflexes. She is able to tell whether the throat mirror is in correct position and to guide your hand so that you *must* see the vocal cords. She next points out with a probe the different structures to be seen. The next step is for the student to paint the larynx with some bland solution, and after that to touch the different parts with the probe as if applying a solid caustic. When you have become quite expert she introduces a glass bead so that it rests on one vocal cord and lets you remove it with Schrotter's forceps. The amount of confidence she has in your dexterity is indicated by the fact that she keeps a tight hold of a thread attached to the bead.

Passing on to the nose, you are given practice in making applications with a brush or probe to the different fossæ, in passing a catheter into the Eustachian tube, and in posterior rhinoscopy. It gave me a very queer sensation the first time I saw her introduce the Eustachian catheter herself.

Frau Gelly has the reputation of being crafty. At the first lesson you can not help seeing every portion of the larynx, but as you become more expert she makes it more and

BOOKS RECEIVED.

THE following books and pamphlets have been received and will be reviewed in a later number:

FIRST AID IN ILLNESS AND SURGERY.—Comprised in a series of chapters on the human machine, its structure, its implements of repair, and the accidents and emergencies to which it is liable, by JAMES E. PILCHER, M. D., Ph. D., Captain in the Medical Department of the United States Army. *New York, Charles Scribner's Sons, 1892.*

A TEXT-BOOK OF NURSING—For the use of training schools, families, and private students, compiled by CLARA S. WEEKS SHAW. Second edition, revised and enlarged, with illustrations. *New York, D. Appleton & Co., 1892.*

TRANSACTIONS OF THE TWENTY-THIRD ANNUAL SESSION OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.—Held at Detroit, May 17-18, 1892.

ON SYNERGETIC OCULAR MOVEMENTS by DR. OLE BULL, *Christiania, Norway.*

THE SENSE OF SMELL.

IN A recent number of the *American Journal of Psychology* Professor Jahsow communicates the results of observations made on a student twenty-one years of age, who suffered from complete anosmia. The patient's mother had had no abnormality of smell until she was thirteen or fourteen, when she had completely lost the sense. In the patient on whom the observations were made the defect was evidently congenital. Taste as well as common and thermal sensibility were undisturbed, and the patient therefore offered a good opportunity for testing the sensations in the mouth and nose, and it might be inferred that differences which he could perceive in savory substances were perceived not by smell but by some other sense. The interesting investigation showed that the greater number of taste perceptions, as they are commonly understood, are really to be referred to smell. No distinction could be made between tea, coffee, and hot water, so that he took the last named, with sugar and milk, as his ordinary breakfast beverage. He confused bitter almond water and water three times in five trials, while he correctly discriminated ether and water, the former, he said, producing in his throat the sensation of peppermint. With ammonia and ether he was right six times in eight trials; and Professor Jahsow ascribes the two errors to fatigue. The various fruit syrups he could not distinguish, merely recognizing them as sweet. Mustard produced a sharp sensation on the tongue,

but was not recognized any more than pepper, while cloves and cinnamon were distinguished. Differences of one degree of temperature were easily recognized.

THE DANGERS OF EARTH BURIALS.

SIR SPENCER WELLS, in a late popular article, calls sharp attention to the dangers of earth burials in the case of those who have died from diseases caused by the more virulent of the pathogenic micro-organisms or toxines. He says: "Some persons doubt whether poisons can be carried through the earth for any considerable distance, but the fact has been experimentally proved as to the saline solutions. A salt of lithium was sown over a plot of land more than 150 yards distant from a well. Repeated examinations were made, and the eighteenth day it was proved that the solution had percolated through the soil into the well. Instances of contamination of water by animal impurities have long been too well known, and now the specific germs of infective diseases are known to propagate in the same way. Quite lately what is known as typhoid and cholera has been proved as to consumption and the bacillus of phthisis. In the botanic garden of Lyons, flower pots were filled with earth June 16th, 1891, and some earthworms were added in each pot with some of the sputa of tuberculosis patients and fragments of lungs from their dead bodies. A month afterwards it was found that the earthworms contained tubercle bacilli in large numbers, and that guinea pigs inoculated with them soon died with genuine tuberculosis. Whatever the bacilli may be, whether tubercular, typhoid, or choleraic, in bodies buried in the earth, it is incontestable that earthworms, everywhere so numerous and active, may preserve the bacilli in their bodies during many months, and these still live and lose none of their virulent properties and power of rapid germination or reproduction. These are the grounds on which we assume that bodies after death from cholera ought to be cremated, not buried. This becomes not only an additional argument in favor of cremation, but is a blow as well against the English Burial Reform movement, which favors a rapid dissolution of the body in basket caskets.—*Chicago Clinical Review.*



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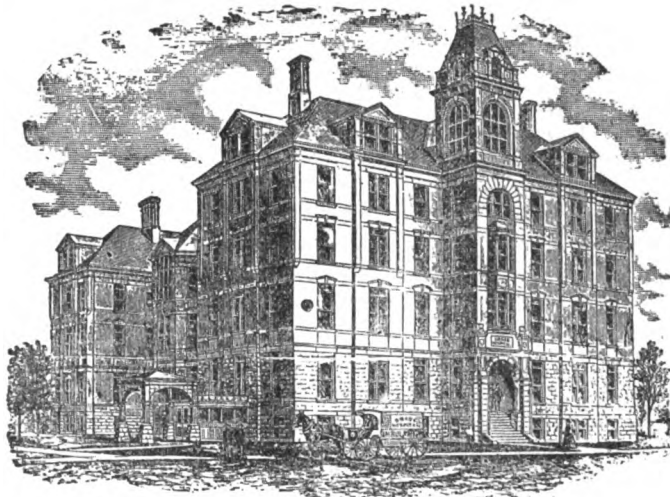
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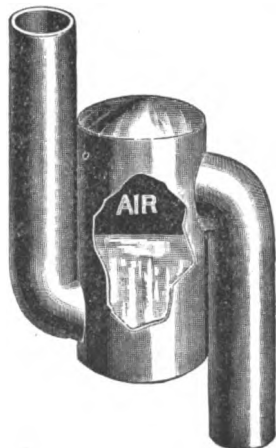
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