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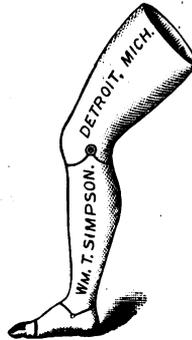
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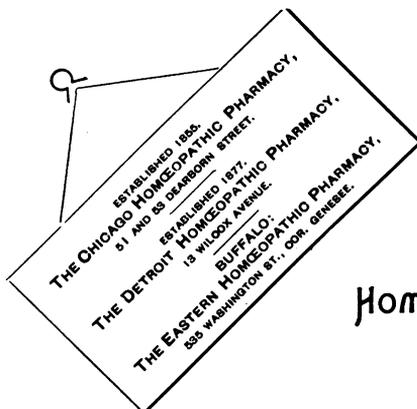
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EDITORIAL.

UNLESS this year's session of the Michigan State Society is omitted, in consequence of the occurrence of the International Congress in Chicago, it will be held at Battle Creek, May 16, and not at Detroit, May 9, as the *Medical Visitor* has it.

THE erudition which is often displayed in the discussion of Homœopathy by those who do not understand it, is shown in the "bibliography" attached to a recent paper showing the "fallacies" of this system of medicine. The "bibliography" is as follows:

"P. V. Renaud's History of Medicine; T. Y. Simpson on Homœopathy; Aristotle; Lapidary, by Thomas Nichols, published in 1652; the work of Dr. Richard Carter. I have made many quotations from these authors."

Our readers may imagine the intelligence with which the subject was treated upon the basis of such a list of authorities. We leave it without further comment.

IT is a very pregnant inquiry whether the homœopathic colleges of this country one and all, are not continually letting the most fruitful opportunities for advancing the welfare of medical science pass unrecognized. It is well to ask what they are really doing to enrich scientific knowledge, or to promote the essential interests of homœopathy, beyond graduating each year a few hundred doctors to begin the practice of medicine? There is a complex of problem affecting the relation of drugs to disease, crying out for solution, which it is the province of homœopathy to investigate. The stimulus and opportunity for attempting their solution should rest in our medical colleges. We are apt to think that homœopathy came from the hands of Hahnemann perfect and of full

stature, as Minerva from the head of Jove. So far as the enunciation of a therapeutic law is concerned, this is true; but there is a vast field of scientific truth in the homœopathic domain still unexplored. There is plenty of room for progress. There are a thousand enigmas concerning the action of remedies, to which an answer is ready at hand for the intelligent student. The study of dynamization; the action of alternate remedies; primary and secondary drug action; the proving of new drugs and the re-proving of old ones; the action of large and small doses; these and many other topics might be made the subjects of study in "laboratory courses," in our medical colleges, and the most substantial contributions to medical science continually given to the profession. Who shall be the first to enter upon this work?

ORIGINAL ARTICLES.

"THE VALUE OF SPRAYS IN THE TREATMENT OF CATARRHAL AFFECTIONS OF THE UPPER AIR PASSAGES."

BY C. F. STERLING, M. D., DETROIT, MICH.

A PROPOS of a recent article with the above title, read by Prof. C. C. Rice before the American Laryngological Association at Boston last June, and published with the discussion thereon, in the *New York Medical Journal* for January 21, '93, permit me to say a few words.

Two pronounced opinions were developed during the discussion; one by Dr. F. H. Bosworth, who condemns in toto the use of sprays, and has banished from his office all spraying apparatus and adjuvants, relying, as summarized by Dr. Delavan, upon nasal surgery for relieving his patients. The other opinion, and held by most of those taking part in the discussion, was of the advantage and, in fact, necessity for the use of sprays and local applications.

Living in the vicinity of the great lakes I am constantly brought in contact with so-called catarrhal affections of the upper air passages, and have been obliged to give treatment to these conditions.

My object in this communication is simply to give the results that have attended my work, without discussing theories.

Dr. Bosworth makes the flat assertion that there is no such thing as catarrh. Whether there is or is not, there is a condition

of the nose and adjacent passages, that for want of a better name, is commonly called catarrh; and the use of the word conveys to the mind a certain picture, differing in detail in many cases, but in a very large number presenting similar features. Among the phenomena attendant upon these cases are obstruction of the nasal passages, with consequent difficulty in respiration, resulting frequently in mouth breathing, particularly at night, the morning bringing a dry, parched condition of the buccal cavity, a feeling of lassitude and weariness, loss of appetite, coated tongue, etc. In many of the cases the pharyngeal wall is covered with an adhesive secretion of more or less consistency, the patient complaining of unavailing efforts to clear the head and throat, with hawking, gagging and retching. The mucous membrane is studded with patches or islands of tissue elevated above the general plane, soft, vascular, and of deeper color.

With many there are sensations of discomfort about the head, varying from a sense of fullness and heaviness to a positive pain.

There are many other forms, but the above is a fair type of a group with which we constantly come in contact. Whether it be called "catarrh" or not in Dr. Bosworth's nomenclature is of small consequence. "It is a condition that confronts us—not a theory."

"A rose by any other name," etc., and this, no matter what it may be called, is something for which patients are constantly seeking relief. For my part I frankly confess I do not see what nasal surgery (the saw, the cautery, etc.) can do for these cases where the whole mucous surfaces seem involved from the tip of the nose to the œsophagus. But I am sure that I have found a means of giving great relief, in many cases we may say a cure, by means of sprays, washes, astringent applications, tonics, etc.

With regard to the use of this word "cure" in these cases permit a word parenthetically. The question is often asked: "Can this condition be cured?" meaning so complete a renovation that the condition for which relief is sought will not return ("never return" is generally the patient's phrase).

Now such a question is absurd. It is not asked concerning any other disease. An individual contracts pneumonia. The physician attends him and he recovers. Does any sane man for a moment imagine that because the patient recovers, or is "cured," that he can never have another attack of pneumonia? Just so typhoid fever, diphtheria, "malaria" and hosts of others.

On the contrary the proper conditions being given, the patient, *cæteris paribus*, is the more liable to a second attack. Apply the

same reasoning to the condition under discussion. Perhaps there is no physical condition where the hereditary predisposition is so pronounced as in the so called catarrhal. Now add to this factor the atmosphere and climatic environment, and the personal neglect of ordinary precautions and the result is certain.

In any given case, supposing that entire relief has been obtained, the same conditions which induced the trouble in the beginning are continually operating to renew it. But a burnt child takes care how he plays with fire ; and in this disease (if it be one) the price of immunity is the same as that of liberty. The inference from this is *not* that a patient must always be under treatment, but that, having been brought back to an approximately normal state, he must continually exercise care and prudence and reduce to a minimum the factors tending to re-develop his trouble. When, from some unavoidable or unwitting cause a fresh cold is contracted with renewal of the former state of things, ordinarily a very brief series of treatments serves to control and establish a satisfactory status.

A few cases briefly told will serve to illustrate the points I have endeavored to make. Some four years or more since I was consulted by a Mrs. E—— for a gradual impairment of hearing. She suffered from repeated "colds" in the head—the winter season being usually one long period of distress on that account—so that she had for years been in the habit of visiting a more genial climate, Florida, California, Texas, etc., to escape the consequences of a winter spent in Detroit. She was under treatment at my hands for a number of months by the aforesaid method. She passed the succeeding winter here with perfect comfort, and has each succeeding winter until the present with little or no discomfort. This winter she had a severe cold, accompanied with its usual catarrhal symptoms. A very few treatments sufficed to relieve her. Within these four years she has had no treatment whatever, so far as I know.

Mr. A——, a business man of this city, asked me about three years since if I could relieve an annoying catarrhal condition, characterized by obstructed breathing, droppings from the naso-pharynx into the throat, an extreme sensitiveness to "catching cold" from the slightest exposure, with a pronounced aggravation of all the conditions at that time. Examination showed a hypertrophied mucous membrane, with the naso-pharynx covered with an adhesive, thick, offensive secretion. Treatment continued

over several months, resulted in giving him complete relief, and, to his great delight, a resistance to slight changes of temperature, draughts, etc., in marked contrast to his former sensitive state. Barring occasional colds, easily controlled, he has remained in comparative freedom, though the tendency to a re-development in his case is latterly present ; but I am convinced that a brief series of treatments would give him respite for another long period.

Cases like these I could cite by the score, each differing in certain minor points, but all of the same general character and followed by similar satisfactory results.

One case, however, that came under my care early in the present season has been of especial interest to me.

The salient points were obstructed respiration, mouth breathing at night, characteristic catarrhal condition of the mucous membrane, loss of smell and taste, sensory anæsthesia of the left side of the face, and progressive loss of weight from upwards of 160 pounds to 132 or 134 pounds. There was inability to take rapid exercise, as dancing, for lack of breath; and more alarming to himself and friends, a condition of profound mental depression. This had been going on for two years or more, increasing rather than diminishing. He had been under the care of a number of specialists without relief.

I found on examination no physical lesion to account for his condition, except the catarrhal condition above referred to and a certain amount of stomachic disturbance coincident in its development with his catarrh. The gentleman had been a personal acquaintance of mine ever since I had been in Detroit and in previous years an occasional patient and I knew his general health and constitution and that there was no organic difficulty, that all the troubles of which he complained dated from certain exposures that business exigencies had placed him under the necessity of encountering. I told him I thought all of his troubles arose from one source, and with the relief of that condition he would find himself in a normal state once more. His first examination and treatment was given October 17, 1892.

He is to-day, and has been for weeks, as free from all his difficulties as ever in his life. His breathing is perfectly natural; his sleep like an infant's; taste and smell returned; sensation re-established; he can dance all night without trouble; digestion perfect and his weight has increased to 154 pounds. His mental depression has entirely disappeared and he feels like a king. Now, this

has been accomplished entirely by local treatment directed to the nasal cavities and adjoining passages, by the despised methods that Dr. Bosworth has banished from his office.

In regard to my form of treatment I have nothing original. It is made up of suggestions taken from Mackenzie, Woakes, Sajous, Cohen, Seiler, etc., modified by such changes as my own experience has taught me. The main point with me has been the endeavor to do thorough and persistent work, and carry it along for a sufficient length of time to accomplish the end I was seeking, regardless of the patient's discouragement. With the general results attained I have no reason to be dissatisfied, and the expressions of relief and pleasure from patients, have been no small gratification.

THE KEELEY CURE.

WITH certain classes, the subject of this paper is distasteful in the extreme. For a respectable journal like THE COMPASS to mention it with favor, or to consider the facts connected with it with judicial impartiality, is considered something more than unprofessional. Certain self-constituted oracles have uttered their judgment upon it and they fain would have us consider the matter settled.

But few persons are so bigoted they will not yield when overwhelmed with demonstrations, capable of overthrowing the position they hold. The secret of the success of progress, is the fact that in the end, truth is able to master every intelligent mind. Every new truth is first assailed by contradiction. Then follow scorn and ridicule. After that comes argument with persecution following fast on its heels. Divine inspiration is hurled as with a catapult against the advancing truth. Science is drawn up into line and poured broadside into it. Ethical principles are marshalled in the field and, using the "code" as a broadsword, blows are rained upon its head.

The promotors of truth were formerly burned, guillotined or crucified upon a cross. Now, under ignorant leaders, the rabble attempt to ostracise them, or to crush them under the feet of wrath.

The Keeley cure for alcoholism has met the fate of its predecessors. But, like all great revolutions, it has gone steadily forward in the road of success.

No good has come to those who have opposed it; and thousands have been prevented from enjoying its fruits. Let those who have opposed it bear the responsibility of their acts.

A convention of men, representing the United States, through one of its members by an exhaustive article read at its meeting only a few months ago in Detroit, presumed to sit in judgment upon Dr. Keeley's method, and *ex cathedra* hung it under specious arguments and flimsy falsehoods.

When we think of it, Giardono, Bruno, Gallileo, Jenner, Harvey and Hahnemann rise to our recollection. *Magnas est veritas et prevalebit*—Great is truth and it will prevail. What a spur of courage is in this grand old saying for all lovers of truth!

That it fails to influence cowards and bigots, excites our wonder; but it does not weaken our confidence. Every new truth has its zealots, and its ill-informed advocates. Their injudicious claims injure the cause they seek to promote. We must forgive and bear with their unwarranted enthusiasm. It proves nothing against the cause, and can at most only delay the day of triumph.

Keeleyism is worthy the opposition it meets; and the present burdens it must bear. Look a moment at the sources and causes of its opposition. Alcoholism is one of the monsters among the evils that curse society. Its taint is upon all classes. In the saloon, upon the street and in many a sorrowing home, it wears an open shameless face. But in many a mansion of wealth and around many an humble fireside, it hides its masked face. It hangs its horrid skeleton in millions of seemingly happy homes.

The marts of trade, the great avenues of travel, the temples of justice, and the houses built for the worship of God, are full of it. One word comprehends the result—RUIN! In arresting this the church claims its prerogative; but its failure to accomplish what it desires is written on every page of history. The law deems it a social evil and issues its numberless and impotent mandates against it. Education stretches forth its puissant hand, only to find its power paralyzed.

In contrast to these stands Keeleyism. It is based upon this bed-rock fact: *Alcoholism is a disease*. As well might the church cope with typhoid fever as with alcoholism. Education might as well try to cure a bent oak of the forest, or a human frame twisted by distorting rheumatism, as to try and cure a case of alcoholism. Law may protect us from the invasion of cholera, but what legal enactment would have any potency in its cure?

By the medical profession alcoholism has for centuries been recognized as a disease. But what has it done toward the cure of that disease? It has done very little; and of late has only laughed at the claims and denied the unanswerable facts of Keeleyism. Good reader, if this paper should happen to whet your appetite for a better knowledge of this subject, look through succeeding numbers of this journal.

Cleveland, O.

T. P.

SELECTIONS.

THE CARE OF SLEEPING APARTMENTS—THE NEED OF VENTILATION.—In the care of health and everything which tends to keep it in a condition which will give tone to all parts of the body there is nothing more essential than the ventilation of your sleeping rooms.

During repose you are, in a measure, in the same state as a ground hog, the bear, the raccoon, and other hibernating creatures, excepting that you must awaken in a few hours, in contrast to their weeks. They sleep and you slumber. You have to get up in the morning and attend to your ordinary duties, and to do this you must have air. The way to get this needful air, and to get it in such a manner as will give you a sufficiency and not too much, is probably the greatest concern.

The habilitation of the room where hours numbering six to nine must be passed without interruption demands a little consideration in advance of ventilation. The sleeping compartment, in the first place, should be as large as you can afford it to be. The amount of air which it contains has an effect upon the system which is either for good or for bad. Every person should have at least 800 cubic feet of breathing room, but 1,200 to 1,500 is to be recommended. The walls and furniture should be so attractive as to promote a sense of comfort and should be kept free from dust. Nothing facilitates a calm repose more than a thoroughly clean and comfortable bedroom.

The clothing of the bed must needs be what will furnish the warmth required while you are sleeping and, also, protect you from draughts. The latter is of as much consequence as is the former, and you can prevent the many ill consequences of lines of air falling on certain portions of the body by simply covering the most sensitive ones with a blanket or other material which does not permit cold air, bad air and all other kinds of air to get at you.

In the ventilation of your bed-room there is to be taken into consideration only the necessity of getting air in a quantity which will suffice to keep that of your room in a condition of freshness. Do not open your window so that you will get a current of air and the dust which it is bound to carry, circulating about you all night long. Lower the window, pull down the shade, and you will get all the ventilation that is requisite.

It is possible to do during the waking hours much to facilitate comfort during sleep. A good airing of bed and bedding makes a clean abode for the night, and this is really to be considered ahead of everything else. The principle to be held uppermost in the mind is: Keep yourself warm and comfortable, have air enough to supply your needs, and never cultivate a draught.—*N. Y. World.*

THE HYGIENE OF THE TEETH.—The value of preventive measures against the attacks of disease cannot be too strongly insisted upon, and one class of cases where these measures are to a great extent within the control of the individual is in regard to the teeth. All caries of the teeth begins from the outside, no such thing as internal caries having ever been demonstrated; hence if the surfaces could be kept absolutely clean no decay could take place, however poor the texture of the teeth. This is of course impossible, but much toward such a desirable end can be attained by attention to hygienic rules. Parents often ask their dentists and medical attendants with reference to their babies: "When ought teeth to be cleaned?" The answer assuredly is: "As soon as there are teeth." A very small toothbrush charged with some precipitated chalk flavored with an aromatic drug to make it pleasant is perhaps the best means—not a towel, which only removes the secretion from the labial and lingual surfaces and not from between the teeth, where decay is most rife. Yet how few children's teeth are so treated, and how rarely the habit of doing it for themselves when they are old enough is inculcated. But if it be acquired the very desirable result is likely to follow of an immunity from dental trouble—at all events to any large extent. Later on something more can be done, by passing a piece of waxed dental floss silk, which can be obtained of most chemists, between the teeth every day, and the value of this can be easily demonstrated after thoroughly using the toothbrush by passing the silk between the teeth, when a certain amount of accumulated matter will be brought away. "Do toothpicks do harm or good?" is another question often asked. They may do harm if abused, undoubtedly, by causing

irritation of the gum between two teeth and its subsequent absorption; and, if made of wood, splinters are liable to be left behind, which have in many recorded instances caused even the loss of a tooth; but used judiciously they are of great value in routing the attacking forces in caries—namely, accumulations of food and mucous secretions. It has been urged against them that they might dislodge a stopping. But if a stopping is so insecure it must be faulty, and the sooner it is replaced the better, for decay, due to the impossibility of keeping the surface clean, must be going on underneath it.—*London Lancet.*

LETTER TO THE EDITOR.

EDITOR OF THE COMPASS:

Dr. Stevens' report of the case of Matilda Orsech, in your January issue bears the mark of careful preparation; and it seems to be in all material points a true, clear and comprehensive statement of the ideas and methods employed in the early management of the case.

Of ideas and methods employed after my service, little is recorded, but failure. There are several points to be raised into clearness, in the interest of this poor girl, and as a contribution to our Art. I refer to some of the unavoidable sources of failure.

Aside from meddlesome interference, dearth of material was the greatest difficulty during my service.

The second point of embarrassment was dead bone, that for months made constant dressing imperative, and reduced the patient to the lowest point of vitality.

As regards the first difficulty, it is no credit to the profession of Detroit that they withheld everything but criticism, while from every state and from foreign lands, were received valuable notes suggestions.

If several physicians would co-operate with each other, it would not be difficult to get material enough to do the work, and as I have said before I am willing to help or I will do it alone, if desired.

Very truly,

CHARLES S. MORLEY.

NEWS ITEMS FROM THE GRACE HOSPITAL.

DONATIONS FOR FEBRUARY.

Mrs. A. S. Brooks, 2 night-dresses ; Dr. M. J. Spranger, 20 books ; Robert Fulton, magazines ; Harris F. Dunfor Buffalo, N. Y., 10 cents for Mary bed ; Dr. Stevens, magazines ; Detroit Branch Needlework Guild, 2 men's undershirts, 2 nightdresses, 5 undervests, 2 chemise 4 pairs stockings, 2 sheets, 2 pillow cases, 22 towels ; Mrs. Dewy, magazines ; Mrs. E. M. Lyon, picture frames ; Mrs. D. M. Ferry, hair broom, 3 dozen glasses.

REPORT FOR FEBRUARY.

There were treated during the month of February, 145 cases ; of this number 45 were free cases, to whom were furnished 2,259 days' treatment. There were 291 visits to the dispensary ; of this number 87 were new cases. The ambulance made 62 runs, bringing in 29 patients and taking home 26. The expenses for the month were \$4,062.67, and the earnings were \$2,032.56. The monthly income from the endowment is \$1,500, leaving a deficiency of \$530.41.

OPERATIONS FOR FEBRUARY.

RESECTION of femur.....	1
OPENING and draining retropharyngeal abscess.....	1
AMPUTATION of breast.....	1
REMOVAL of sebaceous cyst of back.....	1
OPENING bubo.....	1
CURETTING uterus.....	2
IRIDECTOMY.....	1
DILATATION of cervix.....	2
OVARIOTOMIES.....	4
PERINÆORRHAPHY.....	2
TRACHLEORRAPHY.....	2
LACERATED wound of finger.....	1
INCISED wound of hand.....	1
REMOVAL of adenoid tumor at base of ear.....	1
DILATATION of sinuses at hip.....	2
HÆMORRHOIDS.....	2
RADICAL cure for hydrocele.....	2
HYSTEROPEXY.....	1

MISCELLANY.

THE Fourth Annual Report of The Grace Hospital is just issued. It is a very attractive report, containing, beside the ordinary statistics of the year's work, a number of photo-engravings of different parts of the Hospital. We call our readers' attention to the rates for private accommodations, which in the new "specials," two beds in a room, are as low as \$7 per week. The most comfortable purely private accommodations may be had for from \$10 to \$20; and we may say in this connection that no better quarters than these private rooms can be found in any Hospital in this country.

PROPOSED MONUMENT IN HONOR OF SAMUEL HAHNEMANN.

AT a recent meeting of the American Institute of Homœopathy, held in Washington City, it was:

Resolved, That a national monument be erected to the memory of Samuel Hahnemann, in the City of Washington, and that a committee be appointed to solicit subscriptions and take charge of the project.

The following committee was appointed in accordance with the resolution: J. H. McClelland, M. D., Chairman, Fifth and Wilkins avenues, Pittsburgh, Pa.; I. T. Talbot, M. D., 66 Marlborough street, Boston, Mass.; J. P. Dake, M. D., 218 North Vine street, Nashville, Tenn.; J. S. Mitchell, M. D., 2954 Prairie avenue, Chicago, Ill.; Tullio S. Verdi, M. D., 815 Fourteenth street, Washington, D. C.; J. B. G. Custis, M. D., East Capitol street, Washington, D. C.; Henry M. Smith, M. D., Secretary and Treasurer, Spuyten Duyvil, New York City.

The plans look to the erection of a heroic statue in bronze upon a granite pedestal: a grand work of art which will make necessary a fund of from \$50,000 to \$75,000. For such a monument there will be no difficulty in securing a most eligible site on one of the public squares at the Nation's capitol. Upon the announcement of the scheme in Washington over \$10,000 was subscribed at once, and at a meeting of the International Hahnemannian Association additional subscriptions to nearly as large an amount were received and a committee appointed composed of Drs. Custis of Washington, C. C. Howard, 64 West 51st street, New York, and R. L. Thurston, 260 Clarendon street, Boston. It

is confidently expected that every homœopathic physician will feel proud to have a share in this work, and will find subscribers among the laity, people who have profited much from the discoveries and labors of the illustrious Hahnemann. It is urgently suggested that state and local societies appoint energetic committees to canvas the members for subscriptions, and that action be taken at once; also that names and amounts subscribed be forwarded immediately to the treasurer or any member of the committee, in order that a full list may be published. Checks should be drawn to the order of the "Hahnemann Statue Committee." The secretary will furnish subscription blanks upon application.

Glycozone is a stable compound resulting from the chemical reaction which takes place when C. P glycerine is submitted under special conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of 0° C.

Glycozone being hygroscopic, must be tightly corked, so as to avoid deterioration by the moisture contained in the atmosphere. Although it absorbs water readily, it does not deteriorate when kept at a temperature of 110 degrees F as long as it retains its proper anhydrous condition.

The therapeutic properties of glycozone and Marchand's peroxide of hydrogen (medicinal) differ in the following particulars:

Peroxide of hydrogen (medicinal) instantly destroys the morbid elements of diseased surfaces of the skin or of the mucous membrane with which it comes in contact, leaving the tissue beneath, in a healthy condition.

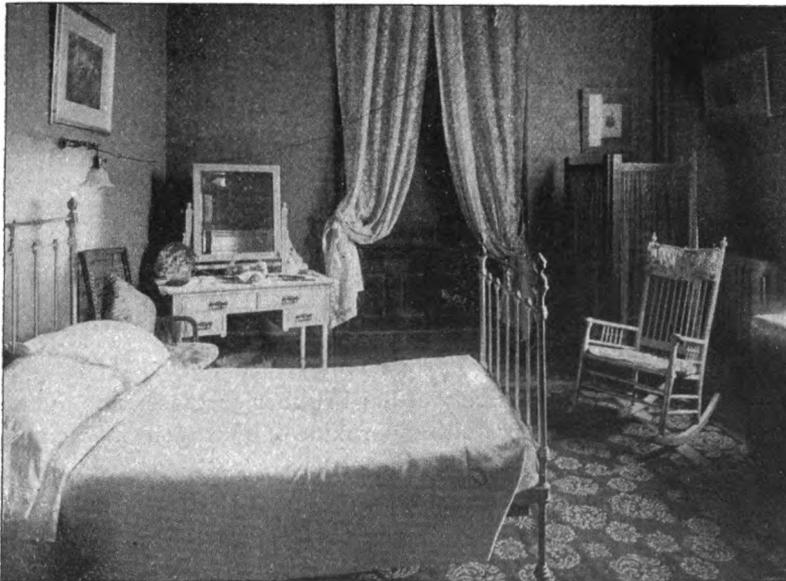
On the contrary, glycozone acts more slowly, but not less certain as a stimulant to healthy granulations. Its healing action upon diseased mucous membrane is powerful and harmless in the treatment of inflammatory diseases of the stomach. In such cases it gives an immediate relief to the patient.

A syringe made exclusively of hard rubber or glass, should be used in all instances where either peroxide of hydrogen (medicinal) or glycozone is used as an enema.

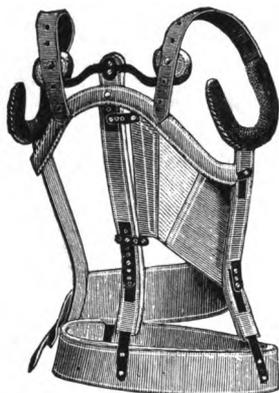
TWO VIEWS FROM GRACE HOSPITAL.



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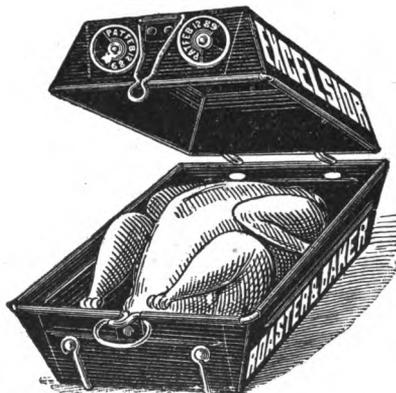
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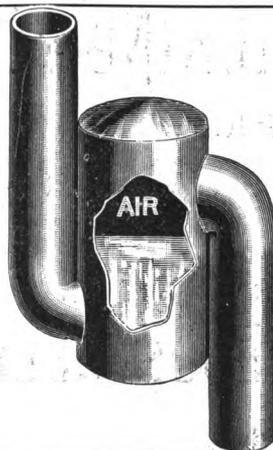
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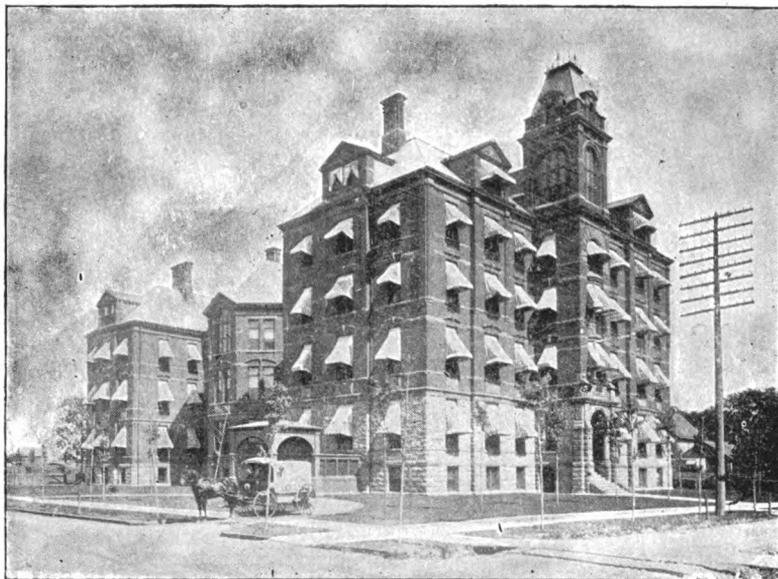
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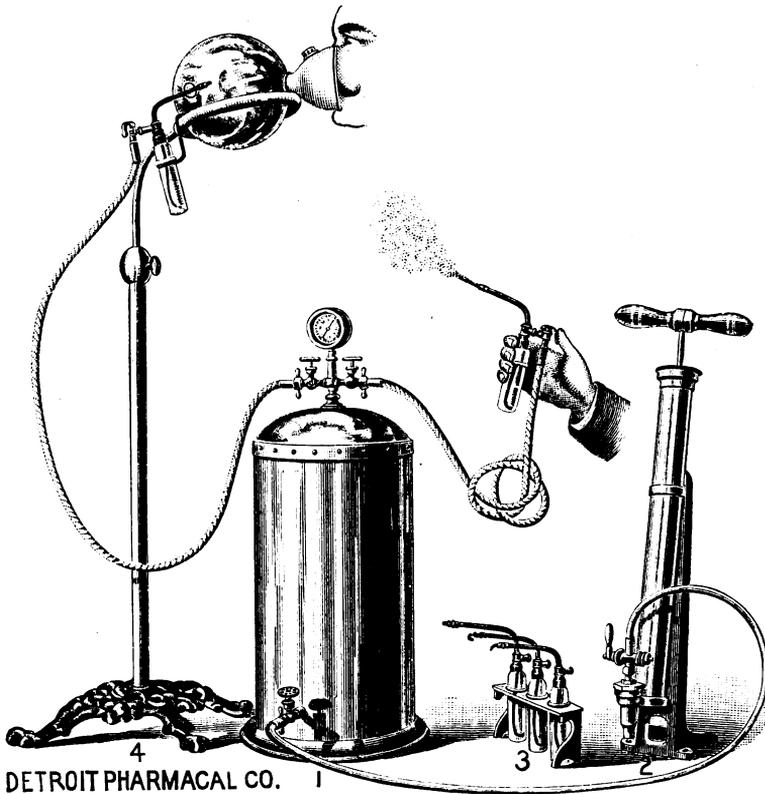
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